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December 18, 2003
Hugo L. Viloria, Physician
REDACTED

## Re: Application for Restoration

Dear Dr. Viloria:

Enclosed please find the Commissioner's Order regarding Case No. CP-03-10 which is in reference to Calendar No. 19037. This order and any decision contained therein goes into effect five (5) days after the date of this letter.

Very truly yours,

Daniel J. Kelleher
Director of Investigations

cc: Robert Asher, Esq.
295 Madison Avenue - Suite 700
New York, New York 10017

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OFFICE OF PROFESSIONAL MEDICAL CONDUCT


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#### Abstract

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


Case No. CP-03-10

It appearing that the application of HUGO L. VILORIA, Apt. 213, 385 Throop Avenue, Brooklyn. New York 1122l, to practice as a physician in the State of New York, was revoked by action of the Board of Regents effective August 16, 1988, and he having petitioned the Board of Regents for restoration of said license, and the Regents having given consideration to said petition and having agreed with and accepted the recommendations of the Peer Commitree and the Committee on the Professions, now, pursuant to action taken by the Board of Regents on October 9. 2003, it is hereby

ORDERED that the petition for restoration of License No. 119488, authorizing HLGO L. VILORIA to practice as a physician in the State of New York, is denied.


IN WITNESS WHEREOF, I, Richard P Mills. Commissioner of Education of the State of New York for and on behalf of the State Education Department. do hereunto set my hand and affix the seal of the stage Education Department, at the City of Albany, this $/ 2$ day of December. 2003.

REDACTED
Commissioner of Educátion

Case No. CP-03-10
It appearing that the license of HUGO L. VILORIA. Apt. 213, 385 Throop Avenue. Brooklyn, New York 11221, authorizing him to practice as a physician, having been revoked by action of the Board of Regents effective August 16,1988 , and he having petitioned the Board of Regents for restoration of said license, and the Regents having given consideration to said petition and having agreed with and accepted the recommendations of the Peer Committee and the Committee on the Professions, now, pursuant to action taken by the Board of Regents on October 9, 2003, it was

VOTED that the petition for restoration of License No. 119488, authorizing HUGO L. VILORIA to practice as a physician, be denied.

# THE UNIVERSITY OF THE STATE OF NEW YORK The State Education Department <br> Report of the Committee on the Professions Application for Restoration of Physician License <br> Re: Hugo L Viloria <br> Attomey: Robert S. Asher 

Hugo L. Viloria, REDACTED
pettitioned for restoration of his physician license. The chronology of events is as follows:

03/05/74 Issued license number 119488 to practice as a physician in New York State.

03/13/87 License summarly suspended by Department of Health. (See "Disciplinary History.")

06/04/88 Regents Review Committee recommended that license be revoked.
06/17/88 Regents voted revocation.
08/16/88 Commissioner's Order effective.
06/14/89 First application for restoration submitted.
06/08/90 Peer Panel restoration review.
07/30/90 Report and recommendation of Peer Review Panel.
12/12/90 Report and recommendation of the Committee on the Professions.
02/22/91 Board of Regents voted to deny restoration.
05/01/91 Commissioner's Order effective.
06/02/94 Second application for restoration submitted.
02/09/96 Peer Panel restoration review.
05/28/96 Report and recommendation of Peer Review Panel.

01/06/97 Report and recommendation of Committee on the Professions.
04/29/97 Board of Regents voted to deny restoration.
06/24/97 Commissioner's Order effective.
01/07/99 Third application for restoration submitted.
07/10/01
07/25/01
04/18/02
04/23/03 Report and recommendation of Peer Committee. (See "Report of the Peer Committee.")

07/02/03 Committee on the Professions restoration review.
09/19/03 Report and recommendation of Committee on the Professions. (See "Report of the Committee on the Professions.")

Disciplinary History. (See attached documents.) On March 13, 1987, the Commissioner of Health determined that Dr. Vitoria's continued practice of medicine constituted an imminent danger to the health of the people of the State of New York and issued an order summarily suspending his license. Dr. Viloria was charged with professional misconduct in that he wilfully harassed, abused and/or intimidated a patient physically and verbally (first through third specifications), that he engaged in conduct in the course of his practice as a physician which evidenced moral unfitness to practice the profession (fourth through sixth specifications), and that he practiced the profession fraudulently (seventh specification). The first two charges related to sexual conduct regarding a minor patient and the latter charge to altering a related patient record.

In April 1987, a hearing was conducted by the State Board for Professional Medical Conduct in regard to the issues of imminent danger and professional misconduct Prior to final deliberations and a review of final written arguments, the Hearing Committee concluded that Dr. Viloria's practice of medicine did not constitute an imminent danger to the health of the people of the State of New York. The Committee recommended unanimously that the summary order be vacated. On June 1. 1987, the Commissioner of Health rejected the findings, condusion, and recommendation of the Hearing Committee on imminent danger and ordered that the summary suspension be continued.

In June 1987, the Hearing Committee found and concluded that Dr. Viloria was guilty of the professional misconduct charges, either wholly or in part, and recommended that his license be revoked. On July 10, 1987, the Commissioner of Health recommended to the Board of Regents that the findings, conclusions and recommendation of the Hearing Committee be accepted in full. In its report of June 4,

1988, the Regents Review Committee unanimously recommended that Dr. Viloria's license be revoked. The committee recommended that Dr. Viloria be found guity of the third and sixth specifications to the extent indicated by the Hearing Committee and recommended further that he be found not guilty of the remaining charges. In giving consideration to the summary suspension, the Committee recommended that Dr. Viloria be allowed to pettion for restoration after a waiting period of nine months, instead of one year. On June 17, 1988, the Board of Regents voted to revoke Dr. Viloria's license, and the order was effective August 16, 1988.

On June 14, 1989, Or. Viloria submitted his first application for restoration of his physician license. The Peer Review Panel met on June 8, 1990. In its report, dated July 30, 1990, the Panel recommended that Dr. Viloria's application for restoration of his physician license be denied. In its report, dated December 12, 1990, the Committee on the Professions recommended that Dr. Viloria's application be denied. On February 22, 1991, the Board of Regents voted to deny Dr. Viloria's application for restoration, and the Commissioner's Order became effective May 1, 1991.

Dr. Viloria submitted his second application for restoration on June 2, 1994. The Peer Review Panel met on February 9, 1996. In its report, dated May 28, 1996, the Panel recommended that the revocation of Dr. Viloria's license be stayed and that he be placed on probation for ten years under specified terms, including the requirement that he always have a female third person present whenever he treats or examines any female and within the first three years of probation he complete 100 hours of continuing medical education, including at least one course in physician-patient relationships and another course in the general practice of medicine or internal medicine. In its report, dated January 6, 1997, the Committee on Professions recommended that the application be denied. The Committee opined that it did not believe that Dr. Viloria had real recognition of what occurred and had not accepted full responsibility for his actions. Further, the Committee found insufficient rehabilitation to warrant restoration given the seriousness of the misconduct and the age of the victim. On April 29, 1997, the Board of Regents voted to deny the application for restoration.

On January 7, 1999, Dr. Viloria submitted his third application for restoration of his physician license.

Recommendation of the Peer Committee. (See attached "Report of the Peer Committee.") The Peer Committee (Kase, Cohen, Robinson) met with Dr. Viloria on July 10, 2001, July 25, 2001 and April 18, 2002 to review his application for restoration. In its report, dated April 24, 2003, the Committee recommended, by a vote of two to one, to deny Dr. Vioria's application for restoration.

Recommendation of the Committee on the Professions. On July 2, 2003, the Committee on the Professions (Ahearn, Templeman, Eare) met with Dr. Viloria to review his application for restoration. Robert S. Asher, Esq., his attomey, accompanied him. Dr. Viloria presented the Committee with documentation of 70.25 hours of continuing medical education credits completed since May 2002.

The Committee asked Dr. Viloria to explain what occurred that led to the loss of his license and what was now different. He replied, "I had an improper conversation with
a minor patient. The Committee asked him to explain why 1 was improper. He said that it was an "ethical problem." He explained that the minor patient asked for a medical certificate for school absences. He indicated that she "came to make a deal as a favor." Dr. Viloria told the Committee that she told him if he gave her the medical certificate te could receive sexual favors from her. He said, "I did not answer - yes or no. I kept doing my job. I thought I should give the certificate if she was sick duriny = week." He indicated that he felt he had to go further to find out if she really had been sick. Dr. Viloria said that he now realizes he should have told her at the beginning "I could never do that. She was a minor." The Committee asked, Why didn't you." He replied, "She came insisting. She was trying to tempt me with sex. It was my mistake. I enjoyed the conversation, as I never had a 14 -year-old girl talking to me that way. I continued with the conversation." Dr. Villoria reported that he continued with the conversation "until the moment I was arrested by the police." He stated, II allowed and participated in that improper conversation."

The Committee noted that Dr. Viloria said that he was sexually stimulated by the 14-year-old girl and asked him what assurances he could provide that there would not be future sexual stimulation. He stated that what happened to him could be compared to what happened to the nation on September 11. He said, I was destroyed. I understood I needed help." He reported that he consulted lawyers, a psychiatrist, a paychologist, church counselors, and completed a course in ethics. He said that he has leamed how to now act in such situations and leamed why his "approach" at that time was wrong. Dr. Viloria stated that he never had any medical ethics courses in his professional education. He reported that he has leamed he must recognize if an ethical problem exists, decide what method is most applicable to solve the problem, follow the course of action to see what he could do, and analyze the solution selected. He said he has leamed that if he cannot handle the situation, he needs to call an appropriate authority. The Committee asked, "Do you need courses to tell you it was wrong?" He replied, 'I didn't know what course of action to take. I didn't know how to control the situation."

