

**PUBLIC REVIEW COPY OF  
ORIGINAL FILE  
IN THE MATTER OF  
WALTER THOMAS BOWERS II, MD  
Case No. 11-CRF-049**

A public review copy would not include sealed or proffered exhibits.  
This original record contains no sealed or proffered exhibits.

- **Memorandum to Board Members**
- **Report and Recommendation**
- **Transcripts**
  - Errata Sheet
  - Condensed Transcript
  - Word Index
  - Full-Page Transcript

**State's Exhibits:**

State's Exhibit 1A: Notice of Opportunity for Hearing dated May 11, 2011.

State's Exhibit 1B: Letter from Dr. Bowers to the Board dated May 12, 2011 and Request for Hearing dated May 20, 2011.

State's Exhibit 1C: Letter from Board scheduling hearing.

State's Exhibit 2: Certified copy of the Kentucky Board's Agreed Order .

State's Exhibit 3: Dr. Bowers' Curriculum Vitae.

**Respondent's Exhibits:**

Respondent's Exhibit A: Statement from Dr. Bowers dated August 11, 2011.

Respondent's Exhibit B: Dr. Bowers' Curriculum Vitae.

Respondent's Exhibit C: Certificate of Credit from CPEP for Patient Care Documentation Seminar dated March 11, 2011.

Respondent's Exhibit D: Letter to Dr. Bowers from CPEP dated April 13, 2011.

Respondent's Exhibit E: Letter to Dr. Bowers from UCHealth University Hospital dated July 25, 2011.

Respondent's Exhibit F: Letter to Dr. Bowers from Alliance Partners dated July 29, 2011.

Respondent's Exhibit G: Letter to Dr. Bowers from The Christ Hospital dated July 14, 2011.

Respondent's Exhibit H: Letter to Dr. Bowers from The Christ Hospital dated July 28, 2011.

# State Medical Board of Ohio


30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127



Richard A. Whitehouse, Esq.  
Executive Director

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## Memorandum

TO: BOARD MEMBERS  
FROM: Danielle R. Blue, Hearing Examiner   
RE: Walter Thomas Bowers II, M.D.  
Case No. 11-CRF-049  
DATE: August 24, 2011

Please find enclosed copies of the transcript, exhibits, and Report and Recommendation concerning the adjudication hearing of Walter Thomas Bowers II, M.D., which occurred on August 11, 2011.

This matter is scheduled for consideration at the October 12, 2011, Board meeting.

The allegations contained in the Board's notice of opportunity for hearing concern the following issues: Other state's action.

The following sections of the Disciplinary Guidelines were considered in drafting the Proposed Order in this matter. Please note, however, that the Disciplinary Guidelines do not limit any sanction that the Board may impose, and that the range of sanctions available in this matter extends from dismissal to permanent revocation.

- V: LIMITATION, REVOCATION, SUSPENSION, ACCEPTANCE OF LICENSE SURRENDER, DENIAL OF LICENSE, REFUSAL TO RENEW OR REINSTATE A LICENSE, IMPOSITION OF PROBATION, OR CENSURE OR OTHER REPRIMAND, BY ANOTHER JURISDICTION; ACTION AGAINST CLINICAL PRIVILEGES BY DEPARTMENT OF DEFENSE OR VETERANS ADMINISTRATION; OR TERMINATION OR SUSPENSION FROM MEDICARE OR MEDICAID.
- The minimum penalty for Category V corresponds to the minimum penalty in Ohio for the type of violation committed.
  - The maximum penalty for Category V corresponds to the maximum penalty in Ohio for the type of violation committed.

The Proposed Order is outside the penalties delineated for one or more of the Disciplinary Guidelines noted above.

enclosures

**BEFORE THE STATE MEDICAL BOARD OF OHIO**

**In the Matter of** \*  
**Walter Thomas Bowers, II, M.D.,** \* **Case No. 11-CRF-049**  
**Respondent.** \* **Hearing Examiner Blue**

**REPORT AND RECOMMENDATION**

Basis for Hearing:

By letter dated May 11, 2011, the State Medical Board of Ohio [Board] notified Walter Thomas Bowers, II, M.D., that it intended to determine whether to take disciplinary action against his certificate to practice medicine and surgery in Ohio. The Board stated that its proposed action was based on an allegation that on January 20, 2011, the Kentucky Board of Medical Licensure [Kentucky Board] issued an Agreed Order that temporarily limits Dr. Bowers' license to practice medicine in the Commonwealth of Kentucky.

The Board further alleged that the Kentucky Board's Agreed Order constitutes "[a]ny of the following actions taken by the agency responsible for regulating the practice of medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, or the limited branches of medicine in another jurisdiction, for any reason other than the nonpayment of fees: the limitation, revocation, or suspension of an individual's license to practice; acceptance of an individual's license surrender; denial of a license; refusal to renew or reinstate a license; imposition of probation; or issuance of an order of censure or other reprimand," as set forth in Ohio Revised Code Section [R.C.] 4731.22(B)(22). (State's Exhibit [St. Ex.] 1A)

Finally, the Board advised Dr. Bowers of his right to request a hearing in this matter, and the Board received Dr. Bowers' request for a hearing on May 23, 2011. (St. Exs. 1A, 1B)

Appearances:

Mike DeWine, Attorney General of Ohio, and Melinda Ryans Snyder, Assistant Attorney General, for the State of Ohio. Walter Thomas Bowers, II, M.D., on his own behalf.

Hearing Date: August 11, 2011

## SUMMARY OF THE EVIDENCE

All evidence admitted in this matter, including the testimony, even if not specifically mentioned, was thoroughly reviewed and considered by the Hearing Examiner prior to preparing this Report and Recommendation.

### Background Information

1. Walter Thomas Bowers, II, M.D., was born in 1945 in Orangeburg, South Carolina. In 1975, Dr. Bowers graduated from the University of Michigan Medical School. He then completed a four-year residency in obstetrics and gynecology [OB/GYN] at the University of Cincinnati Medical School in 1979. Dr. Bowers testified that, from 1979 to 1988, he had a joint OB/GYN practice with Dr. Albert Nelson in Cincinnati. From 1988 to the present, he has been a solo practitioner in Cincinnati. (St. Ex. 3; Respondent's Exhibit [Resp. Ex.] B; Hearing Transcript [Tr.] at 15-16)
2. Dr. Bowers described his practice as an "urban practice. \* \* \* My practice is primarily, for lack of a better term, a paying practice. I see about 10, 12 percent Medicaid. The rest of my practice is fee for service, HMO, PPO activities." Dr. Bowers testified that his practice is "full" and "quite busy." (Tr. at 45)
3. Dr. Bowers testified that he stopped managing obstetric patients in November 2010 and now focuses solely on gynecology patients. (Tr. at 11) He explained why he stopped the practice of obstetrics:

This is a career step having been planned for many, many years. I'm now 65 years old and I'm in the process of winding down my practice activities. I'm sort of semi-retired now. Just doing gynecology.

(Tr. at 11-12)
4. In addition to his medical practice, Dr. Bowers is a faculty member at the University of Cincinnati Medical School and serves on the Ohio Commission on Minority Health. He also serves in leadership positions in professional associations and community service groups in the Cincinnati area. (Resp. Exs. A, B)
5. Dr. Bowers was initially licensed to practice medicine and surgery in Ohio in 1976 and currently holds an active license. He also holds licenses in Indiana and Kentucky. (Tr. at 12)

### **Kentucky Board's Agreed Order**

6. On January 20, 2011, Dr. Bowers and the Kentucky Board entered into an Agreed Order which temporarily limits Dr. Bowers' license to practice in Kentucky. The Agreed Order provides that, among other things, Dr. Bowers shall refrain from engaging in the practice of obstetrics and from performing any obstetric procedure in Kentucky for a period of five years. The Agreed Order went into effect on January 20, 2011, and is still in effect today. (St. Ex. 2)
7. The Agreed Order included the following Stipulations of Fact:

3. On January 17, 2007, a malpractice action was filed against the licensee, alleging that the patient's fetus died as a result of the licensee permitting a patient to continue to take the anti-hypertensive drug, Benicar HC, during her pregnancy. The date of the occurrence as July 18, 2006. The licensee settled the claim against him on May 5, 2008 for \$250,000.

\* \* \*

5. On review, a Board member recommended that the case be reviewed by a Board consultant.
6. In a report dated August 30, 2009, the Board consultant concluded that the treatment of this patient was "below minimum standards," and constituted gross negligence. The consultant further concluded,

I assume that Dr. Bowers knew she was taking Benicar, and it was his responsibility to decide if its use was appropriate. The Obstetrician has to identify all medications a pregnant person is taking, and decide if its use is appropriate.

The package insert says Benicar should be discontinued as soon as pregnancy is detected; that it does cause renal problems. Drugs in Pregnancy and Lactation, authored by Briggs, Freeman, and Yaffe, says the use of the drug in the second and third trimesters may cause teratogenicity and severe fetal and neonatal toxicity. It is a drug labeled as a risk factor of D in the third trimester. This means there is positive evidence of human fetal risk, but the benefits from use in pregnant women may be acceptable despite the risk [e.g. if the drug is needed in a life threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective.]

At delivery, the infant had multiple abnormalities, including renal tubular dysgenesis. I do not know if the drug was the direct cause of the infant's abnormalities; I suspect you could find experts to testify to both sides of this issue.

It is clearly below the standard of care for an Obstetrician to allow a pregnant patient to continue Benicar, even though it was prescribed by another Physician, without a documented discussion of the risks and benefits. If the drug was to be continued, a consultation with a Perinatologist would have been in order. To ignore the warnings in the package insert without serious discussion with the patient, and an absolute need for the drug, is a failure to conform to the standards of acceptable and prevailing medical practice within the Commonwealth of Kentucky.

This borders on gross ignorance, and is malpractice. Dr. Bowers may benefit from further training in the medical treatment of hypertension in pregnancy, and better evaluation of the history obtained from his patients.

7. Following this initial review, the Board obtained an additional five patient records for review by its consultant. The consultant concluded, in part, his care for all five patients [was] within minimum standards in the Commonwealth of Kentucky. However, the consultant also noted that Dr. Bowers' record keeping is poor with very few notes in the charts, and nothing to indicate his plan of care for complicated patients. There is apparently no effort made to obtain information about prior complicated pregnancies or medical illnesses.
8. Following its review of the consultant reports, the Panel initially asked the licensee to complete a clinical skills assessment, to assist the Panel in determining appropriate action. The licensee declined, citing his plans to discontinue his practice of obstetrics in December 2010 and the "prohibitive" costs of this assessment. After further review, the Panel asked the licensee, at a minimum, to successfully complete an approved Documentation Seminar and Post-program. The licensee has determined to do what the Panel has asked, in order to resolve this matter amicably, even though he plans to fully retire from the practice of medicine in approximately 2 years.

8. The Agreed Order also contained the following Stipulated Conclusion of Law:

Based upon the Stipulations of Fact, the licensee has engaged in conduct which violates the provisions of [Kentucky Revised Statutes] KRS 311.595(9), as illustrated by KRS 311.597(3) and (4).<sup>1</sup> Accordingly, there are legal grounds for the parties to enter into this Agreed Order.