Dr. Viloria told the Committee that he has had conferences with psychiatrists and psychologists and everyone told him that as a man "my reactions were normal." He said, "I need to control myself." From his counseling with his priest, Dr. Viloria said he has leamed he needs to be more careful in the future. He stated that if his license were restored, he would have a medical assistant with him at all times.

In reeponse to the Committee's inquiry, Dr. Viloria said that he had seen the patient three times previously even though he normally did not see children. He reported that the first time he saw her was at the request of a pharmacist who indicated the girl did not like her pediatrician. He indicated she came with her mother for treatment of an injured finger which she hurt playing basketball. He said that the x-rays were normal. Dr. Viloria said that the girl's second appointment with him was to pick up a medical certificate for a summer job. He indicated that he did not examine her at that time but did give her the results of the x-rays from the first examination. He told the Committee that, subsequently, the girl's mother called and said the girl would be coming in alone for an appointment but his secretary said that she couldn't. He reported that the gin came to the office with her mother and brother for the third appointment. Dr. Viloria
said that the girt was never really sick. He also indicated that the medical records reflected that an uncle had sexually abused the girf.

The Committee asked Dr. Viloria if anything sexual occurred during any of the prior visits he described. He said that one time when she was leaving the room, the girl touched him on his ankle, but that he told her This is a medical office. You have to respect this." On the day of the alleged misconduct, Dr. Viloria said that he was only working half of the day. He reported that when he was seeing his last scheduled patient for that day, the gir "appeared in my medical office."

The Committee noted that this was Dr. Viloria's third application for restoration and that each time he has presented a different picture of the 14-year-old gin. In 1990, the Committee noted that he said she was delusional and that he only wanted to humor her. In 1997, the Committee noted that he admitted he was sexually aroused by the girl and cited cultural differences as the main factor in misinterpreting his actions and the fact that the conversation may not have been appropriate in American culture. The Committee noted that Dr. Vioria was now saying that it was his fault and that he had made a mistake. The Committee asked why there appeared to be different accounts. He replied that, in 1990, he did not have a lawyer and the normal reaction is to find someone else to blame." He reported that this was the tactic used by his lawyer in the criminal proceedings. He said that he was unprepared for the meeting and believed that he had no psychological problems. Dr. Viloria explained that, in 1997, he had had counseling for six years and was closer to the church. The Committee asked Dr. Viloria what he has learned from his counseling with his most recent psychologist and how he could apply what he has leamed if similar situations arose. He replied that he has developed coping skills. He said he has leamed "more opinions as a man." He reported that his psychologist advised him to be careful with minors and not to take patients that were minors. In addition, he reported that the psychologist indicated he must carefully weigh any situation. Dr. Viloria said that his psychologist helped him mentally, by helping him learn how to relax with all the problems in life. He said that he provided the "grounds for me to behave."

The Committee noted that he had been out of practice for 15 years and asked why he wanted his license restored. He replied, "It's very difficult to say." He said that mentally, he feels he's in good condition to practice his profession. He stated, "It's a question of honor. I want to live with honor and dignity all the years I still have to live." He indicated that he has been living in poverty and wants to improve his income and not be a burden to the State. He said, "I want to be useful to myself and the community."

Mr. Asher told the Committee that there is no evidence that Dr. Viloria is a pedophile. He said that the excerpts of the taped conversation appearing in the record were taken out of context. He said that Dr. Viloria has leamed coping skills with the help of his psychologist so that he could either switch the conversation to where he is the aggressor or get out before it reaches an inappropriate level. He said that there are cultural influences that came to light during his counseling although Dr. Viloria might not look at it as a cultural background factor. Mr. Asher said that the psychologist believed that Dr. Viloria felt that, with his Latin background and temperament, he couldn't "back down" with a woman. He said that Dr. Viloria has evolved over the period of time since he lost his license and has accepted that he was wrong.

When asked if he had anything further to say. Dr. Vioria told the Committee that when the gif showed up in this office he had a dilemma. He said that he made the decision to "treat mer like she was beautiful, etc., so that she woutd leave. I was wrong." He indicated that in Spanish culture, you "use love to make people feel good." The Committee asked, "Did you enjoy what she did?" Dr. Vioria replied, I was treating her like I loved her. When I realized she took it seriously, I fell back."

The overarching concem in all restoration cases is public protection. Education Law $\mathbf{\$ 6 5 1 1}$ gives the Board of Regents discretionary authority to make the final decision regarding applications for the restoration of a license to practice as a physician in New York State. 8NYCRR §24.7(2) charges the Committee on the Professions (COP) with submitting a recommendation to the Board of Regents on restoration applications. Although not mandated in law or regulation, the Board of Regents has instituted a process whereby a Peer Committee first meets with an applicant for restoration and provides a recommendation to the COP. A former licensee pettioning for restoration has the significant burden of satisfying the Board of Regents that there is a compelling reason that licensure should be granted in the face of misconduct so serious that it resulted in the loss of licensure. There must be clear and convincing evidence that the petitioner is fit to practice safely, that the misconduct will not recur, and that the root causes of the misconduct have been addressed and satisfactorly dealt with by the petitioner. It is not the role of the COP to merely accept as valid whatever is presented to it by the petitioner but to weigh and evaluate all of the evidence submitted and to render a recommendation based upon the entire record.

The COP agrees with the majority opinion of the Peer Committee that Dr. Viloria has not presented a compelling case for the restoration of his license at this time. Both the Peer Committee and COP note that Dr. Viloria's statements as to what occurred in his office with the 14 -year-old gin and why it occurred have been inconsistent during his three attempts to have his license restored. Based on those inconsistencies and his derneanor during its meeting with him, the COP does not find his explanation credible. The COP notes that neither Dr. Viloria nor his psychologist adequately addressed the question of why this misconduct occurred. Dr. Viloria provided no evidence that he has clearly identified the rook causes of his misconduct and made the necessary behavioral changes in his life to make certain such misconduct would not recur. The COP finds that he continues to provide varying explanations to fit the circumstances. Without such a clear-cut understanding of the root causes of his misconduct, the COP is not convinced the public would be safe were Dr. Viloria's license restored. Dr. Viloria said that he has developed coping skills based on an ethics course and his therapy with his psychologist. As noted by the Peer Committee majority, the approaches suggested by Dr. Viloria to handle similar situations in the future were "scattershot" and "disparate," which left those Committee members "unsatisfied that applicant truly understands what happened in his office on that day and how he might deal with a similar situation in the future."

Therefore, after a careful review of the record and its meeting with him, the Committee on the Professions voted unanimously to concur with the recommendation of the Peer Committee majority that Dr. Viloria's application for restoration of his physician license in the State of New York be denied at this time.

Kathy Ahearn, Chair
Lestie Templeman
Steven Earie


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

In the Matter of the Application of

HUGO L. VILORIA

REPORT OP
THE PEER
CONATITERE
CAL. KO. 19037
for the restoration of his license to practice as a physician in the state of New York.
-X
Applicant, $H U G O$ L. VILORIA, was authorized to practice as a physician in the state of New York by the New York state Education Department by the issuance to him of license number 119488 on March 5, 1974.

## PRIOR DISCIPLINARY HISTORY

On June 17, 1988 the Board of Regents voted to revoke applicant's license to practice medicine in the state of New York, with the Commissioner of Education's order implementing the vote of the Board of Regents becoming effective on August 16, 1988.

Applicant's revocation of licensure was based upon his havirg been found guilty of two specifications of professional misconduce of the seven he was charged with. Applicant was found guilty of professional misconduct in that he willfully verbally harassed $a$

HUGO L. VILORIA
patient and that he evidenced moral unfitness in the practice of the profession of medicine by this conduct. These charges relate to applicant's conduct with a 14 -year old female patient (referred to in the proceedings as patient A! of his on January 21, 1987.

Quoting from the report of the Regents Review Committee in this matter, dated June 4, 1988, "(applicant's) actions on January 21. 1987 constituted verbal (emphasis supplied) harassment, abuse and intimidation and because, by formulating the intent to engage in a sexual encounter with Patient $A$, applicant's conduct evidences moral unfitnese to practice medicine." ."

There was no finding that applicant had physically forced patient $A$ to have sex or that his conduct constituted physical (emphasis added) harassment, abuse and/or intimidation of the patient.

Quoting further from its report, the Regents Review Committee related more details of what transpired between applicant and his patient.
"Early in the conversation on January 21, 1987, (applicant) twice told patient $A$ that he missed her. He then asked patient $A$ why she did not come to his office. When patient a asked applicant whether he liked what they were doing the other times, applicant replied yes of course. Later applicant stated we can go somewhere and indicated he would pick her up. Applicant declared to this 14 -year old girl ' I want to give you everything. All my love. I like you'. After falsely telling patient $A$ that he no longer had a wife, applicant twice inquired of patient $A$ about a certain type of sex act."

These comments were recorded by patient $A$ while wearing a wire supplied to her by the police in furtherance of an investigation being conducted by them.

The Board of Regents found that applicant should have immediately terminated the conversation relating to sex, and that the aforementioned conduct constituted the willful verbal harassment, abuse and/or intimidation of patient $A$.

Subsequent to the actions of the Board of Regents in 1988 revoking applicant's license, applicant submitted two separate petitions for the restoration of his license. Foliowing hearings, these petitions were denied in 1991 and 1997, reapectively.

Unrelated to the aforementioned disciplinary proceedings, but made a part of the record herein, was applicant's criminal conviction on May 21, 1991 by a guilty plea to the charges of Criminal Possession of $a$ Weapon in the $4^{\text {th }}$ Degree and Endangering the Welfare of a Child. On July 8, 1991 applicant was sentenced to three years' probation, 600 hours of community service, and was ordered to seek paychiatric counseling. This plea and sentence was entered in Supreme Court of Bronx County, New York.

Additionally, applicant reported that during divorce proceedings with his wife she alleged that he tried to hit her with a pipe, for which he was arrested in 1994 . This resulted in his being found guilty of an offense, which is a lower level conviction than a misdemeanor.