(St. Ex. 2)

9. In addition to the temporary limitation placed on his Kentucky license, the Agreed Order also required Dr. Bowers to comply with the following terms and conditions:

- Enroll in the Documentation Seminar at the Center for Personalized Education for Physicians (CPEP) in Denver, Colorado, at own expense;
- Provide the Kentucky Board with written verification that he has successfully completed CPEP's Documentation Seminar;
- Enroll in the 6-month Personalized Implementation Program (PIP) and provide the Kentucky Board with written verification that he has successfully completed the program; and

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<sup>1</sup> KRS 311.595(9) states in pertinent part:

The board may limit or restrict a license \* \* \* upon proof that the licensee has: \* \* \* (9) Engaged in dishonorable, unethical, or unprofessional conduct of a character likely to deceive, defraud, or harm the public or any member thereof[.]

KRS 311.597(3) and (4) state in pertinent part:

As used in KRS 311.595(9), "dishonorable, unethical, or unprofessional conduct of a character likely to deceive, defraud, or harm the public or any member thereof" shall include but not be limited to the following acts by a licensee:

\* \* \*

(3) A serious act, or a pattern of acts committed during the course of his medical practice which, under the attendant circumstances, would be deemed to be gross incompetence, gross ignorance, gross negligence, or malpractice.

(4) Conduct which is calculated or has the effect of bringing the medical profession into disrepute, including but not limited to any departure from, or failure to conform to the standards of acceptable and prevailing medical practice within the Commonwealth of Kentucky, and any departure from, or failure to conform to the principles of medical ethics of the American Medical Association or the code of ethics of the American Osteopathic Association. For purposes of this subsection, actual injury to a patient need not be established.



- Ensure CPEP sends copies of all evaluations from the Documentation Course and PIP.

(St. Ex. 2)

**Dr. Bowers' Response**

10. In regard to the malpractice lawsuit filed against him, Dr. Bowers testified that:

In January 2007, a malpractice action was brought against me and two other physicians for the management of pregnancy and the use of an antihypertensive medication. The date of the occurrence was 18 July 2006.

The patient is a chronic hypertensive who had delivered two previous pregnancies without complication. She had been under my OB/GYN care from 1994-2006. Her hypertensive disease was managed by her internist. It was agreed that the pregnancy would be managed jointly by them and me. The medication in question was Benicar.

On 20 June 2006 with discussion with her internist, I changed the medication at 30 weeks gestation to Aldomet for continued hypertensive management. During the pregnancy, I nor any of my representatives ordered the medication.

(Resp. Ex. A; Tr. at 39-40)

11. Dr. Bowers stated that he changed the patient's medication from Benicar to Aldomet at 30 weeks gestation because the patient was complaining of headaches "which she attributed to the medication." Dr. Bowers testified that the patient had been taking Benicar for 2 to 3 years prior to this pregnancy. (Tr. at 25)

12. Dr. Bowers admitted that he did not discuss with the patient the risks and benefits of continuing to take Benicar during her pregnancy. (Tr. at 49) According to Dr. Bowers, Benicar is

an anti-hypertensive drug which it's a very good drug used in the management of difficult hypertensive cases. The downside of the - - Well, the drug is listed a Category C which means that the benefits should outweigh the risks involved.

\* \* \*

Category C means that there's maybe some presumptive evidence as to some teratogenicity for the medication.

(Tr. at 23-24)

13. In regard to whether he believed the Benicar caused the malformation of the fetus, Dr. Bowers stated "that's a matter for debate." (Tr. at 32) In retrospect, Dr. Bowers testified that he would have handled the patient differently:

If I had to do it all over again knowing what I know now, I would refer to a perinatologist for the entire pregnancy. I would just - - But, you know, in the past, uh, prior to us having the whole subspecialty of perinatology, we managed hypertensive disease in conjunction with the internal medicine doctor.

(Tr. at 32)

14. In regard to the Kentucky Board's Agreed Order, Dr. Bowers testified:

In Kentucky, unlike Ohio, there is an annual renewal process for licensure. In the renewal process[,] questions are asked of any malpractice actions from the previous year. In answering in the affirmative, I was asked by the investigator to provide details of the action. The request was fully complied with. During the process[,] a consultant asked for review of similar cases. Those cases were found to meet minimal standards of care.

The [Kentucky] Medical Board counsel asked me to enter into an Interim Agreed Order (Diversion) to do remediation on hypertension and pregnancy. I informed the Board through its counsel that I would no longer be practicing obstetrics effective the end of November 2010, entering semi retirement and that the Diversion would be of little value because I was no longer accepting new pregnancy patients. The practice was now solely confined to Gynecological care.

The financial responsibilities for travel and course fee were prohibitive. Because of my position not to enter Diversion a formal complaint was issued. I waived the right to a formal hearing and signed the Agreed Order.

The Board's consultant felt that I needed to enter a documentation program as part of the order. I used the ACOG standard pregnancy form with other supporting data, but it was determined that more information could have been supplied.

To comply with the Board's order, I am currently enrolled in the Center for Personalized Education for Physicians (CPEP), Denver, CO, documentation program. I attended a seminar in February 2011 and have submitted charts for review and critique as required. The evaluation process is for 6 months.

During the entirety of his case, it's never been determined that I was endangering the lives of the people that I care for.

(Resp. Ex. A; Tr. at 41-42)

15. Dr. Bowers testified that he was completely surprised at the temporary limitation placed on his Kentucky license. He explained:

To my surprise, and I was not expecting this, that I would be limited for a five-year period of time for doing obstetrics. So the [Kentucky Board] counsel said, "Well, that's of no consequence." But now I know that it is of some consequence because I'm now struggling to have some - - some medical practice and whatever for the remainder of my career.

(Tr. at 29-30)

\* \* \*

Had I known [the Kentucky Board was] going to put this five years in here, I would have gone to this hearing and pleaded [my] case and what have you. I probably would have found some money to go to Denver to do this remediation. I - - But I felt that my practice, I'm going to stop in two months, you know, what's the point. Well, I guess there was a point and I'm suffering the point.

(Tr. at 55)

16. Dr. Bowers completed the documentation seminar at CPEP on March 11, 2011. He also testified that he has been complying with the PIP. He further stated that he has submitted his charts for review twice and has received favorable reviews. He stated that he has one more review left to be completed. (Resp. Exs. C-D; Tr. at 30, 54)
17. Dr. Bowers testified as to how his life would be affected if this Board took action against his license:

It would be devastating if the State of Ohio would place restrictions on my license. To continue teaching and enjoying full hospital privileges, my license can not be encumbered. My continued participation is predicated

on a favorable response to this hearing. My faculty status, the ability to teach residents, medical students, [and] hospital indemnification would be compromised.

I no longer practice obstetrics. My malpractice insurance is only for gynecology effective December 2010. In order to maintain current [faculty] status, I need full privileges in OB/GYN.

I am currently in negotiations with The Christ Hospital for absorption of my practice into their system. All actions have been suspended pending review and action by this panel.

I hope and pray that a favorable decision be rendered in my behalf.

(Resp. Exs. A, E-H; Tr. at 42-43)

#### **FINDING OF FACT**

On January 20, 2011, Walter Thomas Bowers, II, M.D. and the Kentucky Board of Medical Licensure [Kentucky Board] entered into an Agreed Order that temporarily limits Dr. Bowers' license to practice medicine in the Commonwealth of Kentucky. The Agreed Order provides, among other things, that Dr. Bowers shall refrain from engaging in the practice of obstetrics and from performing any obstetric procedure in the Commonwealth of Kentucky for a period of five years.

#### **CONCLUSION OF LAW**

The Kentucky Board's Agreed Order as set forth in the Finding of Fact constitutes "[a]ny of the following actions taken by the agency responsible for regulating the practice of medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, or the limited branches of medicine in another jurisdiction, for any reason other than the nonpayment of fees: the limitation, revocation, or suspension of an individual's license to practice; acceptance of an individual's license surrender; denial of a license; refusal to renew or reinstate a license; imposition of probation; or issuance of an order of censure or other reprimand," as set forth in R.C. 4731.22(B)(22).

#### **DISCUSSION OF PROPOSED ORDER**

Counsel for the State asks that this Board "take appropriate action given all of the mitigating circumstances." Dr. Bowers asks that this Board refrain from placing a

restriction upon his license so he may continue to serve on the faculty at the University of Cincinnati Medical School and also to wind down his practice.

It is undisputed that Dr. Bowers entered into an Agreed Order with the Kentucky Board to refrain from practicing obstetrics and performing any obstetric procedure in Kentucky for five years due to a malpractice action against him. The Hearing Examiner also recognizes that while under Dr. Bowers' obstetrical care, a patient lost her fetus. However, the Hearing Examiner agrees with the State that there are mitigating factors present in this case that should be considered by this Board.

First, Dr. Bowers has been punished. Dr. Bowers settled a malpractice claim for \$250,000 and then he was disciplined by the Kentucky Board.

Second, since the incident, Dr. Bowers has completed additional training as required by the Kentucky Board. Furthermore, his chart reviews have approved his work.

Third, Dr. Bowers was forthcoming and candid regarding the incident. He also showed extreme regret and remorse.

Fourth, the Hearing Examiner is convinced that Dr. Bowers is winding down his practice. He last practiced obstetrics in November 2010, his malpractice insurance for obstetrics has expired, and his practice is now focused on gynecology only. He is also currently in negotiations with a hospital to absorb his practice.

Finally, prior to this incident, Dr. Bowers had a long, distinguished career as an OB/GYN in the Cincinnati area, and no prior disciplinary history.

Based on the foregoing, the Hearing Examiner believes that a reprimand and a probationary term are sufficient in this matter to make sure that Dr. Bowers complies with all aspects of the Kentucky Order. Therefore, it is recommended that Dr. Bowers' Ohio certificate be placed on probation for a period of at least two years, with the understanding that Dr. Bowers can request modification after probation has been in place for one year.