He was also involved in an incident in 1996 involving his car which required the intervention of the police. This resulted in applicant's being convicted of disorderly conduct and sentenced to
a conditional discharge and a fine of $\$ 400$.

## Petition for Restoration

As part of applicant's restoration petition, he appended supporting affidavits, letters from treating health professionals (along with a release for each of their records), evidence of continuing medical education (CME), a curriculum vitae and letters showing proof of community service.

In addition to the above there was additional material submitted by the Office of Professional Discipline (OPD), including the report of the Investigations Diviaion of OPD, and a letter dated September 16, 1999 from Anne Saile, Director of the Office of Professional Medical Conduct (OPMC).

## Pans Cornitton Monting

On July 10, 2001, July 25, 2001 and April 18, 2002, this Peer Committee met to consider this matter. Applicant appeared before us personally and was represented by an attorney, Robert $S$. Asher, Esq. Stephen J. Lazzaro, Esq. appeared on behalf of the Prosecutions Division of OPD.

Following opening statements by counsel for each party, applicant presented a number of witnesses on his behalf. The first to testify was Father Robert M. Robinson, who is the pastor of the Saint Patrick Parish in Long Island City, New York.*

Father Robinson first met applicant in about 1994 or 1995, when applicant was seeking to find a priest who could get to know

[^0]him. Father Robinson described himself as being shocked by applicant during their initial talk. Applicant related to him that he had an inappropriate conversation with a patient who was a young girl and that the girl had made improper gestures with her mouth, which prompted applicant to start asking improper questions.

Because applicant was seeking spiritual advice, he returned to Father Robinson on a regular basis. He said that at first applicant did not show remorse for his actions or what he called perfect contrition, which meant, according to his religious tradition, that one is sorry because one has done wrong.

Eventually applicant was recommended by Father Robinson to join a spiritual group. This group engaged in serious prayer and study. After a time applicant came to admit that he had done wrong with the girl and that he had failed her.

In addition to his bible study, applicant also performed favors for study group members such as driving them to doctors' visits or to their homes from religious meetings.

Father Robinson is satisfied now that applicant has achieved perfect contrition, and, at least from a moral and spiritual perspective, is qualified to practice medicine again.

In addition to his testimony, Father Robinson submitted both a letter and affidavit on applicant's behalf.

The next witness to appear on applicant's behalf was Dr. Raul Pohorille. Dr. Pohorille met applicant when both were both practicing in the Bronx some time ago. He considers himself a friend of applicant's.

He understood the reason for applicant' loss of licensure to be applicant's involvement in a "very, very compromising conversation with a patient... .

Dr. Pohorille discusses medicine on an occasional basis with applicant and believes that applicant has kept up to date with practice issues sufficient for a general practice. He supports applicant's petition to obtain his license again.

On cross-examination by Mr. Lazzaro, Dr. Pohorille testified that his understanding of the event which led to applicant's revocation, as told to him by applicant, was that the young female patient provoked him sexually with conversation. He also believed that applicant was trying to escape the aituation and that he didn't know the conversation was being recorded.

Dr. Pohorille said that he would recommend applicant to friends involved in a group practice if he were to be relicensed, and would try to keep an eye on his practice in an indirect way.

Dr. Roger Solawa, a clinical psychologist, next appeared on applicant's behalf. Dr. Sowala has known applicant as his psychologist for some 8 or 9 years and has treated him for a total of some 95 to 100 hours. Applicant first came to him as the result of a court-mandated treatment program.

In the period of time in which he treated applicant, Dr. Sowala believes that applicant came to realize that his conversation with patient $A$ was inappropriate. He attributes this lapse by applicant to his failure to use even a reasonable degree of his coping skills at a time when applicant was experiencing great personal stressors. Another contributing factor in
applicant's response to patient $A$ would be cultural differences in his background from those of his adopted country's culture.

He has since learned appropriate coping skills and does not believe that applicant is in any way hindered either cognitively or intellectually. Another stabilizing factor is applicant's involvement in his church, which Dr. Sowala views as sincere, and not merely a prop to support his restoration application.

He does not believe that applicant needs any more ongoing therapy and that he has integrated into his life the things they worked on during their sessions together. Dr. Sowala also thinks that from a peychological standpoint applicant is prepared to practice again and has recognized the need to keep abreast of the profession through his attendance at CMS Courses.

In response to questions from this panel, Dr. Sowala testified that he did not think restrictions on applicant's practice would be necessary.

The next to testify was applicant. Applicant began his direct testimony with a recitation of his background and medical education.

He then discussed the events of January 21, 1987, when patient $A$ came to his office. He testified that he always believed that what he did was improper, and denied that he had a sexual relationship with the girl. He recognizes that he hurt many people with his conduct, beginning with the girl, and including his family and profession.

When asked how he would respond if a similar situation arose today, applicant replied by saying that he was a "religious man..
(and would) decide everything with the Ten Commandments always in my mind. I would treat every patient like a brother that needs help...I would be more careful making a decision."

When pressed on what apecific action he would take, applicant said he would call 911. He would then tell 911 that he has a big problem in his office, and when they arrived he would explain it to them. Of course, he added, he would have an office employee come in as a matter of routine for female patients. If that were not possible he would try to get permiasion to tape whoever came to his office.

He expanded upon these remarka by aaying, with respect to patient $A$, that she make (aic) a very louay atory with big, fat liesmane lie in front of the grand jury."

Applicant continued by discussing his $C B s$ and his conversations with other physicians regarding practice issues.

If relicensed, applicant sees himself as being involved in a group general practice.

Applicant testified about his association with Father peter Bretzinger and the Communio Sanctorum, which is a religious movement that provides spiritual direction to its members. They are involved in bible study, teaching, ministering to the needs of the poor, and ocher activities.

His involvement arose out of what he described as his "mar.y years of suffering and trying to have my license restored..I understand that maybe..numan justice sometimes is not really the best thing." He expressed the belief that perhaps divine just:ce is better.

This religious affiliation has also helped him to deal with the pressure he has felt since losing his license. Father Bretzinger could not appear at the hearing because he was traveling on church business, but he did submit a letter on applicant's behalf.

Applicant concluded his direct testimony by saying that he would like to return to a general practice catering primarily to adults in an institutional setting, or at least a setting where he worked with other physicians. Applicant said that he has some offers from other physicians, but nothing specific.

When asked on cross-examination if there was a violation of trust between patient and doctor, applicant said there was a violation on both sides, in that both her actions and his were wrong.

Applicant maintained in his testimony that she was in effect trying to entrap him and that his question to her, "do you know how to do a blow job", could be interpreted in a different way due to the inflection in his voice. He said that the question came from his mouth without "any intention or nothing".

Applicant was then asked about whether he believed he actually needed peychological counseling or in fact sought treatment in order to obtain his license. Applicant replied that in his opinion the various legal authorities involved in his criminal case-the assistant district attorney, the judge, his defense attorney-were in effect not qualified to evaluate his mental health. He said that he told his attorney that he didn't have any psychological problem.

On the other hand, he saw value in seeing a mental health professional in order to help him through his depression and anxiety over losing his license.

Mr. Lazzaro then returned to the subject of what applicant would do if confronted with a situation like that which led to the loss of his license. Applicant again said that he would call ois because they would provide immediate help, more so than his secretary, and he could explain to them what is going on in his office.

He also described an alternative response in which he would tell the patient to leave, or do something more serious if he or she didn't, and then call for help from his assistant or secretary.

Applicant concluded his crosa-examination by stating that he is both educationally and ethically qualified to return to practice.

In response to panel questions, applicant reflected on the evolution of his thinking over time, and specifically since his last licensure restoration petition some years ago. Applicant said that since that time he has raised his awareness through discussions with friends, doctors, lawyers and spiritual advisors about why he committed his act. He realizes that his whole problem atems from his improper conversation with patient $A$, regardless of who provoked it, and that it violates the Iaw.

Further, "as a human being and as a Christian, I think that I did wrong. I behaved like a sinner. I sinned because of my thinking, sinned because of my words, and sinned because I did not
do what I was supposed to."
The Department in its closing remariks stated the criteria involved in determining whether a license should be restored: reeducation, rehabilitation and remorse. Mr. Lazzaro left it up to the province of the panel to determine whether applicant's reeducation is sufficient, but noted that applicant has not practiced medicine since the late 1980's.

With respect to rehabilitation, the Department cited the testimony of applicant and several of his witnesses to show that applicant lacks the insight to properly appreciate the nature of his misconduct, and is only interested in saying whatever it takes to regain his license.

Mr. Lazzaro concluded by saying that applicant did not present such evidence as would compel this panel to grant the restoration of his license.

Applicant's counsel, Mr. Asher, then gave a closing statement. Mr. Asher argued that applicant has been convicted only twice of misdemeanors, once for endangering the welfare of a minor and once for possession of an unlicensed gun, both of which occurred more than 15 years ago.

Applicant has not excused his acts and admits that he acted improperly. Without minimizing his misconduct, Mr. Asher noted that applicant did not sexually touch this woman, but did react wrongly when patient $A$ acted in a provocative manner.

Applicant is sincere in his remorse and rehabilitation, as attested to by applicant's witnesses such as Father Robinson and Bretzinger, and as evidenced by his immersion in chirsh.
activities. Father Robinson in particular believes that applicant has achieved perfect contrition for his actions, which means truly understanding and feeling sorry for what he had done wrong.

Applicant recognizes the harm he has done to patient A, his family, and his profession. He has rehabilitated himself through community service, exceeding the required 600 hours to be performed by completing to this point some 1000 hours. Applicant has also seen three different. mental health professionals, each one of which has written in support of applicant's petition.

Mr. Anher acknowledged that applicant's "difficulty in expressing himself in English presented a problem for him before the panel.

And, despite applicant's having been away from the practice of medicine for a number of years, he has taken a substantial amount of CMB. If the panel feels that restrictions on or conditions attached to applicant's practice are necessary, applicant would be willing to accept those terme.

Finally, Mr. Asher asked the question of how long should one be punished, and when can one be forgiven. He asserted that applicant has done all the things needed to practice safely, ethically, morally and in the best interests of his patients.

## Recommendation

In evaluating applicant's petition for licensure, we apply the aforementioned criteria of remorse, rehabilitation and reeducation. Additionally, we are charged with the responsibility of safeguarding the public's health, safety and welfare.

We also note in reviewing this petition that the legal burden
is on applicant to submit such evidence as would "compel" the exercise of discretion in his favor. Matter of Jablon v. Board of Regents of Univ. of State of N.Y., 271 App. Div. 369, 373, 66 N.Y.S. 2d 340, affld. 73 N.E. 2d 904. Taking the above into consideration, it is the recommendation of two members of this panel, Dr. Seymour Cohen and Benjamin Robinson, Esq., that applicant has not fulfilled these requirements and that therefore his petition for restoration be denied. It is the recommendation of the chairperson, Dr. Nathan Kase, that applicant's request for restoration be granted, with certain terme of probation to monitor his practice.

At the outset we all agree that applicant appears to be sincerely remorseful for his actions. Where we diverge is respective beliefs regarding applicant's rehabilitation and reeducation. It is the opinion of the aforementioned two panel members that although applicant is remorseful, his testimony indicates a conflicted view of his conduct which precludes true insight on his part.

In particular, applicant gave varying accounts of how he viewed the behavior of patient $A$. At times he portrayed her as the innocent victim of his misguided actions; at others he indicated that she lied in her testimony in the criminal case, was trying to entrap him, and only using him to avoid being punished for her absences from school.

Similarly, applicant proposed a number of scattershct approaches to avoid a repeat of his misconduct. He said that $i n$ the future he would variously call 911, ask the patient to leave
if she acted improperly, have a female assistant in the room with him and so on. These disparate approaches leave us unsatisfied that applicant truly understands what happened in his office on that day and how he might deal with a similar situation in the future.

Further, appiicant was involved in several incidents subsequent to the one which led to the loss of his license which call in to question applicant's judgment and ability to respond appropriately to atressful situations.

Finally, despite applicant's many hours of CaB, we are concerned that he is not currently qualified to practice medicine at this time due to his many years away from the profession.

For all these reasons it is the recommendation of Dr . Cohen and $M r$. Robinson that applicant has not presented such evidence as would compel the granting of his application for restoration licensure.

It is the recommendation of the chairperson that applicant has satisfactorily met the criteria cited previously and deserves to have his license restored subject to certain terms and conditions.

Dr. Kase believes that applicant is genuinely remorseful for his misconduct and that a repeat of this behavior is highly unlikely for a number of reasons.

First, applicant's active involvement in his church, and his devotion to his religious studies would preclude a recurrence of his behavior.

Additionally, applicant has undergone counseling with several
mental health professionals, the latest of which testified before us that applicant is, at least from a psychological perspective, capable of resuming the practice of medicine.

Applicant has taken a substantial amount of CME and consults with physicians on at least a semi-regular basis so as to have a working knowledge of current medical practice. Given the appropriate supervised setting, it is my belief that applicant can practice safely without harm to the public, and indeed can render some good service.

Finally, the incident for which applicant löt his license, and even the subsequent ones, occurred long in the past. He has had no brush with the law for at least seven years and has led an exemplary life since then. Under these circumstances it serves no purpose to further punish applicant by denying him the right to practice medicine under certain supervised conditions.

Therefore, it is the recommendation of Dr . Kase that applicant's license be restored, provided that applicant's practice be subject to the terms of probation set forth in the annexed exhibit "A", which would limit applicant to the practice of adult primary care internal medicine only in medically supervised institutional settings such as Article 28 facilities for a period of three (3) years from the effective date of the Commissioner's Order to be issued in this case. During that time period applicant may not engage in any private practice. Following the satisfactory completion of these terms of probation, applicant may practice without restriction.

Respectfully submitted,
Dr. Nathan Kase, Chairperson
Dr. Seymour Cohen
Benjamin Robinson, Esq.

## REDACTED



Dated

# EXHIBIT "A" <br> TERMS OF PRUBATION <br> OF THE HEARING PANEL 

HOGO L. VILORIA
CALENDAR NO. 19037

1. That applicant, during the period of probation, which shall run for three (3) years from the effective date of the Commissioner's Order to be issued in this matter, shall be in compliance with the standards of conduct prescribed by the law governing applicant's profession;
2. That applicant shall submit written notification to the Director, Office of Professional Medical Conduct (OPMC), Corning Tower, Room 438, Empire State Plaza, Albany, NY 12237, of any employment and/or practice, applicant's residence, telephone number, or mailing address, and of any change in applicant's employment, practice, residence, telephone number, or mailing address within or without the state of New York;
3. That applicant, during the period of probation, shall practice adult primary care internal medicine only in an Article 28 or similar facility under the supervision of a New York state licensed physician;
4. That, during the period of probation, applicant shall not engage in the private practice of medicine;
5. That applicant shall have quarterly performance reports submitted to the Department of Health ( DOH ), addressed to the Director, OPMC, as aforesaid, from applicant's employer, evaluating applicant's performance in the practice of medicine in applicant's place of employment, said reports to be prepared by applicant's supervisor or employer;
6. That applicant shall submit written proof from the Division of Professional Licensing Services (DPLS), New York state Education Department (NYSED), that applicant has paid all registration fees due and owing to the NYSED and applicant shall cooperate with and submit whatever papers are requested by DPLS in regard to said registration fees, said proof from DPLS to be submitted by applicant to DOH, addressed to the Director, OPMC, as aforesaid, no later than the first three months of the period of probation;
7. That applicant shall submit writter proof to the DOH, adjressed to the Director, OFMC, as aforesaid, that 1) applicant is currently registered with the NYSED, unless applicant subnite written proof that applicant has advised DPLS, NYSED, that applicant is not engaging in the practice of applicant's profession in the state of New York and does not desire to register, and that 2) applicant has paid any fines which may have previously been imposed upon applicant by the soard of Regents, said proof of the above to be submitted no later than the first two monthe of the period of probation;
8. That applicant shall make quarterly visits to an employee of the Office of Professional Medical Conduct, New York State Department of Health, unless otherwise agreed to by said employee, for the purpose of said employee monitoring applicant's terms of probation to assure compliance therewith, and applicant ahall cooperate with ald employee, including the submission of information requested by ald employee, regarding the aforesaid monitoring;
9. That upon receipt of evidence of noncompliance with or any other violation of any of the aforementioned terms of probation, the Office of Professional Medical Conduct, New York State Department of Health may initiate a violation of probation proceeding and/or such other proceedings pursuant to the Education Law and/or Rules of the Board of Regents.

in the matter of the

Application of HUGO L. VILORIA for restoration of his license to practice medicine in the State of New York Case No. 97-24-60R

It appearing that the application of HUGO L VILORIA, 37-18 73rd Street, Jackson Heights, New York 11372, to engage in the practice of medicine in the State of New York, was revoked by action of the Board of Regents on June 17, 1988, and he having petitioned the Board of Regents for restoration of said license, and the Regents having given consideration to said petition, and having agreed with and accepted the recommendation of the Committee on the Professions to deny such petition, now, pursuant to action taken by the Board of Regents on April 29, 1997, it is hereby

ORDERED that the petition for restoration of License No. 119488, authorizing HUGO L. VILORIA to practice medicine in the State of New York, is denied.


IN WTTNESS WHEREOF, I, RICHARD P MILLS, Commissioner of Education of the State of New York, for and on behalf of the State Education Department, do hereunto ser my rund and affix the seal of the State Eduçliun
Deparmment at the City of Albany, his $/<$ Say of June, 1997.

REDACTED
Comimisstioñer of/Education

Case No. 97.24-60R
It appearing that the license of HUGO L VILORLA, 37-18 93 rd Street, Jackson Heights, New York 11372, to engage in the practice of medicine in the State of New York, having been revoked by action of the Board of Regents on June 17, 1988, and he having petitioned the Board of Regents for restoration of said license, and the Regents having given consideration to said petition, and having agreed with and accepted the recommendation of the Committee on the Professions that the petition be denied, now, pursuant to action taken by the Board of Regents on April 29, 1997 it was

VOTED that the petition for restoration of License No. 119488, authorizing HUGO L. VILORIA to practice medicine in the State of New York, be denied.

# THE GYIVERSITY OF THE STATE OF NEW YORK The seate Educasion Department <br> Report of the Committee on the Professions Appilcation for Restoration of Medical License 

Re: Eugo L. Viloria
Attorney: Robert S. Asher

Hugo L. Viloria, REDACTED
peritioned for restorarion of his medical license. The chronology of events is as tollows:

03/05/74 Issued license number 119488 to practice medicine in New York State.

03/13/87 License sumarily suspended by Department of Health. (See "Disciplinary History.")

06/04/88 Regents Review Comittee recommended that license be revoked.

06/17/88 Regents voted revocation.
08/16/88 Comissioner's order effective.
06/14/89 First petition for restoration submitted.
06/08/90 Peer Panel restoration review.
07/30/90 Report of Peer Review Panel.
12/12/90 Report and recommendation of the Comitzee on itie professions.

02/22/91 Board of Regents voted to deny restoration.
05/01/91 Commissioner's Order effective.
06/02/94 Second petition for restoration submitted.
02/09/96 Peer panel sestoration review.
05/28/96 Report and recommendation of Peer Review pane:. (See "Recommendation of the Peer Review parel.")

01/06/97 Report and recommendation of Committee on the Professions. (See "Recommendation of the Comittee on the Professions.")