### **PROPOSED ORDER**

It is hereby ORDERED that:

- A. **REPRIMAND:** Walter Thomas Bowers, II, M.D., is REPRIMANDED.
- B. **PROBATION:** The certificate of Dr. Bowers to practice medicine and surgery in the State of Ohio shall be subject to the following PROBATIONARY terms, conditions, and limitations for a period of at least two years:

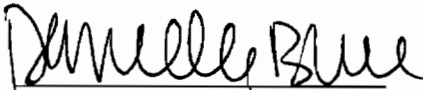
1. **Obey the Law:** Dr. Bowers shall obey all federal, state, and local laws, and all rules governing the practice of medicine and surgery in Ohio.
2. **Declarations of Compliance:** Dr. Bowers shall submit quarterly declarations under penalty of Board disciplinary action and/or criminal prosecution, stating whether there had been compliance with all the conditions of this Order. The first quarterly declaration must be received in the Board's offices on or before the first day of the third month following the month in which this Order becomes effective. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.
3. **Personal Appearances:** Dr. Bowers shall appear in person for an interview before the full Board or its designated representative during the sixth month following the month in which this Order becomes effective, or as otherwise directed by the Board. Subsequent personal appearances shall occur every six months thereafter, and/or as otherwise directed by the Board. If an appearance is missed or is rescheduled for any reason, ensuing appearances shall be scheduled based on the appearance date as originally scheduled.
4. **Evidence of Compliance with the Order of the Kentucky Board:** At the time he submits his declarations of compliance, Dr. Bowers shall also submit declarations under penalty of Board disciplinary action and/or criminal prosecution stating whether he has complied with all terms, conditions, and limitations imposed by the Kentucky Board, Case No. 1309. Moreover, Dr. Bowers shall cause to be submitted to the Board copies of any reports that he submits to the Kentucky Board whenever and at the same time the Kentucky Board requires submission.
5. **Notification of Change in Terms of Probation by the Kentucky Board:** Dr. Bowers shall immediately notify the Board in writing of any modification or change to any terms, conditions, or limitation imposed by the Kentucky Board in Case No. 1309, including termination of the Agreed Order.
6. **Required Reporting of Change of Address:** Dr. Bowers shall notify the Board in writing of any change of address and/or principal practice address within 30 days of change.
7. **Tolling of Probationary Period While Out of Compliance:** In the event Dr. Bowers is found by the Secretary of the Board to have failed to comply with any provision of this Order, and is so notified of that deficiency in writing, such period(s) of noncompliance will not apply to the reduction of the probationary period under this Order.

- C. **TERMINATION OF PROBATION:** Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Bowers' certificate will be fully restored.
- D. **VIOLATION OF THE TERMS OF THIS ORDER:** If Dr. Bowers violates the terms of this Order in any respect, the Board, after giving his notice and the opportunity to be heard, may institute whatever disciplinary action it deems appropriate, up to and including the permanent revocation of his certificate.
- E. **REQUIRED REPORTING WITHIN 30 DAYS OF THE EFFECTIVE DATE OF THIS ORDER:**
1. **Required Reporting to Employers and Others:** Within 30 days of the effective date of this Order, Dr. Bowers shall provide a copy of this Order to all employers or entities with which he is under contract to provide healthcare services (including but not limited to third-party payors), or is receiving training; and the Chief of Staff at each hospital or healthcare center where he has privileges or appointments. Further, Dr. Bowers shall promptly provide a copy of this Order to all employers or entities with which he contracts in the future to provide healthcare services (including but not limited to third-party payors), or applies for or receives training, and the Chief of Staff at each hospital or healthcare center where he applies for or obtains privileges or appointments. This requirement shall continue until Dr. Bowers receives from the Board written notification of the successful completion of his probation.  
  
In the event that Dr. Bowers provides any healthcare services or healthcare direction or medical oversight to any emergency medical services organization or emergency medical services provider in Ohio, within 30 days of the effective date of this Order, he shall provide a copy of this Order to the Ohio Department of Public Safety, Division of Emergency Medical Services. This requirement shall continue until Dr. Bowers receives from the Board written notification of the successful completion of his probation.
  2. **Required Reporting to Other State Licensing Authorities:** Within 30 days of the effective date of this Order, Dr. Bowers shall provide a copy of this Order to the proper licensing authority of any state or jurisdiction in which he currently holds any professional license, as well as any federal agency or entity, including but not limited to the Drug Enforcement Agency, through which he currently holds any license or certificate. Also, Dr. Bowers shall provide a copy of this Order at the time of application to the proper licensing authority of any state or jurisdiction in which he applies for any professional license or reinstatement/restoration of any professional license. This requirement shall

continue until Dr. Bowers receives from the Board written notification of the successful completion of his probation.

3. **Required Documentation of the Reporting Required by Paragraph E:**  
Dr. Bowers shall provide this Board with **one** of the following documents as proof of each required notification within 30 days of the date of each such notification: (a) the return receipt of certified mail within 30 days of receiving that return receipt, (b) an acknowledgement of delivery bearing the original ink signature of the person to whom a copy of the Order was hand delivered, (c) the original facsimile-generated report confirming successful transmission of a copy of the Order to the person or entity to whom a copy of the Order was faxed, or (d) an original computer-generated printout of electronic mail communication documenting the e-mail transmission of a copy of the Order to the person or entity to whom a copy of the Order was e-mailed.

**EFFECTIVE DATE OF ORDER:** This Order shall become effective immediately upon the mailing of the notification of approval by the Board.

  
Danielle R. Blue, Esq.  
Hearing Examiner



# **TRANSCRIPTS**

**ERRATA SHEET FOR HEARING TRANSCRIPT  
IN THE MATTER OF WALTER T. BOWERS, II, M.D.**

Page    Line    Correction or change and reason (if appropriate)

15	8	“bottled” should be “bottle”
55	15	“me” should be “my”

**C N NS**

**TRANSCRIPT**

BEFORE THE STATE MEDICAL BOARD OF OHIO

- - -  
In the Matter of:                    )  
  )  
Walter Thomas Bowers II,    ) Case No. 11-CRF-049  
M.D.,                                    )  
  )  
                                  Respondent.    )

- - -  
State Office Tower  
30 East Broad Street  
Room 225  
Columbus, Ohio 43215  
Thursday, August 11, 2011

Met, pursuant to assignment, at  
10:00 o'clock a.m.

BEFORE:

Danielle R. Blue, Attorney Hearing Examiner

- - -

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1 APPEARANCES:  
 2 ON BEHALF OF THE RESPONDENT:  
 3 Walter Thomas Bowers II, M.D., Pro Se  
 4 765 Windings Lane  
 Cincinnati, Ohio 45220  
 (513) 751-8140

5  
 6 ON BEHALF OF THE STATE MEDICAL BOARD OF OHIO:  
 7 Mike DeWine, Esq.  
 Ohio Attorney General  
 By: Melinda R. Snyder, Esq.  
 8 Assistant Attorney General  
 Health and Human Services  
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 10 (614) 644-5334 Fax: (614) 466-6090  
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 7 Respondent's Exhibit H - 8 57  
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1 P R O C E E D I N G S  
 2 ---  
 3 Thursday, August 11, 2011  
 4 Morning Session  
 5 ---  
 6 THE HEARING EXAMINER: Good morning. We  
 7 are on the record.  
 8 This is the administrative hearing in the  
 9 matter of Walter Thomas Bowers II, M.D.; Case No.  
 10 11-CRF-049 pursuant to Chapter 4731 and Chapter  
 11 119 of the Ohio Revised Code. The Notice of  
 12 Opportunity for Hearing is dated May 11th, 2011.  
 13 I am Danielle Blue, Hearing Examiner for  
 14 the State Medical Board of Ohio in this matter.  
 15 Will the Respondent please state your name and  
 16 address for the record?  
 17 DR. BOWERS: Walter Thomas Bowers II.  
 18 The home address is 765 Windings Lane, Cincinnati,  
 19 Ohio 45220. The office address is 3131 Harvey  
 20 Avenue, Suite 204, Cincinnati, Ohio 45229.  
 21 THE HEARING EXAMINER: Thank you.  
 22 Doctor, which address do you prefer the  
 23 Board to send you any important papers?  
 24 DR. BOWERS: I think they send them both  
 25 places. The home address, 765 Windings Lane, is

<p style="text-align: right;">Page 6</p> <p>1 fine. 2 THE HEARING EXAMINER: Okay. Thank you. 3 And will the State's Assistant Attorney 4 General please state your name and address for the 5 record? 6 MS. SNYDER: Thank you. 7 Good morning. I'm Melinda Snyder, 8 Assistant Attorney General, representing the State 9 Medical Board of Ohio. The business address is 30 10 East Broad Street, 26th Floor, Columbus, Ohio. 11 THE HEARING EXAMINER: Thank you. 12 The Respondent is not represented by 13 counsel today which is well within his right. We 14 have explained how the hearing is going to proceed 15 and if he has any questions during the hearing, he 16 may ask them. Thank you. 17 Are there any preliminary matters that 18 need to be addressed? Ms. Snyder? 19 MS. SNYDER: Not for the State. 20 THE HEARING EXAMINER: Thank you. 21 Doctor? 22 DR. BOWERS: No. 23 THE HEARING EXAMINER: Thank you. 24 Will the State make an opening statement? 25 MS. SNYDER: Yes. Thank you.</p>	<p style="text-align: right;">Page 8</p> <p>1 Kentucky Board's Order. Thank you. 2 THE HEARING EXAMINER: Thank you, 3 Ms. Snyder. 4 Doctor, would you like to make an opening 5 statement at this point or wait until it's your 6 case? 7 DR. BOWERS: I'll just wait, please. 8 THE HEARING EXAMINER: Thank you. 9 Ms. Snyder, you may proceed. 10 MS. SNYDER: Thank you. 11 I would like to call Dr. Bowers, please. 12 THE HEARING EXAMINER: Doctor, if you 13 could sit over in that chair (indicating). Once 14 you sit down, if you could raise your right hand 15 and I'll have the Court Reporter swear you in. 16 DR. BOWERS: All right. 17 MS. SNYDER: And, Doctor, if you could 18 take your packet of exhibits with you. Thank you. 19 (Witness placed under oath.) 20 --- 21 Thereupon, State's Exhibits 1-A, 1-B, 22 1-C, and 2 were marked for purposes of 23 identification. 24 --- 25 Thereupon, Respondent's Exhibits A</p>
<p style="text-align: right;">Page 7</p> <p>1 Good morning again. We're here today at 2 Dr. Bowers request pursuant to a Notice of 3 Opportunity for Hearing which was issued by the 4 State Medical Board on May 11th, 2011. 5 In a nutshell, this is a bootstrap case. 6 The State Medical Board of Ohio has proposed to 7 take action on Dr. Bowers license. 8 In response to an Agreed Order issued by 9 the Kentucky Board on January 20th, 2011, that 10 Agreed Order requires the Doctor to refrain from 11 engaging in the practice of obstetrics and from 12 performing any obstetric procedure in the 13 Commonwealth of Kentucky for a period of 14 five years. 15 That Order was in response to a 16 malpractice action that was filed against the 17 Doctor and two other physicians by a patient whose 18 fetus was lost allegedly due to her taking a drug 19 called Benicar. That drug is a hypertensive -- 20 it's a blood pressure medication. The allegation 21 was that that caused malformation of the fetus 22 which caused it to die. 23 The State will talk to Dr. Bowers today 24 about the underlying allegations that caused that 25 malpractice action, uh, and put into evidence the</p>	<p style="text-align: right;">Page 9</p> <p>1 through H were marked for purposes of 2 identification. 3 --- 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25</p>