Digeipliangy fistery. (See attached report of the Regents Review Commitcee. On Marcn 13,1987 , Ene Comissioner of heal:n derermired that 5 r. $\because$ bloria's continued practice of med:cire constituted an binbrens danger to the health of the peopie of tie
 ․cense. Dr. $\because: \leq \in z=$ was charged with protessjonal miscorauce in Enat he wilisu! $\because$ : $\because=3$ ssed, abused and/or intimidared a par:er:

 ahich evidenced -..c:z: -atitress to practice the profess.cr fouz: through sixth sece:t: =ations), and that he practiced ine presisss: :

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In April 198; a searing was conducted by the state Boari fser professional Medica: Conduct in regard to the issues of inninent danger and professional misconduct. Prior to final deliberations and a review of tinal writeen arguments, the Hearing committee (Stewart, Sheldon, winer) concluded that Dr. Viloria's practice of medicine did not censtitute an imminent danger to the health of the people of the state of New York. The Comittee recommenced unanimously that the summary order be vacated. On June 1, 1987, the Commissioner of Health rejected the findings, conclusion, and recommendation of the Hearing committee on iminent danger and ordered that the sumary suspension be continued.

In June 1987 the Hearing committee found and concluded "nat Or. Viloria was quiley of the charges, either wholly or in part, and recommended thar his license be revoked. On July 10, 1987, the Commissioner of Health recommended to the Board of Regents that the findings, conclusions, and recommendation of the hearing commbtee be accepted in full.

In its report of June 4, 1988, Ehe Regents Review Comas:tee (Griffith, Bolin, Picarielio) unanimously recommended that or. Viloria's license be revoked. The Comittee fecomended that Dr. Viloria be found guilty of the third and sixth specificat:ons to the extent indicated by the Hearing comittee and zecommended further that he be found not guilty of the remaining charges. In giving consideration to the summary suspension, the commstee recomended that Or. Viloria be allowed to petition for restcration after a waiting period of nine months, instead of one year. on June 14, 2989, Dr. Viloria submitted his first petition for restoration of his medical license.

The Peer Review panel (Colgan, Cournos, Santiago) met on June 8, 1990. On July 30,1990 , the panel recommended that Dr. Viloria's petition for restoration of his medical license be denied. In its report dated December 12, 1990, the Commireee on the Professions (Eernandez, Cantres, Sautr) recommended chat Dr. Viloria's petition be denied. On February 22, 1991, the 30ard of Regents vored to deny or. viloria's petition. the Commissioner's Order =ecame effective on May 1,1991 . Dr. Viboria


Recomnendation of the peer Review pagel. (See attached repo: of tie Peer Review Panel.) The peer Review Panel (Iraj, Roman, wu) me $=$ f February 9,1996 . In its report dated May 28, 1996, the Panel recommended that the revocation of Dr. Viloria's dicense be siajej and that he be placed on probation for ten years under spej: Eied terms and conditisns including the requirement that he aj:uys have a female third person present whenever he jreats or exa…ies any female and that within the tirst three fears of presacion he complece 100 hours of continuing medicai educacion inc:iding at least one course in physician-patient relationsrips anc another course in the general practice of medicine or internai med:cine.

Recommendation of the committee on the professions. on January 6, 1997, the Comittee on the professions (Duncan-poitier, Muñoz, porter) met with Dr. Hugo 2 . Viloria to consider his petition for the restoration of his license as a physician in New York State. In his meeting with the Comittee on the professions on January 6, 1997, Dr. Viloria was accompanied by his attorney, Robert S. Asher. Dr. Viloria presented the committee with a letter and Curriculum Vitae from Dr. Hugo M. Morales, Medical Director, Bronx Mental Health Center, regarding his treatment of Dr. Viloria.

The Committee began the meeting by asking Dr. Viloria to explain in his own words the circumstances that led to the revocation of his license. He told the Comittee that he should not have talked to a patient the way he did, but it was oniy a part of his cultural background to attempt to get friendly with his patients, not to do something wrong. Dr. Viloria said that Spaniards are talkative about various subjects and that it was just part of the culture and "not that big a deal to have the conversation." However, Dr. Viloria reported that he was excited by the girl as she spoke about sex favors and sex problems. As a resule, he reported that he lost control and forgot he was a doctor. Further, Dr. Viloria indicated that he failed to keep the proper distance between a doctor and a patient. He stated to the committee that his conduct was his own fault.

Dr. Viloria volunteered to the Comittee on the Professions his account of the office visit with the fourteen year old giri. He said he believed he had treated her two times previously, once for a health certificate for school and once for a cut singer. On this occasion, he reported that she had no appointment but, rather, had been hiding in a room and forced her way into the examining room without going through the receptionist. Dr. Viloria told the Committee that she said she wanted a medical certificate for not being in school. He stated that the girl initiated the sexual discussion and told him she would do anything for him if he gave her the certificate. Dr. Viloria informed the comittee that he tried to avoid her but she kept saying "Are you going to to :t?" He stated that it was a mistake to continue the sexual discussion.


#### Abstract

 a brief account of what ree oelleved so be the facts surgounding the incident that led te Ene zzvocation of Dr. Viloria's license, He ardicated that 1 n an $\equiv \leq 5 E=5$ EO avord eruancy problers this girl was secperatirg witt. she Es:isa, and Dr. Viloria was ceing "set ip."      EOlice in Harlem ins.. si.s shouldhave been in sci.coi. whe. $=: \in$ zomaretee asked ne: $\therefore s$ :ien the police nad found her in ita:len,    He said that he was siysisally untble to do what she alleged. The record shows that subsequent to revocation of his bicense, Dr. Viloria, in a plea oaggaining arrangement, pleaded guiley to the crime of criminai possessionget a weapon in the fourth degree and also to the crime of endangering the welfare of a child. The Coure record states that "addationally, the fact that the defendant's medical : לcense was pemanently revoked, and having had extensive discussions with the ltensing people in New york state and given the information that tie have, we do not believe the defendane will be eligibie to recurve his license if he applies $\mathbf{t}$ or it. That was also considered in allowing this plea." In concluding his discussion of the incident, Dr. Viloria stated to the Comittee that "I can only saly did wrong by not stopping the conversation and keeping distance."


The committee asked the petisioner if it was his pract:=e to examine female patienes wiehout faurse in the room. Dr. Viooria said that if he needed to examime a female, he would call an a nurse. However, in enis situatign or. Viloria indicated tnas he was just talking to the tourteenwear old girl and tiliing sut a certisicate for her being out of school; he was not planning to examine her.

The Comittec inquired as tofthe effects of his actions or the fourteen year old girl. Dr. Viforia indicated that at strse he only considerad the negative eftects on himself since he seit the had failed by not trying to eely her she was doing wrong. when asked his feelings now, he stated that he "didn't teach her $=0$ do good."

The petitioner indicated thet he had volunteered to to nore than 400 extra hours of commuity service in addition to the 500 hours ordered by the Coure. Dr. viloria informed the comititee that he did volunteer work in a wemen's stelter and had no prociems with any women while providing this assistance. Additionainy, he indicated he has been keeping abreast of the profession by baking continuing education courses andreading medical journais.

Through one and one-half years of therapy with Dr. Sciana Dr. Viloria cold the Ec-m..tete enat $\therefore$ a tad learned now to cena.e as

引 doctor．He ind：cazed Enaz a psychologist，Dr．o＇rourke nad intcrmed him that＝nere was rovinng psychologically wrorg with him． Eer ine last six menet．s，Jr．liloria reports that ie has been seeing $D E$ ．Morales．In his lereer dated January $6,: 996$（ste）， $=:$ ．$\because$ orales repoz＝zd tha：he had last seen Dr．$\because$ iloria on zecenber li，lige zoz nis morichly visit and that＂Juring the csychotherapeut：session the focus has been on how $=$ e conduce a zector／patient seiz＝：cisni？in a most professional mañer thereby avciding conf！ict：nj ceerscial issues ．．．＂In addition，こr．＇libes：e ：．．cicated that te i．as teen Consuleing with his pasto：Monsigno： $\because$ ：aiister．

The office ot sco：sss：onal Medical Conduct of the Jectar5‥en： EO Health oppeses－ie zesteraticn of the medical itersミ 5 ： DE．Viloria．The：3：ese：

Dr．Viloria＇s petition for restoration indicates shat he has continued to maintain his skills in medicine during this revocation period by taking continuing education courses．His perition，however，does not indicate remorse nor does ie supply evidence of rehabilitarion of the psychosexual disturbance that led to his revocarion． Considering the eenor and explicitness of Dr．Viloria＇s behavior with a minor that constituted professional misconduct，there is no evidence to indicate that restoration of his license is appropriate．

In his tirst petition tor restoration reviewed by a Committee on the professions in 1990，Dr．Viloria＇s application was denied because the Commitree believed，at that time，that he had a crucial Elaw in his ability co assess and react to the events in his life． They indicated that＂Dr．Viloria continues to blame his accuser， her mother and the police，and fails to take responsibility for his actions．＂They further stated that＂Dr．Viloria continues to believe that the revocation of his license was improper and incorrect and that the real tragedy has occurred to hia and his samily．＂

The overarching concern in all restoration cases is the protection of the public．A zormer licensee petitionirg for restoration has the significant burden of satistying the Bcard of Regents that licensure should be granted in the face of misconduct that resulted in the loss of licensure．There must be a clear preponderance of evidence that the misconduct will not recur and that the root causes of the misconduct have been addressed and satisfactorily dealt with by the petitioner．

The Comittee on the professions concurs with the observation of the peer Review panel that the petitioner has been sufficientiy re－educated and has demonstrared his competency and desire $=0$ remain current with professional developments．Similariy，the Committee acknowledges 0 g．Viloria＇s attempts at rehabill：ation through therapy，religious consultation，and volunteer work in a snelter．He adries that whe re did was wrong bue onity as ：t
cefcains to his rot siofFing the sonversation and keeping mis jos

The Conmitte, fowerey, does not agree with tre sissezuajons sf =re peer Rerie:




 ciscussion bagan, is not $\operatorname{sil} \ddot{i}$ continued the dississisn kut


 effeces his actions ixay have had cn the fourteen yeaf idd fatient. The Comitree notes enat Ehe peer Review Panel zeconnended restoration, but the panel also cecommended the unusially long probarion period of 10 years and ehe stipulation that a female enird person be always presene with the applicant inenever he creats or examines any female patient. Inis comitere disagress with the peer Review Panel's conclusion that Dr. Viloria should be allowed to return to practice. It Inds the extensive probationary period recommended by the per Review panel to be indicative of cnat panel's ongoing concesn about Dr. V1loria's readiness to return to ene practice of medicine. The Comittee does not find Or. Viloria's rehabilitation to be sufficient to warrant =ne reissue of a license co praceice medicine given the seriousness of petitioner's offense and the age of the victim. Furthermore, she Comitetee was not convineed from its review of the record and its personal meeting with Dr. Viloria that he has developed suf:icient insight into the seriousness of his misconduct and its implications.