<p style="text-align: right;">Page 10</p> <p>1           WALTER THOMAS BOWERS II, M.D. 2 of lawful age, being by me duly placed under oath, 3 as prescribed by law, was examined and testified 4 as follows: 5           CROSS-EXAMINATION 6 BY MS. SNYDER: 7       <b>Q. Hi, Dr. Bowers.</b> 8       A. Good morning. 9       <b>Q. We met briefly before we went on the</b> 10 <b>record. But, again, my name is Melinda Snyder.</b> 11 <b>I'm the lawyer for the Board. I'm going to ask</b> 12 <b>you a few questions.</b> 13       A. Sure. 14       <b>Q. I saw that you brought with you today</b> 15 <b>your CV?</b> 16       A. Yes. 17       <b>Q. Do you have a copy of that in front of</b> 18 <b>you?</b> 19       A. I know it by heart, but I don't have a 20 copy in front of me. 21       <b>Q. You don't have a copy for yourself today?</b> 22       A. No. If I could share hers (indicating). 23       <b>Q. Sure.</b> 24       A. Okay. 25       <b>Q. And I'll note for the record this has</b></p>	<p style="text-align: right;">Page 12</p> <p>1 now. Just doing gynecology. 2       <b>Q. How long have you been practicing?</b> 3       A. I finished medical school in 1975. I did 4 my residency at the University of Cincinnati 5 Medical Center. I finished in '79. I engaged in 6 the practice from 1979 to the current date. 7       <b>Q. Okay. You and I are both fast talkers.</b> 8       A. Oh. 9       <b>Q. So we'll have to work really hard to slow</b> 10 <b>down.</b> 11       A. I'll slow down. 12       <b>Q. Okay. I'm a fast talker too so you can</b> 13 <b>stop me if I'm talking too fast.</b> 14       <b>So you have been practicing since 1979?</b> 15       A. Yes. 16       <b>Q. And --</b> 17       A. I was licensed in 1976. 18       <b>Q. In '76?</b> 19       A. Yes. 20       <b>Q. And was that in Kentucky?</b> 21       A. No, that was in Ohio. 22       <b>Q. In Ohio?</b> 23       A. Yes. 24       <b>Q. When did you receive your Kentucky</b> 25 <b>license?</b></p>
<p style="text-align: right;">Page 11</p> <p>1 <b>been marked as Respondent's Exhibit B</b> 2 <b>(indicating). I'll ask that it also be marked as</b> 3 <b>State's Exhibit 3, please.</b> 4       - - - 5       <b>Thereupon, State's Exhibit 3 was marked</b> 6 <b>for purposes of identification.</b> 7       - - - 8 BY MS. SNYDER: 9       <b>Q. Doctor, I'm going to talk to you a little</b> 10 <b>bit about your background.</b> 11       A. Sure. 12       <b>Q. Let's start with your current practice.</b> 13 <b>Where are you currently practicing?</b> 14       A. My current practice is in Cincinnati, 15 Ohio. The address is 3131 Harvey Avenue, Suite 16 204, Cincinnati, Ohio 45229. 17       The nature of my practice currently is 18 gynecology. I was in obstetrics and gynecology 19 until November of 2010, at which time because of 20 age and longevity I stopped doing the obstetrical 21 part of the practice. Now I'm solely doing the 22 gynecology. This is a career step having been 23 planned for many, many years. I'm now 65 years 24 old and I'm in the process of winding down my 25 practice activities. I'm sort of semi retired</p>	<p style="text-align: right;">Page 13</p> <p>1       A. That was 1997. 2       <b>Q. Now, for a layperson like me, could you</b> 3 <b>describe for me the difference between gynecology</b> 4 <b>and obstetrics?</b> 5       A. Okay. Obstetrics has to do with 6 pregnancy and pregnancy-related activities from 7 the time of conception through an antenatal period 8 to delivery and post delivery care. 9       Gynecology has to do with female 10 reproduction organ problems and well care, uh, and 11 that's usually initiated at age 13, 14, 15 until 12 such time as the patient expire. The whole life 13 of the female. 14       <b>Q. Okay. And you're board-certified in</b> 15 <b>obstetrics and gynecology?</b> 16       A. I am not. 17       <b>Q. You are not?</b> 18       A. I am not. 19       <b>Q. Have you ever been?</b> 20       A. No. 21       <b>Q. Do you hold any board certifications?</b> 22       A. No. 23       <b>Q. Tell me about your residencies.</b> 24       A. Residency? 25       <b>Q. Yes.</b></p>

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1 A. It's an approved residency by whatever  
2 bodies do that approval. It's a four-year period  
3 of time. One starts an intern all the way to the  
4 chief residency, uh, at which time one finishes  
5 and is presumed competent to practice in the field  
6 of obstetrics and gynecology.  
7 **Q. And where did you do your residency?**  
8 A. University of Cincinnati.  
9 **Q. And you went to medical school in**  
10 **Michigan?**  
11 A. I did, yes.  
12 **Q. And it looks like you're originally from**  
13 **South Carolina?**  
14 A. Yes, Orangeburg, South Carolina.  
15 **Q. What brought you to Ohio?**  
16 A. Oh, I finished medical school in '75. I  
17 was coming to Cincinnati to do my residency and go  
18 back to South Carolina. The opportunities  
19 presented itself in Cincinnati and I've been there  
20 since 1975.  
21 **Q. Okay. And what opportunities**  
22 **specifically kept you in Ohio?**  
23 A. Well, specifically there were no -- Well,  
24 there was one black OB/GYN in the city. The  
25 opportunity was there to serve that community.

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1 Also, I was appointed to the medical school  
2 faculty and enjoyed a very fruitful practice  
3 there.  
4 **Q. Do you have other physicians in your**  
5 **current practice with you?**  
6 A. No.  
7 **Q. Okay.**  
8 A. Can I get up and get my water bottled?  
9 **Q. Yes. Sure.**  
10 A. Okay. When I initially completed my  
11 residency, I went into practice with a faculty  
12 member, Dr. Albert Nelson. He was looking for a  
13 new opportunity also. We established a practice  
14 jointly for which we were in practice from 1979 to  
15 1988. In 1988 we split off. I've been in solo  
16 practice since 1988.  
17 **Q. On your CV you have also that you are**  
18 **licensed in Indiana?**  
19 A. Yes, I am.  
20 **Q. Okay. And is that license current?**  
21 A. The license is current, yes.  
22 **Q. And you've held that license since 1994?**  
23 A. Yes.  
24 **Q. Why did you obtain a license in Indiana?**  
25 A. Well, I'm -- Geographically, uh,

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1 Cincinnati has the Indiana border (indicating) and  
2 Kentucky border and here (indicating). I see  
3 patients from the three states. The reason I have  
4 a license, if I have to prescribe, then I'm  
5 eligible in those contiguous states. I do not do  
6 any services in those states but -- but the --  
7 because of the proximity in the Tri-State area.  
8 **Q. So you don't have a practice, an office**  
9 **in Indiana?**  
10 A. No.  
11 **Q. Okay. Do you have an office in Kentucky?**  
12 A. No.  
13 **Q. So your sole office is in Cincinnati?**  
14 A. Cincinnati.  
15 **Q. Okay.**  
16 A. I've never practiced in the State of  
17 Kentucky a day in my life.  
18 **Q. Okay. So, Doctor, your license is**  
19 **currently restricted in Kentucky; correct?**  
20 A. Yes.  
21 **Q. Okay. And that restriction is to**  
22 **refrain, among other terminology, to refrain from**  
23 **engaging in obstetrics for a period of five years?**  
24 A. That's what the Order says. Yes, ma'am.  
25 **Q. Okay. And that Order is based on a**

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1 **malpractice action that was from one of your**  
2 **patients?**  
3 A. Well, it stems from the malpractice  
4 action and there are some mitigating  
5 circumstances. Do I explain that now?  
6 **Q. Please do.**  
7 A. Okay.  
8 **Q. And talk slowly.**  
9 A. Okay. Let's start with the malpractice  
10 action first. The patient that I have  
11 administered for over 20-plus years, uh, having  
12 had two other pregnancies which were delivered  
13 without complication and being --  
14 **Q. Did you manage those pregnancies, Doctor?**  
15 A. Yes, I did.  
16 **Q. Okay.**  
17 A. -- being chronic hypertensive, managed  
18 those pregnancies without any problem at all.  
19 Both were healthy babies that were born.  
20 She's a brittle hypertensive on multiple  
21 medications being managed by her internist.  
22 **Q. I'm sorry, what kind of hypertensive?**  
23 A. Brittle hypertensive. That means she was  
24 very difficult to manage.  
25 **Q. Okay. In what way? Do you mean her**



Page 18	Page 20
<p>1 <b>blood pressure?</b></p> <p>2 A. The blood pressure was all over the</p> <p>3 place.</p> <p>4 <b>Q. Okay.</b></p> <p>5 A. On multiple meds.</p> <p>6 <b>Q. Okay.</b></p> <p>7 A. And the medication that she was</p> <p>8 stabilized on was a medication called Benicar.</p> <p>9 Okay?</p> <p>10 <b>Q. Uh-huh.</b></p> <p>11 A. During the course of that pregnancy, the</p> <p>12 internist and I agreed to co-manage the pregnancy.</p> <p>13 <b>Q. Okay.</b></p> <p>14 A. They would do the hypertensive medication</p> <p>15 and I would do the obstetrical part of the thing.</p> <p>16 So we agreed to do that.</p> <p>17 <b>Q. Okay.</b></p> <p>18 A. Then at about I think the 30th week of</p> <p>19 the pregnancy -- Let me back up. Before the 30th</p> <p>20 week of the pregnancy she had no problems at all</p> <p>21 during the pregnancy. The blood pressure was</p> <p>22 stable. The fetal development was stable as</p> <p>23 evidenced by sonography and what have you. On the</p> <p>24 30th I changed the medication to Aldomet which is</p> <p>25 another hypertensive medication for the management</p>	<p>1 because we felt we had a winnable situation.</p> <p>2 We since learned that the other doctors</p> <p>3 settled without us knowing. So a part of that</p> <p>4 settlement was that they were going to testify at</p> <p>5 a trial that would possibly adversely affect our</p> <p>6 position. So because of that, we went to</p> <p>7 mediation and settled that case for \$250,000.</p> <p>8 <b>Q. Okay.</b></p> <p>9 A. Now, how we get to the Kentucky Board.</p> <p>10 <b>Q. Okay.</b></p> <p>11 A. Unlike Ohio, uh, Kentucky renews every</p> <p>12 year.</p> <p>13 <b>Q. Uh-huh.</b></p> <p>14 A. Each year you have to certify whether or</p> <p>15 not you've been a party to a malpractice action.</p> <p>16 So I answered in the affirmative.</p> <p>17 In dealing with the investigator, uh, I</p> <p>18 had to submit other documents, had to submit the</p> <p>19 case file from the malpractice thing.</p> <p>20 <b>Q. Uh-huh.</b></p> <p>21 A. And also during the investigation he</p> <p>22 asked that I submit five other cases -- no. He</p> <p>23 asked me to submit 10 other cases of a like manner</p> <p>24 and how those were managed.</p> <p>25 <b>Q. Ten other patients?</b></p>
<p>Page 19</p> <p>1 of the pregnancy.</p> <p>2 The patient delivered via Cesarean</p> <p>3 section. The delivery was a stillborn infant with</p> <p>4 Apgars of zero, zero, and zero. At my request,</p> <p>5 uh, a postmortem examination was done on the baby</p> <p>6 because I wanted to determine what in fact was the</p> <p>7 cause for the fetal demise, uh, and so that was</p> <p>8 done.</p> <p>9 The baby delivered on the -- I think it</p> <p>10 was 18th of July of 2006. I was served with a</p> <p>11 suit in January of 2007. I was named in the suit</p> <p>12 along with the two other doctors, internists, in</p> <p>13 the suit. Okay.</p> <p>14 We felt that we had a defensible</p> <p>15 position. In fact, we petitioned -- My legal team</p> <p>16 petitioned them to do a joint defense because we</p> <p>17 felt that we had a position. They refused to do</p> <p>18 that. So I had to --</p> <p>19 <b>Q. The internists, the other two doctors?</b></p> <p>20 A. Right. They refused to enter into a</p> <p>21 joint defense.</p> <p>22 <b>Q. Okay.</b></p> <p>23 A. Therefore, I had to go solo with that and</p> <p>24 expended large sums of money. As is evident, I</p> <p>25 think I spent over \$94,000 in preparing a defense</p>	<p>Page 21</p> <p>1 A. Yeah, 10 other patients. Right.</p> <p>2 <b>Q. Okay.</b></p> <p>3 A. So I submitted five because in going back</p> <p>4 through all my records, uh, I couldn't find 10.</p> <p>5 So I submitted five. They all met muster and they</p> <p>6 all met the minimum standard as far as the care is</p> <p>7 concerned. So they could find nothing wrong with</p> <p>8 the way those other hypertensive pregnancies were</p> <p>9 managed.</p> <p>10 <b>Q. All right. Let me clarify something.</b></p> <p>11 A. Okay.</p> <p>12 <b>Q. You could not find five other patients of</b></p> <p>13 <b>a like manner in --</b></p> <p>14 A. Right.</p> <p>15 <b>Q. -- a similar situation?</b></p> <p>16 <b>So the five patients that the Board did</b></p> <p>17 <b>review, were they hypertensive?</b></p> <p>18 A. Yes.</p> <p>19 <b>Q. They were hypertensive?</b></p> <p>20 A. Yes.</p> <p>21 <b>Q. Okay.</b></p> <p>22 A. When I say the same thing, hypertension</p> <p>23 management during the course of the pregnancy,</p> <p>24 these were the like cases.</p> <p>25 <b>Q. Okay. And so the Board, the Kentucky</b></p>