After a complete review of the record and its meetirg with Dr. Viloria on January 6, 1997, the committee on the professions voted unanimously to gecommend that Dr. Viloria's petition for che cestoration of his license as a physician be denied at this s:me.

Johanna Duncan-Poitier, Shars
Franx Muñoz

Joseph 3. Pozeez

# EXHIBIT "A" <br> TERMS OF PROBATION <br> OF THE HEARING PANEL 

## HOGO L. VILORIA

CALENDAR NO. 19037

1. That applicant, during the period of probation, which ahall run for three (3) years from the effective date of the Commissioner's Order to be issued in this matter, shall be in compliance with the standards of conduct prescribed by the law governing applicant's profession;
2. That applicant shall submit written notification to the Director, Office of Professional Medical Conduct (OPMC), Corning Tower, Room 438, Empire State Plaza, Albany, NY 12237, of any employment and/or practice, applicant's residence, telephone number, or mailing address, and of any change in applicant's employment, practice, residence, telephone number, or mailing address within or without the State of New York;
3. That applicant, during the period of probation, shall practice adult primary care internal medicine only in an Article 28 or similar facility under the supervision of a New York State licensed physician;
4. That, during the period of probation, applicant shall not engage in the private practice of medicine;
5. That applicant shall have quarterly performance reports submitted to the Department of Health (DOH), addressed to the Director, OPMC, as aforesaid, from applicant's employer, evaluating applicant's performance in the practice of medicine in applicant's place of employment, said reports to be prepared by applicant's supervisor or employer;
6. That applicant shall submit written proof from the Division of Professional Licensing Services (DPLS), New York state Education Department (NYSED), that applicant has paid all regigtration fees due and owing to the NYSED and applicant shall cooperate with and submit whatever papers are requested by DPLS in regard to said registration fees, said proof from DPLS to be submitted by applicant to DOH , addressed to the Director, OPMC, as aforesaid, no later than the first siree months of the period of probation;

HOGO L. VILORIA (19037)
7. That applicant shall submit written proof to the DOH, addressed to the Director, OFMC, as aforesaid, that 1) applicant is currently registered with the NYSED, unless applicant submits written proof that applicant has adrised DPLS, NYSED, that applicant is not engaging in the practice of applicants profession in the state of New York and does not desire to register, and that 2) applicant has paid any fines which may have previously been imposed upon applicant by the Board of Regents, said proof of the above to be submitted no later than the first two months of the period of probation;
8. That applicant shall make quarterly visits to an employee of the office of Professional Medical Conduct, New York State Department of Health, unless otherwise agreed to by said employee, for the purpose of ald employee monitoring applicant's terms of probation to assure compliance therewith, and applicant shall cooperate with maid enmloyee, including the submission of information requested by aaid employee, regarding the aforesaid monitoring;
9. That upon receipt of evidence of noncompliance with or any other violation of any of the aforementioned terms of probation, the Office of Professional Medical Conduct, New York State Department of Health may initiate a violation of probation proceeding and/or such other proceedinge pursuant to the Education Law and/or Rules of the Board of Regents.


Application of HUGO L. VILORLA for restoration of his license to practice medicine in the State of New York

Case No. 91.70-60R

It appearing that the license of HUGO L VILORLA, 37.18 73rd Sireet, Jackson Heights, New York, 11372, to engage in the practice of medicine in the State of New York, was revoked by action of the Board of Regents on June 17, 1988, and he having petitioned the Board of Regents for restoration of said license, and the Regents having given consideration to said petition, and having agreed with and accepted the recommendations of the Peer Review Panel of the State Board for Medicine and the Committee on the Professions, now, pursuant to action taken by the Board of Regents on February 22, 1991, it is hereby

ORDERED that the recommendations of the Peer Review Panel and the Committee on the Professions are accepted, and that the petition for restoration of license No. 119488, authorizing HUGO L VILORIA, to practice medicine in the State of New York, is denied.


IN WITNESS WHEREOF, L, THOMAS SOBOL Commissioner of Education of the State of New York, for and on behalf of the State Education Deparment, do hereunto set my hand and affix the seal of the State Education Deparment at the City of Albany, this 5 thday of April, $: 991$.

REDACTED
Commissioner of Education

Case No. 91-70-60R
It appearing that the license of HUGO L VILORIA, REDACTED to practice medicine in the State of New York, having been revoked by action of the Board of Regents on June 17, 1988, and said HLGO L VILORIA having petitioned the Regencs for restoration of said license, and the Regents having given consideration to said petition, now, pursuant to action taken by the Board of Regents on February 22, 1991, it was

VOTED that the recommendations of the Peer Review Panel of the State Board for Medicine and the Committee on the Professions be accepted, that the petition for restoration of license no. 119488 authorizing HUGO L VILORLA to practice medicine in the State of New York be denied.

THE UNIVERSITY OF THE STATE OF NEW YORK
The State Education Department
Report of the Committee on the Protessions

Re: Euge L. Vileria
REDACTED

Hugo L. Viloria petitioned for restoration of his license to practice medicine which was revoked, effective August 16, 1988. The chronology of events is as sollows:

03/05/74 Licensed to practice medicine in New York state.
03/17/87 License sumarily suspended by Department of Health.
06/04/88 Regents Review Comititee recomended that license be revoked. (See "Disciplinary History.")

06/17/88 Regents voted revocation.
08/16/88 Commissioner's Order effective.
06/14/89 Petition for restoration subaited. (See "petition for Restoration.")

06/08/90 Peer Panel restoration review. (See "Report and Recommendation of Peer Review Panel. ${ }^{\text {( }}$ )

07/30/90 Report of Peer Review Panel.
12/12/90 Report of personal appearance and recommendation of the Comittee on the Professions. (See "Recommendation of the Comittee on the professions.")
pinaiphinary fintorle on March 13, 1987 the Commissioner of Health determined that Dr. Viloria's continued practice of medicine constituted an iminent danger to the health of the people of the State of New York and issued an order summarily suspending his license. Dr. Viloria was charged with professional misconduct in that he willfully harassed, abused and/or intimidated a patient physically and verbally (first through third specifications) and that he engaged in conduct in the course of his practice as a physician which evidenced moral unfitness to practice the profession (fourth through sixth specifications) and with practicing the profession fraudulently (seventh specification.) The former two charges related
to sexual conduct regarding a minor patient and the later charge to altering a related patient record.

In April 1987 a hearing was conducted in regard to the issues of imminent danger and professional misconduct. prior. to final deliberations and a review of tinal writeen arguments, the Hearing Committee (stewart, Sheldon, Winer) of the state Board for Professional Medical Conduct concluded that Dr. Viloria's practice of medicine did not constitute an imminent danger to the health of the people of the state of New York. The comittee recomended unanimously that the sumary order be vacated. On June 1,1987 the Commissioner of Health rejected the findings, conclusion, and zecomendation of the Hearing Comittee on laminent danger and ordered that the sumaary suspension be continued.

In June 1987 the Hearing commitee found and concluded that $0 r$. Viloria was guilty of the charges aither wholly or in part: and recommended that his license be revoked. On July 10, 1987 the Commissioner of Health recommended to the Board of Regents that the findings, conclusions, and recommendation of the Hearing comittet be accepted in full.

In their report of June 4, 1988, the Regents Review Commitee (Griffith, Bolin, Picariello) recomended unanimously that Dr. Viloria's license be revoked. They recommended that Dr. Viloria be found guilty of the third and sixth specifications to the extent indicated by the Hearing Comittee and recomended further that he be found not guilty of the remaining charges. In giving consideration to the summary suspension, the Committee recommended that Dr. Viloria be allowed to petition for restoration after a waiting period of nine months, instead of one year.

Retition fer Resteratien. In his petition for restoration, dated June 14, 1989, Dr. Viloria recounted the events that took place which resulted in the revocation in of his license. Throughout nis detailed account of these events Dr. Viloria declared his innocence and insisted that the eccusations of the ainor patient were false and that he had been set up by the police. Dr. Viloria compared the situation to that of the "Twana (sic) Erawley case."

Dr. viloria's petition attempted to reargue the various proceedings which took place and ultimately led to the revocation. He described the proceedings and expressed his objections to witnesses presented by the Health Department, the reversal of the charge of imminent danger, his questioning by the police, the conclusions of the Hearing comittee etc. Dr. Viloria detailed the criminal charges and explained that he "described the results of the criminal case because I thought you should be fully informed of all the circumstances."

Dr. Viloria said that he feels he has received more than sufficient punishment and that the factors which led to the revocation will never recur. Dr. Viloria stated that he will never attend a

Eemale patient without a witness present and that there has never before been a complaint relating to his competency to practice medicine.