<p style="text-align: right;">Page 22</p> <p>1 <b>Board, reviewed the five other patients?</b> 2 A. Right. 3 <b>Q. And found no standards issues?</b> 4 A. Exactly. 5 <b>Q. Okay. The patient that filed the</b> 6 <b>malpractice action, you testified that you</b> 7 <b>co-managed her hypertension?</b> 8 A. Yes. 9 <b>Q. Tell me how you worked with the internist</b> 10 <b>to manager her hypertension.</b> 11 A. Okay. We saw the patient almost on the 12 exact same day. She was being seen for 13 hypertension management. In fact, they were right 14 downstairs there. She was being seen for 15 hypertension. They would adjust medications or 16 change or not change and what have you. 17 <b>Q. Uh-huh.</b> 18 A. And then I was upstairs. I was managing 19 the obstetrical part. 20 <b>Q. So you guys are in the same building?</b> 21 A. Yeah, in the same building. Yes. 22 <b>Q. Okay. Tell me about Benicar. Is it</b> 23 <b>Benicar or Benicor?</b> 24 A. Benicar. 25 <b>Q. Tell me about Benicar.</b></p>	<p style="text-align: right;">Page 24</p> <p>1 <b>Q. I have another follow-up question. The</b> 2 <b>difference between a Category C -- First of all,</b> 3 <b>these categories that you're referring to are the</b> 4 <b>levels of danger that present to the fetus?</b> 5 A. Exactly. Fetus and mother. 6 <b>Q. Fetus and mother?</b> 7 A. Yes. 8 <b>Q. Okay.</b> 9 A. But primarily the fetus, uh, when you're 10 talking about the categories, I think it goes A 11 through X or something like that. 12 <b>Q. Okay. And these categories weigh the</b> 13 <b>benefit to the mother versus the danger to the</b> 14 <b>fetus?</b> 15 A. Yes. 16 <b>Q. Okay. What is the difference between a</b> 17 <b>Category C and a Category D?</b> 18 A. Category C means that there's maybe some 19 presumptive evidence as to some teratogenicity for 20 the medication. Category D is a known teratogenic 21 effect, as that medication relates to, you know, 22 fetal development. 23 <b>Q. Okay. If Benicar was a Category C, you</b> 24 <b>terminated the prescription at about the 30th week</b> 25 <b>of gestation?</b></p>
<p style="text-align: right;">Page 23</p> <p>1 A. Benicar is an anti-hypertensive drug 2 which it's a very good drug used in the management 3 of difficult hypertensive cases. The downside of 4 the -- Well, the drug is listed a Category C which 5 means that the benefits should outweigh the risks 6 involved. Okay. So it was my understanding and 7 the understanding of the internist that we would 8 do that. 9 So what happened is, they were managing 10 the hypertension. They were filling 11 prescriptions, uh, this kind of thing. I nor my 12 representatives ever filled or ordered the Benicar 13 medication for the patient during this entire 14 pregnancy. In fact, I subsequently changed that 15 medication to Aldomet at about the 30th week of 16 the gestation. 17 <b>Q. Let me ask a follow-up question on this</b> 18 <b>point.</b> 19 A. Okay. 20 <b>Q. You didn't fill the medication but you</b> 21 <b>knew she was on it because you were helping manage</b> 22 <b>her?</b> 23 A. Yes. 24 <b>Q. Okay.</b> 25 A. The record reflects that, yes.</p>	<p style="text-align: right;">Page 25</p> <p>1 A. Exactly. 2 <b>Q. That to me, and I'm not a doctor, sounds</b> 3 <b>late out of 40 weeks of pregnancy. Tell me about</b> 4 <b>your decision to terminate and what prompted it at</b> 5 <b>30 weeks.</b> 6 A. Well, the decision to change the 7 medication, the patient was experiencing headaches 8 which she attributed to the medication. So I 9 called downstairs and spoke with Donta. "I'm 10 going to change the medication to Aldomet." They 11 said, "Fine." So that's why I did it. 12 <b>Q. And it was prompted by her headaches?</b> 13 A. Yes. 14 <b>Q. Was she on this medication for the first</b> 15 <b>two pregnancies?</b> 16 A. She was on all the medications for the 17 first two. If you need to know the exact, I can 18 pull out the chart. 19 <b>Q. No.</b> 20 A. But she had been on the Benicar prior to 21 this pregnancy, uh, two or three years prior to 22 this particular pregnancy. 23 <b>Q. Benicar has the black box warning,</b> 24 <b>doesn't it, about becoming pregnant and taking it</b> 25 <b>while you're pregnant?</b></p>

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1 A. Yes, I'm aware of that. Yes.  
2 **Q. But a lot of drugs do; right?**  
3 A. Yes.  
4 **Q. Probably almost every drug?**  
5 A. Almost all of them. Exactly.  
6 **Q. Did you meet with the internists? Or**  
7 **when you say you co-managed it, did you guys ever**  
8 **talk about --**  
9 A. Oh, yes, we're all colleagues and  
10 friends, you know.  
11 **Q. Uh-huh.**  
12 A. But as far as face-to-face, no.  
13 **Q. Uh-huh.**  
14 A. But telephone conversations.  
15 **Q. Okay.**  
16 A. But not sitting down like you and I as  
17 far as discussing the case, no.  
18 **Q. Okay. Tell me about your plans for**  
19 **retirement.**  
20 A. Well, I'm 65 years of age. I'm no longer  
21 practicing obstetrics. My plans are around post  
22 67 to be out of practice altogether.  
23 I'm in the process now with The Christ  
24 Hospital in Cincinnati of absorbing my practice.  
25 They're bringing in news doctors. So they're in

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1 the process of me going into that system and that  
2 kind of eases my transition from active practice  
3 to retirement.  
4 **Q. Okay. And you're currently only**  
5 **practicing gynecology. Are you referring out your**  
6 **patients for --**  
7 A. Yes. Once a pregnancy diagnosis is made,  
8 that's referred out. Yes, ma'am.  
9 **Q. Okay.**  
10 A. I have not managed obstetrical patients  
11 since November of 2010.  
12 **Q. Okay.**  
13 A. My last delivery was 23 November, 2010.  
14 **Q. What prompted that change?**  
15 A. I didn't hear your question.  
16 **Q. What prompted your decision to stop doing**  
17 **the obstetrics? Is that part of the retirement**  
18 **plan?**  
19 A. Time. I mean I've been doing it 30-plus  
20 years.  
21 **Q. Uh-huh.**  
22 A. Transition to retirement.  
23 **Q. And are you otherwise in compliance with**  
24 **the Kentucky Board's Order, the other terms of the**  
25 **Kentucky Board's Order?**

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1 A. Yes. Do you want me to talk about that  
2 now?  
3 **Q. Yes, let's do.**  
4 A. Okay. All right. When the investigator  
5 reviewed the case, they had a consultant involved  
6 and they found out that I met the minimum standard  
7 as far as the management of blood pressure and  
8 pregnancy. They felt that my documentation of  
9 those cases was somewhat lacking.  
10 I used the standard ACOG form which is  
11 approved by the American College of OB/GYN, uh,  
12 and that along with subsequent data supporting how  
13 those pregnancies were managed, they felt that  
14 that was incomplete.  
15 So as a part of the -- Let me back up a  
16 little bit. So as a part of the Order, they  
17 suggested that, number one, I do a diversion.  
18 What a diversion was, they said that if you agree  
19 to go to Colorado and take this hypertension  
20 course in pregnancy, then this will not affect  
21 your license and it will not be reported to the  
22 databank. Okay?  
23 I told the Board that I no longer was  
24 practicing obstetrics, uh, therefore a two-week  
25 period -- I mean a two-month period of time, I

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1 felt it was moot. I'm no longer do the obstetrics  
2 and therefore we did not need that remediation.  
3 So I was told that if you refuse to do  
4 that, then we will have to issue a complaint.  
5 Okay? So a complaint was issued when I did not do  
6 that. So because of financial reasons and because  
7 of my practice status I said, "Well, there is no  
8 use for me to do that." Maybe that was a mistake  
9 in retrospect. It probably was now since I'm  
10 going through all of this.  
11 So when the Order came down, we -- I  
12 waived the hearing. I did not go before the  
13 Hearing Examiner in Kentucky. The Board's  
14 attorney and I worked out the details of what the  
15 Order was going to be about.  
16 They were fully aware that my intention  
17 was to stop the practice of obstetrics. In fact,  
18 I stopped the practice of obstetrics prior to the  
19 Order being issued. You know, my malpractice  
20 coverage was dropped of obstetrics as of  
21 December 1st, 2010. A hospital will not let you  
22 do that without that kind of coverage.  
23 The Order came down in January with the  
24 verbiage as delineated. To my surprise, and I was  
25 fully not expecting this, that I would be limited