Adeftional Information The routine investigation by the office of professional Discipline disclosed that in 1987 Dr. Viloria was indicted on several criminal charges including artemped rape, sexual abuse, sodomy, criminal use of firearm, criminal possession of a weapon, endangering the welfare of child, attempted sodomy and violation of the public health law. On April 17,1989 Dr. Viloria was sentenced to six months imprisonment and five years probation after a jury trial which found him guilty of sodomy, endangering the welfare of a child, and criminal possession of a loaded weapon.

On July 12, 1989 Susan Lee Strauss, Assistant District Attorney, wrote to the office of professional Discipline and saying that she was "violently opposed" to the restoration of Dr. Viloria's license. She asserted that he "is aftlicted with very bizarre sexual and criminal behavior and should be treated in accordance with his actions.m Ms. strauss included copies of a presentence memorandua, probation report, and letters submitted to the court.

Kathleen Tanner, Director of the office of Professional Medical Conduct, Department of Health, submitted two letters opposing the restoration of Dr. Viloria's license.

On October 25, 1289 Dr . Viloria submitted a notarized statement in which he wished to clarify statements that he had made which might be construed as practicing medicine without a license. Dr. Viloria cited his various activities since the revocation. Dr. Viloria asked that his letter of August 2, 1989 to the office of professional Discipline be disregarded as he "wrote that letter without the help of someone who has a beter grasp of the English language and without the benefit of advice of counsel."

Roport and Recomendatien of Peer Roviay Panele The Peer Review panel (Colgan, Cournos, Santiago) report, dated July 30, 1990, indicated that they met on June 8, 1990. Dr. Viloria appeared personally and vas represented by Arnold T. Taub, Esq.

The peer panel report reviewed Dr. Viloria's disciplinary history and his petition $50 r$ restoration.

Mr. Taub began by stating that Dr. Viloria is competent to practice and that his past punishment has been sufficient. The Department representative, Mr. Stephen Lazzaro, Esq., contended that there has been no remorse, that Dr. Viloria's reeducation has been inadequate and that there has been insufflcient gehabilitation. Mr. Lazzaro noted that the Department, the office of professional Medical Conduct and the District Attorney's Office all agree that restoration should be denied.

Dr. Viloris testified that he had been working tor thirteer years in poor areas without problems or couplaints. Dr. Vilorit sald that after the incident at issue he nad difsiculty getting a job. He indicated that he couldn't get job in the medical tield and that his physical condition and age biait his ability for physical labor.

Dr. Viloria listed his efforts at continuing medical education citing various magazines that he received, listening to "prn" medieal news on the radio, and conferences he has atended. He noted ehat the physician who rook over his office confers with him regarding his tormer patients' medical histories. Dr. Viloria discussed his medical background, his distinguished career in surgery in his native Columbia, his attempts at helping poor peopla, and in support of these statements he referred to his income from his medical practice as only sixty to eighty thousand dollars per year.

Responding to questions gegarding the underiying incident, or. Viloria said that he belleves it was wrong to hold the type of conversation he did with a minor, even 12 she was the aggressor. Continuing, he sald that he thinks the whole case was misinterpreted, that the way in which he handled the situation was not to do any hase: or anything to the girl, feferging to the lact that he had no reason to want to hurt her. Dr. Viloria explained that the patient had been receiving peychiatric treatment ror sexual abuse and proceeded to depict the circumstances of the visit which sormed the basis tor the tape recorded conversation. He sald that he had been aurprised to see her in his office as she had not been shown in and ateributed everything to her mental problem. He contended that he tried to tell her that he was too busy but was unable to kick her out because he is not a violent person. He then proceeded to give a detailed explanation as to why he could not call her mother. Dr. Vileria asserted that he sald the things on the tape in order to humor her, get rid of her, and not to antagonize her. Re said that he just went along with whatever she said and gave an example of a delusienal patient saying that you should just go along with it.

When asked why he had not called in his temale office assistant, Dr. Viloria said that he did not do it because the patient did not need a examination and he did not feel that he needed any help in getting the patient out of his office as she was not abusive and his life was not in danger so neither did he call the police.

Contending that the revocation was improper and incorrect, $0 r$. Viloria sald that the only victims were him and his family who have lost their house and have no food to eat.

Mr. Taub then spoke regarding Dr. Viloria's language problen and his inability to admit that he has a language problem. He asked how Or. Viloria was to shov remorse when the giri had perjured herself. He stated that $D r$. Viloria does feel remorse in that the strategy he used was wrong and he now knows the right thing to do and has indicated the steps that he will take to prevent it from happening
again. Continuing, Mr. Taub stated that, even it it is assumed that Or. Viloria's explanations are not accepted, petitioner' crime is not serious enough to have his license revoked forever. he reiterated that or. Viloria was trapped by the police, that the patient had been the aggressor, and agaln asked what remorse could be expected trom a doctor who faced three years of hell, facing his children, and his wife who did not know what happened. Mr. Taub maintained that even if Dr. Vilozia was one hundred percent guilty of the charges, he had been punished enough and that compassion indicates that fetitioner should get his license back.

In closing, Mr. Lazzaro asserted that Dr. Viloria does not understand the meaning of his acts and referred to the remorse that petitioner feels only for himself and his family. Mr. Lazzaro maintained that there has been no rehabilitative behavior and reminded the Panel that the Board of Regents considered the charges very seriously. Finally, he referred to the Panel's responsibility towards the publiceven if sympathy is felt for Dr. Viloria's family and again recommended against restoration.

After taking the entire relevant record into consideration, the Peer panel noted that their conclusion was based solely on the determination of the Board of Regents and Dr. Viloria's subsequent conduct, not on the allegations contained in the criminal material or on the disposition of that matter.

The panel found confirmation of a crucial flaw in Dr. viloria's ability to assess and react to events in his life as he appeared to cling to the same explanations that he offered in defense of the original disciplinary charges. The Panel found that even if they were to assume that all that Dr. Viloria had said regarding the character of the patient and her actions are true, they believed that his response, for which he was disciplined, was totaliy inappropriate and unprofessional. Moreover, they felt that while he admits that his judgement was faulty, Dr. Viloria does not fully understand in what way this is so, nor does he comprehend the harm which his eonduct could cause. Additionally, they found that his explanations for his comments to the patient were inconsistent. Finally, they noted that Dr. Viloria was contending that his blame, if any, rests on his unsound assessment of the situation with the patient but that he has taken no steps to address the problem in his re-education or rehabilitation, nor has he submitted any evidence that he has sought any psychological testing or treatment. Therefore, they unanimously recomended that the restoration of Dr. Viloria's license to practice medicine be denied.

Becommendation of the comitter on the professions. Or. viloria appeared before the Committee on the Professions (Fernandez, cantres, Saver) on December 12, 1990. Mr. Farnandez began the meeting by asking Dr. Viloria if he wanted to postpone this meeting until his attorney could be present. Dr. Viloria stated that he wished to proceed.

On March 17, 1987 Or. Viloria's license to practice as a physician in New York was suspended by the Department of keaith. on June 17, 1988 the Boasd of Regents voted to revoke Dr. Viloria's license, finding that he willfully harassed, abused and/or intimidated a patient physicially and verbally and that his conduct evidenced moral unfitness to practice the protession.

On June 14, 1989, Dr. Viloria applied for the restoration of his license. In a report dated July 30 , 1990, the peer Review Panel recomrended that Dr. Viloria's application be denied.

In his appearance before the comittee on the professions, Dr. Viloria contended that he was not gullty of the charges (both criminal and administrative) brought against him and that the chief witness against his lied about what had happened in his office. Dr. Viloria continues to believe that the revocation of his license was improper and incorrect and that the real tragedy has occurred to his and his family.

The Comittee on the protessions concurs with the finding of the Peer Review panel that or. Viloria has a crucial flaw in his ability to assess and react to events in his life. Dr. Viloria has not gained any insight from the prior disciplinary proceeding. Dr. Viloria continues to blame his accuser, her mother and the police, and falls to take responsibility for his actions. His failure to accept responsibility for his actions compels the conclusion that he should not have his license restored. The comittee on the professions unanimously recomends that or. Viloria's application for restoration of his license to practice medicine be denied.

Henry A. Fernandez, Chaif
Lizette A. Cantres
Richard J. Sauer

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IN THE MATTER
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EOCO L. VIIORIA
(Physician)

ORIGINAL ORDER
NO. 7840

Upon the report of the Regents Review Comittee, under Calendar No. 7840, the record herein, the vote of the Board of Regents on June 17, 1988, and in accordance with the provisions of Title VIII of the Education Law, which report and vote are incorporated herein and made a part hereof, it is

ORDERED that, in the matter of HUGO L. VILORIA, respondent, the findings of fact of the Hearing Comittee of the state Board for Professional Medical Conduct be accepted except that finding number 11 not be accepted; that the conclusions of the Hearing Committee as to the question of guilt of the respondent be accepted; that the recommendation of the Hearing Committee as to the measure of discipline be accepted; that the recommendation of the Comissioner of Health as to the findings of fact of the Hearing Comittee be accepted except that finding number 11 nct be accepted; that the recommendation of the Commissioner of Health as to the conclusions of the Hearing Comittee as to the guestion of guilt of the respondent be accepted; that the recommendation of the Commissioner of Health as to the measure of discipline

HUGO L. VILORIA (7840)
:omended by the Hearing committee ne accepted, thar tre recommendations of the Regents Review Comitee be accepted; that respondent is guilty, by a preponderance of the evidence, of the third and sixth specifications to the extent indicated by the hearing committee and respondent is not guilty of the remaining charges; that respondent's license to practice as a physician in the State of New York be revoked upon each specification of which respondent was found guilty; and that respondent may, pursuant to Rule 24.7(b) of the Rules of the Board of Regents, apply for restoration of said license, but said application shall not be granted automatically and that, in this regard, giving consideration to the summary suspension order in effect prior and subsequent to the meeting of the Regents Review Comittee, which is not passed upon, respondent may apply for restoration of respondent's license after nine months has elapsed from the effective date of the service of this order in lieu of the one year waiting period stated in Rule 24.7(b).