<p style="text-align: right;">Page 30</p> <p>1 for a five-year period of time for doing 2 obstetrics. So the counsel said, "Well, that's of 3 no consequence" But now I know that it is of some 4 consequence because I'm now struggling to have 5 some -- some medical practice and whatever for the 6 remainder of my career. 7 So anyhow we entered into the Agreed 8 Order which you have in front of you. I was to 9 take the documentation course through this Denver, 10 Colorado concern. 11 <b>Q. Uh-huh.</b> 12 A. I went to a seminar on documentation. 13 Now I'm in the process of submitting documents 14 every couple, three months for review which is 15 over a six-month period of time which I've 16 currently done now. 17 I don't know whether it's proper now to 18 discuss this, but one of the exhibits attest to 19 that, uh, that you have in front of you. 20 So that's kind of where we are with the 21 Kentucky Board putting that five-year restriction 22 on the obstetrical practice. 23 <b>Q. Uh-huh.</b> 24 A. Now how that has impacted on me both 25 professionally and -- and quite frankly</p>	<p style="text-align: right;">Page 32</p> <p>1 <b>the malformation of the fetus?</b> 2 A. Well, that's a matter for debate. We had 3 experts to say that there are other factors that 4 could have caused those same kinds of problems and 5 we were willing to defend based on that. 6 <b>Q. Would you have handled this patient 7 differently today?</b> 8 A. Would I handle a patient differently? 9 <b>Q. This patient differently, if this same 10 patient presented with the same problems?</b> 11 A. Oh, yes. There's no question about that. 12 In fact, we had a perinatologist involved as far 13 as the ultrasound during the course of the 14 pregnancy with no fetal anomalies being shown 15 during the time that we were doing that. 16 If I had to do it all over again knowing 17 what I know now, I would refer to a perinatologist 18 for the entire pregnancy. I would just -- But, 19 you know, in the past, uh, prior to us having the 20 whole subspecialty of perinatology, we managed 21 hypertensive disease in conjunction with the 22 internal medicine doctor. 23 <b>Q. I see.</b> 24 A. I mean it's not out of standard to have 25 done that from 1975 forward.</p>
<p style="text-align: right;">Page 31</p> <p>1 financially is that I'm on the teaching faculty at 2 the University of Cincinnati Medical School. My 3 hospital privileges have been suspended pending 4 review of this panel and subsequent Board action 5 as it relates to obstetrics. 6 There are some letters that I have 7 appended and I'll talk about those when we get to 8 it. So that's kind of where we are with the 9 Kentucky Board. 10 <b>Q. Uh-huh.</b> 11 A. I've complied with what they have asked 12 me to do. Everything has been aboveboard. I've 13 submitted documentation that they have asked me to 14 do. I have never ever stepped my foot across that 15 state line to deliver a baby or do any surgery or 16 see any patients. Now, I have written 17 prescriptions that have been filled across that 18 state line. But as far as actually practicing in 19 the State of Kentucky, I have never done that. 20 <b>Q. Okay. And you're not currently 21 practicing obstetrics in Ohio either?</b> 22 A. No. I stopped that as of December. 23 <b>Q. All right.</b> 24 A. Which was prior to the Board action. 25 <b>Q. Do you believe that the Benicar caused</b></p>	<p style="text-align: right;">Page 33</p> <p>1 <b>Q. A perinatologist, tell me what they do.</b> 2 A. A perinatologist is a specialist in 3 dealing with high risk pregnancies, diabetes, 4 hypertension, thyroid disease. Anything that's 5 outside of the norm, then the perinatologists are 6 a subspecialty of obstetrics that deals with those 7 kinds of problems. 8 <b>Q. Okay. Thank you.</b> 9 <b>You have on your CV under "Occupation" 10 that you have a special interest in infertility 11 and microsurgery.</b> 12 A. Yes. 13 <b>Q. Two questions. First of all, what is the 14 microsurgery component of that?</b> 15 A. Microsurgery component? 16 <b>Q. Uh-huh.</b> 17 A. Prior to in vitro fertilization, all the 18 high-tech kinds of activity, uh, microsurgery was 19 operating through the microscope, a very delicate 20 surgery of putting fallopian tubes back together, 21 doing removal of adhesions, opening up fallopian 22 tubes, et cetera. I took some special training to 23 do that. When the field of reproduction and 24 technology came into effect, then my services in 25 that arena was somewhat not utilized anymore</p>

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<p>1 because of the in vitro, embryo transfer, all 2 those kinds of high-tech things that I'm not 3 trained to do. 4 <b>Q. Okay.</b> 5 A. So therefore that's how that's there. 6 <b>Q. Okay. So is that considered the practice</b> 7 <b>of obstetrics?</b> 8 A. No. That's gynecology. 9 <b>Q. That's gynecology?</b> 10 A. Yes. 11 <b>Q. You have a really lengthy CV. I think</b> 12 <b>I'll let you kind of hit the points that I didn't</b> 13 <b>in your case-in-chief.</b> 14 A. All right. 15 MS. SNYDER: At this point I don't 16 believe I have any further questions. Thank you. 17 THE HEARING EXAMINER: Doctor, as 18 Ms. Snyder said, you'll have an opportunity in 19 your case-in-chief to follow up on any questions 20 or if you would like to expand upon some of your 21 answers or offer similar testimony, you can at 22 that point in time. 23 THE WITNESS: Okay. 24 THE HEARING EXAMINER: And then I'll 25 reserve my questions for you after you're done</p>	<p>1 the Board scheduling and continuing today's 2 hearing. 3 State's Exhibit 2 is a certified copy of 4 the Agreed Order that was sent to the State 5 Medical Board of Ohio from the Kentucky Board of 6 Medical Licensure. 7 State's Exhibit 3 is also Respondent's 8 Exhibit B and that's copy of Dr. Bowers' CV. 9 THE HEARING EXAMINER: Do you have a 10 separate copy of No. 3 or are you just marking his 11 as your Exhibit No. 3? 12 MS. SNYDER: I just marked his as my 13 Exhibit 3. 14 THE HEARING EXAMINER: Okay. Doctor, do 15 you have any objections to State's Exhibits 1-A, 16 1-B, 1-C, 2, and 3? 17 THE WITNESS: No. 18 THE HEARING EXAMINER: Okay. State's 19 Exhibits 1-A, 1-B, 1-C, 2, and 3 will be admitted 20 into the record. 21 --- 22 Thereupon, State's Exhibits 1-A, 1-B, 23 1-C, 2, and 3 were received into 24 evidence. 25 ---</p>
Page 35	Page 37
<p>1 with your case. 2 THE WITNESS: Sure. 3 THE HEARING EXAMINER: Okay? 4 THE WITNESS: Okay. 5 THE HEARING EXAMINER: You can either 6 stay there or resume your seat. 7 THE WITNESS: I can stay here. I don't 8 mind. 9 THE HEARING EXAMINER: Okay. 10 Ms. Snyder, do you have any other 11 witnesses? 12 MS. SNYDER: I don't. The State does not 13 have any further witnesses. 14 THE HEARING EXAMINER: Okay. 15 MS. SNYDER: And at this point I would 16 move to enter into evidence my exhibits. 17 THE HEARING EXAMINER: All right. 18 MS. SNYDER: State's Exhibit 1-A is the 19 notice letter from the Board, including a copy of 20 the Kentucky's Agreed Order. 21 State's Exhibit 1-B is a letter from 22 Dr. Bowers. Actually Exhibit 1-B is actually two 23 letters from Dr. Bowers. One is dated May 12th 24 and one is dated May 20th. 25 State's Exhibit 1-C is the letter from</p>	<p>1 MS. SNYDER: Thank you. 2 At this point, the State would rest but 3 would like to reserve the opportunity to recall 4 witnesses and introduce evidence for purposes of 5 rebuttal. 6 THE HEARING EXAMINER: Thank you, 7 Ms. Snyder. 8 Doctor, it is now your turn to present 9 your case including an opening statement and any 10 other testimony that you would like to give, uh, 11 including discussing the exhibits that you have 12 brought here today. 13 THE WITNESS: Yes. I would like to read 14 into the record the statement that I've prepared 15 (indicating). 16 THE HEARING EXAMINER: Go ahead. 17 --- 18 DIRECT TESTIMONY 19 THE WITNESS: I think you all have copies 20 of it. 21 THE HEARING EXAMINER: Yes. 22 THE WITNESS: Respondent's Exhibit A is a 23 statement for the Ohio Medical Board dated 11 24 August, 2011. 25 I graduated for (sic) the University of</p>

<p style="text-align: right;">Page 38</p> <p>1 Michigan Medical School -- this should be from the 2 University of Michigan Medical School in May of 3 1975 and commenced my residency in obstetrics and 4 gynecology in June of 1975 at the University of 5 Cincinnati Medical School. 6 I was licensed to practice medicine in 7 the State of Ohio in the year 1976. My residency 8 was completed in June of 1979, uh, finishing with 9 an award for an outstanding ability in operative 10 gynecology. I have practiced without incidence 11 for 35 years. I have provided excellent care to 12 my patients. I have complied with all state 13 regulatory requirements. 14 Upon completion of residency, I was 15 appointed to the OB/GYN faculty at the University 16 of Cincinnati Medical School which continues to 17 this date. I have served on the Medical School 18 Admission Committee for 20 years. 19 During my 30 years of medical practice, 20 uh, I have served in leadership positions of the 21 Cincinnati OB/GYN Society as Secretary; Cincinnati 22 Medical Association as President and Secretary. I 23 have traveled to the African continent to do 24 teaching and medical relief work in Ethiopia and 25 Somalia.</p>	<p style="text-align: right;">Page 40</p> <p>1 The patient is a chronic hypertensive 2 patient who had delivered two previous pregnancies 3 without complication. She had been under my 4 OB/GYN care from 1994 to 2006. Her hypertensive 5 disease was managed by her internist. It was 6 agreed that this pregnancy would be managed 7 jointly by them and me. The medication in 8 question was Benicar. 9 On 20 June 2006 with discussion with her 10 internist, I changed the medication at 30 weeks 11 gestation to Aldomet for continued hypertensive 12 management. During the pregnancy, I nor any of my 13 representatives ordered the medication. 14 Once the suit was brought, my legal team 15 petitioned the other defendants for a joint 16 defense. This defense approach was refused. We 17 felt positive about our defensible position as 18 evidenced by expenditures of \$94,700. The other 19 doctors reached an out of court settlement. 20 My defense team learned of adverse 21 testimony to be presented at trial by the other 22 defendants. To minimize potential financial 23 exposure, the case was settled for \$250,000 24 through mediation. The terms of the settlement 25 were full release of all claims, dismissal with</p>
<p style="text-align: right;">Page 39</p> <p>1 Community activities involved United Way 2 as Vice Chair; original member of the Cincinnati 3 Citizens Police Review Panel; and subsequent 4 initial member of the Citizens Complaint 5 Authority, both charged with police oversight. 6 I currently serve on the Ohio Commission 7 on Minority Health being initially appointed by 8 Governor George Voinovich and reappointed by each 9 succeeding governor. I have served as Secretary 10 and Chair of the Commission. 11 In July (sic) of 2007, a malpractice 12 action was brought against me and two other 13 physicians for the management of -- 14 THE HEARING EXAMINER: Doctor, is it 15 January or July? You have January here. 16 THE WITNESS: The action was brought in 17 January. 18 THE HEARING EXAMINER: Okay. Thank you. 19 THE WITNESS: The incident was in July. 20 THE HEARING EXAMINER: Thank you. 21 THE WITNESS: In January of 2007, a 22 malpractice action was brought against me and two 23 other physicians for the management of pregnancy 24 and the use of an antihypertensive medication. 25 The date of the occurrence was 18 July 2006.</p>	<p style="text-align: right;">Page 41</p> <p>1 prejudice, uh, and denied liability. 2 In Kentucky, unlike Ohio, there's an 3 annual renewal process for licensure. In the 4 renewal process, questions are asked of any 5 malpractice actions from the previous year. In 6 answering in the affirmative, I was asked by the 7 investigator to provide details of the action. 8 This request was fully complied with. During the 9 process, a consultant asked for review of similar 10 cases. Those cases were found to meet minimal 11 standards of care. 12 The Medical Board counsel asked me to 13 enter into an Interim Agreed Order (Diversion) to 14 do remediation on hypertension and pregnancy. I 15 informed the Board, through its counsel, that I 16 would no longer be practicing obstetrics effective 17 the end of November of 2010, uh, entering semi 18 retirement and that the Diversion would be of 19 little value because I was no longer accepting new 20 pregnancy patients. The practice was now solely 21 confined to gynecological care. 22 The financial responsibilities for travel 23 and course fee were prohibitive. Because of my 24 position not to enter the Diversion, a formal 25 complaint was issued. I waived the right to a</p>

<p style="text-align: right;">Page 42</p> <p>1 formal hearing and signed the Agreed Order. 2 The Board's consultant felt that I needed 3 to enter a documentation program as part of the 4 Order. I used the ACOG standard pregnancy form 5 with other supporting data, uh, but it was 6 determined that more information could have been 7 supplied. 8 To comply with the Board's Order, I am 9 currently enrolled in the Center for Personalized 10 Education for Physicians, CPEP, in Denver, 11 Colorado documentation program. I attended a 12 seminar in February of 2011 and have submitted 13 charts for review and critique as required. The 14 evaluation process is for six months. 15 During the entirety of this case, it's 16 never been determined that I was endangering the 17 lives of the people that I care for. 18 It would be devastating if the State of 19 Ohio would place restrictions on my license. To 20 continue teaching and enjoying full hospital 21 privileges, my license can not be encumbered. My 22 continued participation is predicated on a 23 favorable response to this hearing. My faculty 24 status, the ability to teach residents, medical 25 students, hospital indemnification would be</p>	<p style="text-align: right;">Page 44</p> <p>1 area. 2 Exhibit E, the University Hospital UC 3 Health has suspended my privileges pending review 4 of the Board. 5 Exhibit F, Alliance Partners has 6 suspended their process of renewal pending review 7 of the Board. 8 Exhibit G talks about the -- I'll give 9 you some background. As a faculty member, we are 10 asked to provide coverage for residents inhouse, 11 uh, but I have not been able to do that because my 12 obstetrics credentials have been affected by the 13 Kentucky Order. 14 Exhibit H is also from The Christ 15 Hospital that talks about any decision being made 16 as far as my obstetrics privilege pending review 17 of this panel. 18 I'm open to any questions that you may 19 have. 20 THE HEARING EXAMINER: Ms. Snyder, do you 21 have any follow-up questions for the Doctor? 22 MS. SNYDER: Yes, I do. Thank you. 23 THE HEARING EXAMINER: All right. 24 --- 25</p>
<p style="text-align: right;">Page 43</p> <p>1 compromised. 2 I no longer practice obstetrics. My 3 malpractice insurance is only for gynecology 4 effective December, 2010. In order to maintain 5 current status, I need full privileges in OB/GYN. 6 I'm currently in negotiations with The 7 Christ Hospital for absorption of my practice into 8 their system. All actions have been suspended 9 pending review and action by this panel. 10 I hope and pray that a favorable decision 11 will be rendered in my behalf. This is signed 12 Walter T. Bowers II, M.D. My License No. is 13 39566. 14 The other exhibits that you have, one is 15 Exhibit C. It's from The Colorado Foundation for 16 Medical Care which certified that I took the 17 Documentation Seminar in March of 2011. 18 Exhibit D states that I was in compliance 19 in submitting the charts for review as a part of 20 the documentation review issue. 21 The other documents are supportive of the 22 interest in Cincinnati, particularly as to the 23 proceedings of this hearing, uh, and subsequent 24 Board action as to how it's going to affect my 25 ability to continue to practice in the Cincinnati</p>	<p style="text-align: right;">Page 45</p> <p>1 CROSS-EXAMINATION 2 BY MS. SNYDER: 3 <b>Q. Doctor, could you tell me about the</b> 4 <b>patient population that you serve?</b> 5 A. I have an urban practice. I'm located in 6 the university area in relation to the University 7 of Cincinnati Medical School and The Christ 8 Hospital, uh, which is my primary hospital. My 9 practice is primarily a, for lack of a better 10 term, a paying practice. I see about 10, 11 12 percent Medicaid. The rest of my practice is 12 fee for service, HMO, PPO activities. 13 As far as a demographic mix, I have 14 enjoyed a good reputation in the city. I've seen 15 patients from suburbia to the urban area. My 16 practice is full. I'm quite busy. I have enjoyed 17 the fruits of a very successful practice. 18 <b>Q. Thank you.</b> 19 MS. SNYDER: I have no further questions. 20 THE HEARING EXAMINER: Thank you, 21 Ms. Snyder. 22 Doctor, I do you have some questions for 23 you. 24 THE WITNESS: Sure. 25 THE HEARING EXAMINER: You've answered</p>

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<p>1 most of them that I have written down. 2 Have you ever had any prior malpractice 3 actions against you before the one that you've 4 already discussed? 5 THE WITNESS: I've had two other actions 6 that were dismissed. One went all the way to the 7 State Supreme Court and was dismissed. The second 8 one was a case that was dismissed during 9 discovery. So this is the only case that went to 10 any type of settlement. 11 THE HEARING EXAMINER: Can you tell me 12 about the first case that went up to the State 13 Supreme Court? 14 THE WITNESS: Okay. That was a 15 gynecological case. I did a vaginal hysterectomy 16 on a lady without complication. Then about two or 17 three years later the patient began to have some 18 abdominal pain. During discovery it was found 19 that a piece of fallopian tube was left from the 20 surgical procedure. It was alleged that because 21 of that little piece of fallopian tube that was 22 left, uh, that the patient had these problems. So 23 subsequent to that, uh, the patient had an 24 operation for removal of this little piece of 25 tube. It was found during the operation that the</p>	<p>1 during pretrial kind of -- 2 THE HEARING EXAMINER: Motions? 3 THE WITNESS: -- motions and what have 4 you, the case was dismissed. 5 THE HEARING EXAMINER: Okay. 6 THE WITNESS: Yes. 7 THE HEARING EXAMINER: That's what I 8 needed to know. 9 What year was that? 10 THE WITNESS: It was in the '90s. 11 THE HEARING EXAMINER: Okay. And then 12 the second case? 13 THE WITNESS: The second case involved an 14 obstetrical case of a lady -- well, not a lady, 15 uh, but a young girl who was 16 weeks pregnant who 16 I saw initially as a favor to the mother. The 17 latent pregnancy of around 25 to 28 weeks or so. 18 The patient delivered and had seizure 19 activity during the after-delivery case. It was 20 alleged that because of our management of the 21 delivery process, uh, that there was a malpractice 22 action. This case also happened in the '90s. 23 It was shot off to multiple attorneys who 24 turned the case down once they saw the records and 25 stuff. Then they found one guy out of Denver,</p>
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<p>1 patient had bad diverticulitis which they felt was 2 the causative agent the patient had with the pain. 3 The patient repeatedly wanted to settle, 4 wanted to settle, wanted to settle, and it was our 5 position that we had a defensible position. The 6 District Court -- I'm sorry, not the District 7 Court but the -- 8 THE HEARING EXAMINER: Common Pleas 9 Court? 10 THE WITNESS: Common Pleas, yeah. The 11 Common Pleas Court dismissed the case. The case 12 went to the appeals who in turn dismissed the 13 case. It went to the State Supreme Court who 14 refused to review the case, so therefore that was 15 the end of that. 16 THE HEARING EXAMINER: I have a follow-up 17 question on that case. When you said the trial 18 court, uh, which was the Common Pleas Court -- 19 THE WITNESS: Common Pleas Court, yes. 20 THE HEARING EXAMINER: -- dismissed the 21 case, did they dismiss before you went to trial? 22 THE WITNESS: Yes. 23 THE HEARING EXAMINER: Okay. 24 THE WITNESS: Well, now I'm kind of 25 confused as to how all this stuff works. I guess</p>	<p>1 Colorado to take the case. During the course of 2 the discovery he backed down off the case, uh, and 3 so the case was dismissed by the court. 4 THE HEARING EXAMINER: And never 5 re-filed? 6 THE WITNESS: No, it was never re-filed. 7 I think it was dismissed with prejudice, I guess. 8 THE HEARING EXAMINER: Okay. 9 THE WITNESS: Those are the only two 10 actions. 11 THE HEARING EXAMINER: Okay. Did you 12 ever discuss with your patient, and I'm referring 13 to the one who was on Benicar, about the risks and 14 benefits of being on the medication? 15 THE WITNESS: Well, not specifically. 16 Okay? The patient was aware that the internal 17 medicine doctor and I were co-managing the 18 patient. I did not tell her about the specific 19 possibilities of the Benicar. If that's what 20 you're asking me, no, I did not. 21 THE HEARING EXAMINER: I think you 22 answered this when Ms. Snyder asked you this 23 question, but the perinatologist, are those the 24 same doctors that are considered high risk 25 doctors?</p>