If WITNESS WHEREOF, I, Thomas Sobol,


Commissioner of Education of the state of New York, for and on behalf of the State Education Department and the Board of Regents, do hereunto set my hand and affix the seal of the state Education Department, at the City of Albany, this |atday of Draty. . 1988.

REDACTED
Compissioner of Education

Approved June 17, 1988
No. 7840
Upon the report of the Regents Reviev Connitee, under Calendar No. 7840, the record herein, and in accordance with the provisions of Title VIII of the Education Lav, it vas

Yoted: That, in the matter of kuco $L$. VILORIA, respondent, the findings of fact of the learing Cowittee of the state soard Lor protessional Medical Conduct be accepted except that Iinding number 11 not be accepted; that the conclusions of the Hearing Comittee as to the question of guilt of the respondent be I accepted; that the recomendation of the Hearing Cominttee as to the measure of discipline be accepted; that the recomendation of the Comissioner of Health as to the findinge of fact of the Hearing Conittee be accepted except that finding numer il not be accepted: that the recomendation of the Comiseioner of Health as to the conclusions of the Hearing Comittee as to the question of grilt of the reapondent be accepted; that the recomendation of the Comissioner of Health as to the measure of discipline recomended by the Bearing Comittee be accepted; that the recomendations of the Regents Review Comittee be accepted; that respondent is guilty, by a preponderance of the evidence, of the third and sixth specifications to the extent indicated by the hearing comittee and respondent is not guilty of the remaining charges; that respondent's license to practice as a physician in the state of New York be revoked upon each specification of which respondent was found guilty; that respondent may, pursuant to Rule 24.7(b) of the Rules of the Board of Regents, apply for

HUGO L. VILORIA (7840)
restoration of said license, but said application shall not be granted automaticaliy and that, in this regara, giving consideration to the sumary suspension ozder in effect prior and subsequent to the meeting of the Regents Review Comitee, which is not passed upon, respondent may apply for restoration of respondent's license after nine sonths has elapsed from the effective date of the service of the order of the comissioner of Education to be issued herein in lieu of the one year waiting period stated in Rule 24.7(b): and that the Comiseioner of Education be empowered to execute, $10 r$ and on bahalt of the soard of Regents, all orders necessary to carry out the terns of this vote.

# IN THE MATTER 

of the

# Disciplinary Proceeding <br> against 

EOGO L. VILORIA
No. 7840
who is currently licensed to practice as a physician in the state of New York.

Report of the Regents Reviev Cornites
HUGO L. VILORIA, hereinafter referred to as respondent, was licensed to practice as a physician in the state of New york by the New York State Education Department.

This disciplinary proceeding was properly comenced.
On March 13, 1987, the Commissioner of Health determined that respondent's continued practice of medicine constitutes an imminent danger to the health of the people of the State of New York and ordered respondent to cease the practice of medicine in the State of New York immediately.

A copy of the Order of the Commissioner of Health and notice of hearing is annexed hereto, made a part hereof, and marked as Exhibit "A". A copy of the statement of charges and amended statement of charges are annexed hereto, made a part hereof, and marked as Exhibit "B".

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On Aprii 1, 1987 and April 21, 1987, a hearing was conducted in regard to the issues of imminent danger to the health of the people of the state of New York and of professional misconduct.

After the hearing concluded, but prior to final deliberations and a review of final written arguments, the hearing committee of the state Board for Professional Medical Conduct found, in its report dated May 11,1987 , that petitioner did not prove all of the material allegations by a preponderance of the evidence and concluded that respondent's practice of medicine in the state of New york does not constitute an imminent danger to the health of the people of the state of New York. Accordingly, the hearing committee unanimously recommended that the summary order of the Commissioner of Health be vacated. A copy of the report by the hearing committee with regard to imminent danger is annexed nereto, made a part nereof, and marked as Exhibit "C".

On Jure 1, 1987, the Comissioner of Health rejected the findings, conclusion, and recommendation of the hearing comittee on imminent danger and ordered that the sumary suspension be continued. A copy of the June 1,1987 order of the Commissioner of Health is annexed hereto, made a part hereof, and marked as Exhibit ${ }^{(D \times}$.

The hearing committee rendered a report of its findings, conclusions, and recommendation, a copy of which is annexed hereto, made a part hereof, and marked as Exhibit "En.

The hearing committee found and concluded that respondent was

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guilty of the seventh specification of the charges, guilty to tive extent indicated in its report of the third and sixth specifications of the charges, and not guilty of the sirst, second, fourth, and fifth specifications the charges, and recommended that respondent's license to practice as a physician in the state of New York be revoked.

The Commissioner of Health recomended to the Board of Regents that the findings, conclusions, and recommendation of the hearing committee in regard to professional wisconduct be accepted in full. A copy of the recommendation of the Commissioner of Health is annexed hereto, made a part hereof, and marked as Exhibit "F".

On October 27, 1987, respondent appeared before us and was represented by his attorney Arnold Taub, Esq., who presented oral argument on behalf of respondent. Claudia Morales, Esq., presented oral argument on behalf of the Department of Health.

Initially, we were not furnished with the tapes in petitioner's Exhibits 5 and 7. Upon request, we were furnished on January 28, 1988 with both of these Exhibits. Both parties were inforned that this Committee would listen to Exhibit 5 on February 1, 1988 and would allow both parties to be present and to identify the segments of the tape which they contend are most significant. On February 1, 1988, this Committee listened to the audio tape of Exhibit 5 in the presence of petitioner's counsel. Respondent's counsel did not attend this session.

HUGO L. VILORIA

We have considered the record transferced by the conmissioner of Health, including the above exhibits. We note that respondent's attorney has informed us that he was satisfied that no unfaifness took place on February 1,1988 when the audiotape was played with petitioner's attorney present. Respondent's attorney declinad the further opportunity to be present for the playing of that audiotape on April 29, 1988. The videotape was viewed by us with neither attorney present. Accordingly, the entire audio and video tapes were played and viewed by this Committee without further oral argument or presentation by the parties. various correspondence relating to the audio and video tapes are deemed part of this record as this Comintee's Exhibits "1" through "8".

Respondent was charged with unprotessional conduct in that he willfully harassed, abused and/or intimidated a patient physically and verbally (first through third specifications of the charges), unprofessional conduct in that his conduct in the course of his practice as a•physician evidences moral unfitness to practice the profession (fourth through sixth specifications of the charges), and practicing the profession of medicine fraudulently (seventh specification of the charges). All of the charges relate to patient A.

With respect to the unprofessional conduct charges, the hearing committee recommended that respondent be found gullty of the third and sixth specifications of the charges because

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respondent's actions on January 21, 1987 constituted verbal harassment, abuse and intimidation and because, by formulating the intent to engage in a sexual encounter with patient $A$, respondent's conduct evidences moral unfitness to practice medicine. The hearing committee also recomended that respondent be found not guilty, as charged in the remaining specifications of the charges involving unprofessional conduct, because the respondent did not physically force patient $A$ to have sex and respondent's conduct did not constitute physical harassment, abuse and/or intiaidation of Patient $A$.

Early in the conversation on January 21, 1987, respondent twice told Patient $A$ that he nissed her. He then asked patient $A$ why she did not come to his office. When patient A asked respondent whether he liked what they were doing the other times, respondent replied yes of course. Later respondent stated we can go somewhere and indicated he would pick her up. Respondent declared to this 14-year old girl "I want to give you everything. All my love. . I like youn. After falsely telling patient A that he no longer had a wife, respondent twice inquired of patient A about a certain type of sex act (finding number 8).

We agree with the hearing committee that respondent's statements, tape recorded on January 21, 1987, show that respondent was seeking a sexual encounter (See hearing comattee finding number 8). After patient A had previously been sexually aggressive with respondent, respondent made the above remayks on

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Januafy 21, 1987. As the heazing comintee indicated in its report, sespondent should have imnediately terminated the conversation relating to sex. Accordingly, respondent williully narassed, abused and/or intimidated patient $A$ verbally but not physically on January 21, 1987.

With respect to the seventh specification charging respondent with practicing the protession of medicine fraudulently, petitioner has not proven this charge. In our unanimous opinion, this charge cannot be sustained, by a preponderance of the evidence, by any reading of thls record.

We unanimously recommend to the Board of Regents that the findings and conclusions of the hearing committee and the recomendation of the commissioner of Health as to those findings and conclusions be accepted, except that inding number il not bi accepted.

We unanimously recommend that respondent be found guilty, by a preponderance of the evidence, of the third and sixth specifications to the extent indicated by the hearing comittee and respondent be lound not guilty of the remaining charges.

Wo also unanimously recommend to the Board of Regents that the recomendation as to the measure of discipline of the hearing comitter and of the Commissioner of healen be accepted and that respondent's license to practice medicine in the state of New York be revoked upon each specification of the charges of which we recommend respondent be sound guilty, Respondent may, pursuant to

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Rule 24.7(b) of the Rules of the Board of Regents, apply for restoration of said license: but said application shall not be granted automatically. In this regard, we unanimously recommend that, giving consideration to the summary suspension order in effect prior and subsequent to our meeting, upon which we do not pass, respondent may apply for restoration of respondent's license after nine months has elapsed from the effective date of the service of the order of the Commissioner of Education to be issued herein in lieu of the one year waiting period stated in said Rule. Respectfully submitted,

MRIYN I. GRIFFITH

JANE M. BOLIN
PATRICK J. PICARIELLO

## REDACTED

Dated:



[^0]:    "Father Robinson's testimony came before opening statements due to his schedule. Please see the transcript of July 10, 2001 for further details.