<p style="text-align: right;">Page 50</p> <p>1 THE WITNESS: Exactly. 2 THE HEARING EXAMINER: Okay. And in your 3 opinion, if you were to do it again, you would 4 have referred her to a high risk doctor from the 5 git-go? 6 THE WITNESS: Hindsight is always 20/20. 7 Yeah. 8 THE HEARING EXAMINER: If you can look at 9 Exhibit A which was your statement that you read 10 into the record. 11 THE WITNESS: Yes. 12 THE HEARING EXAMINER: I just want to 13 clarify something. 14 THE WITNESS: Uh-huh. 15 THE HEARING EXAMINER: In the last 16 paragraph on Page 2 you -- 17 THE WITNESS: Page 2. Okay. 18 THE HEARING EXAMINER: -- state, "My 19 malpractice insurance is only for gynecology 20 effective December, 2010." 21 THE WITNESS: December, 2010. Right. 22 THE HEARING EXAMINER: So currently do 23 you have no malpractice insurance? 24 THE WITNESS: No, no, no. 25 THE HEARING EXAMINER: Okay.</p>	<p style="text-align: right;">Page 52</p> <p>1 THE WITNESS: To be fully credentialed by 2 the hospital, I have to have the obstetrics as 3 well as the GYN privilege. 4 THE HEARING EXAMINER: In Ohio? 5 THE WITNESS: In that particular 6 hospital. 7 THE HEARING EXAMINER: Okay. 8 THE WITNESS: In The Christ Hospital I'm 9 talking about. 10 THE HEARING EXAMINER: Which is in Ohio? 11 THE WITNESS: Right. In Cincinnati, yes. 12 THE HEARING EXAMINER: Okay. 13 THE WITNESS: As well as the University 14 of Cincinnati, the medical school there and -- and 15 their hospital situation. 16 THE HEARING EXAMINER: Because you have a 17 limitation on your Kentucky license, does it 18 affect your privileges at the Ohio hospital? 19 THE WITNESS: It affects my -- Pending 20 review of this panel, it affects my -- Everyone 21 states that with that Order here where you can't 22 do obstetrics, I'm not asking to do obstetrics. I 23 don't want to do obstetrics. 24 THE HEARING EXAMINER: Right. 25 THE WITNESS: I'm not going to do</p>
<p style="text-align: right;">Page 51</p> <p>1 THE WITNESS: I have malpractice 2 insurance for gynecology. 3 THE HEARING EXAMINER: Okay. 4 THE WITNESS: I'm not covered for 5 obstetrics. 6 THE HEARING EXAMINER: I see what you're 7 saying. 8 THE WITNESS: That draws my premium down 9 \$40,000. 10 THE HEARING EXAMINER: Okay. It says, 11 "In order to maintain current status..." 12 THE WITNESS: I will explain what that 13 means. 14 THE HEARING EXAMINER: That is where I 15 got confused. 16 THE WITNESS: As a part of the teaching 17 faculty, uh, as we teach residents and medical 18 students, the hospital indemnifies us during that 19 whole teaching process. But in order for me to 20 participate in that, I have to be able to not have 21 a restriction on my license as it relates to 22 obstetrics. Now, I don't practice obstetrics 23 anymore. No. Okay. Do you understand what I am 24 saying? 25 THE HEARING EXAMINER: Yes.</p>	<p style="text-align: right;">Page 53</p> <p>1 obstetrics anymore. But that restriction says, 2 well, we can't make you a part of the teaching 3 faculty because we've got this restriction on it. 4 Do you understand what I'm saying? 5 THE HEARING EXAMINER: Yes. 6 THE WITNESS: Okay. 7 THE HEARING EXAMINER: But I'm not sure 8 you understand what I am asking. 9 THE WITNESS: Okay. Maybe I'm not 10 understanding your question. 11 THE HEARING EXAMINER: Because currently 12 your Ohio license is not restricted; right? 13 THE WITNESS: Exactly. 14 THE HEARING EXAMINER: If it stays that 15 way, are you going to still be able to have 16 privileges? 17 THE WITNESS: Yes. If my license is not 18 affected, I'm good. 19 THE HEARING EXAMINER: Okay. Even though 20 it is in Kentucky? 21 THE WITNESS: Right. 22 THE HEARING EXAMINER: Okay. That's 23 where I was going. 24 THE WITNESS: Yeah. 25 THE HEARING EXAMINER: Okay.</p>

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<p>1 THE WITNESS: Everything in those letters 2 and all this involved here, uh, what's going to 3 happen out of that is going to affect what we're 4 going to do. 5 THE HEARING EXAMINER: Okay. And if you 6 can look at Exhibit D, which is the letter from 7 CPEP, it appears that you had two reviews of your 8 charts already so far? 9 THE WITNESS: Yes. 10 THE HEARING EXAMINER: May and July of 11 this year? 12 THE WITNESS: Yes. 13 THE HEARING EXAMINER: Have they been 14 approved? 15 THE WITNESS: Yes, they have been 16 approved. Now, the -- Well, we submit the charts, 17 they review them, and then we critique those over 18 the phone. 19 THE HEARING EXAMINER: Uh-huh. 20 THE WITNESS: We've done that on two 21 occasions. We've got one more that's coming up 22 and that's the final one. It's over a six-month 23 period of time dating back to the initial seminar 24 which was in March. 25 THE HEARING EXAMINER: Okay. And then</p>	<p>1 THE HEARING EXAMINER: Okay. Thank you. 2 Doctor, is there anything else that you 3 would like to add. 4 THE WITNESS: Yes. What's the process 5 now? Will you make a recommendation to the Board? 6 THE HEARING EXAMINER: Right. I will 7 discuss that at the end. 8 THE WITNESS: Oh, okay. 9 THE HEARING EXAMINER: I will go through 10 it step-by-step. If you have any further 11 questions after that, you may ask them. 12 THE WITNESS: Okay. 13 THE HEARING EXAMINER: Is there anything 14 else that you would like to add in your testimony? 15 THE WITNESS: No, I do not. 16 THE HEARING EXAMINER: You will have an 17 opportunity to make a closing argument after 18 Ms. Snyder. 19 THE WITNESS: All right. Thank you. 20 THE HEARING EXAMINER: With that, would 21 you like to offer your exhibits into evidence? 22 THE WITNESS: Yes. You -- 23 THE HEARING EXAMINER: Okay. 24 THE WITNESS: -- have them in front of 25 you.</p>
Page 55	Page 57
<p>1 will you be done with the chart review after the 2 one in September? 3 THE WITNESS: Yes. I'll be done with 4 that, yes. 5 THE HEARING EXAMINER: Okay. 6 THE WITNESS: And I'll be fully complied 7 and the records are good. 8 THE HEARING EXAMINER: So the only thing 9 that will be left for the Kentucky Order will just 10 be the restriction on obstetrics? 11 THE WITNESS: Right. 12 THE HEARING EXAMINER: Okay. 13 THE WITNESS: Had I known they were going 14 to put this five years in here, I would have gone 15 to this hearing and pleaded me case and what have 16 you. I probably would have found some money to go 17 to Denver to do this remediation. I -- But I felt 18 that my practice, I'm going to stop in two months, 19 you know, what's the point. Well, I guess there 20 was a point and I'm suffering the point. 21 THE HEARING EXAMINER: Okay. That's all 22 the questions I have for you. 23 Ms. Snyder, do you have any follow-up 24 questions as to the questions that I asked? 25 MS. SNYDER: No.</p>	<p>1 THE HEARING EXAMINER: So we have 2 Respondent's Exhibits A through H. 3 Ms. Snyder, do you have any objections to 4 his exhibits? 5 MS. SNYDER: No objection. 6 THE HEARING EXAMINER: Okay. 7 Respondent's Exhibits A through H will hereby be 8 admit entered into evidence. 9 --- 10 Thereupon, Respondent's Exhibits A 11 through H were received into evidence. 12 --- 13 THE HEARING EXAMINER: With that, Doctor, 14 are you closing your case at this point? I don't 15 mean your closing argument but your documents. 16 THE WITNESS: I have no other documents 17 to present nor statements to make. 18 THE HEARING EXAMINER: Okay. Thank you. 19 Ms. Snyder, are you ready for your 20 closing? 21 MS. SNYDER: Uh-huh. 22 THE HEARING EXAMINER: Or would you like 23 a five-minute break? 24 MS. SNYDER: No, I'm ready. 25 THE HEARING EXAMINER: Okay. You may</p>

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1 proceed.  
2 MS. SNYDER: Well, the State -- Again,  
3 this is a bootstrap case. The State has alleged a  
4 violation of 4731.22(B)22 which means that the  
5 State Medical Board of Ohio can take action on  
6 Dr. Bowers license because he's had action in  
7 Kentucky taken on his license.  
8 The State has met its burden of proof.  
9 It's put on its certified documents from Kentucky.  
10 There really is no factual dispute. The State  
11 also recognizes that there are a lot of mitigating  
12 factors in this case.  
13 Dr. Bowers has come and explained with  
14 sincerity what appears to have happened to lead to  
15 the malpractice action. He's been very candid in  
16 his retirement plans. He has answered questions  
17 about his practice, his past practice, his future  
18 practice, uh, and about this particular patient.  
19 Therefore, the State would respectfully  
20 request that you take appropriate action on  
21 Dr. Bowers license given all of the mitigating  
22 circumstances and the State's meeting its burden  
23 of proof. Thank you.  
24 THE HEARING EXAMINER: Thank you,  
25 Ms. Snyder.

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1 Dr. Bowers, would you like to make a  
2 closing argument?  
3 THE WITNESS: Well, I welcome this  
4 opportunity to come and explain the circumstances  
5 of this case. Certainly if I had to do it again,  
6 I probably would have done it a little bit  
7 differently.  
8 I've had 35 years of good practice in the  
9 State of Ohio. I've taken excellent care of my  
10 patients. I've been a service to my community.  
11 I've been aboveboard with the Kentucky Board and  
12 with the Ohio State Board as it relates to the  
13 circumstances of this case.  
14 I'm in the twilight of my practice. I  
15 would not want to be restricted in what I want do.  
16 You know, I'm one of the better teachers in our  
17 department at the medical school and at The Christ  
18 Hospital that I attend. I've been recognized as  
19 such. I serve on hospital committees. I've been  
20 active in my community. I've gone even abroad to  
21 do medical relief work and to do teaching.  
22 To have an encumbrance on my license  
23 would severely would affect my ability to continue  
24 what I'm doing. I pray and hope that this panel  
25 will recommend to the Board that no encumbrances

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1 be placed upon my license.  
2 As I stated before, I have not set foot  
3 in the State of Kentucky to do any medical work.  
4 Never delivered a baby there. Never performed any  
5 surgery there. The purpose of that license was to  
6 have access to the market. My patients come for  
7 prescription writing and this kind of thing is  
8 concerned.  
9 I pray and hope that this Board gives me  
10 a favorable decision that I may continue to do as  
11 I'm doing in the twilight of my practice, uh, to  
12 do the good work that I've always done.  
13 THE HEARING EXAMINER: Thank you,  
14 Dr. Bowers.  
15 THE WITNESS: Thank you.  
16 THE HEARING EXAMINER: I'm now going to  
17 tell you about how it will proceed from this point  
18 forward.  
19 THE WITNESS: Okay.  
20 THE HEARING EXAMINER: But first I would  
21 like to thank you very much for appearing here  
22 today.  
23 In about two to three weeks I will  
24 receive a transcript of the testimony presented  
25 here today. I will review the testimony and also

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1 the exhibits that were admitted into evidence. I  
2 will prepare a Report and Recommendation.  
3 The Report and Recommendation has a  
4 couple of components. Basically what it is, it's  
5 a recommendation to the Board of how to proceed  
6 with your case. The Board could either accept my  
7 recommendation, modify it, or completely reject  
8 it. It's basically up to them.  
9 When I do complete my Report and  
10 Recommendation, I will file it with the Board.  
11 The Board's staff will mail you a copy. It will  
12 also send one to Ms. Snyder. Along with the  
13 Report and Recommendation there's going to be a  
14 very important letter that accompanies it. It's  
15 going to tell you a couple different things.  
16 The first thing that the letter is going  
17 to tell you is the date and time that the Board is  
18 going to meet to consider your matter. The Board  
19 meets monthly. So probably October, November your  
20 case will be in front. Because the deadline is  
21 next week, I wouldn't be able to get it until  
22 September.  
23 THE WITNESS: Uh-huh.  
24 THE HEARING EXAMINER: But October  
25 possibly.

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<p>1 The letter is also going to advise you 2 that you have a right to submit written objections 3 to the Report and Recommendation, if you have any. 4 And you have to submit those objections by a 5 certain date. The letter will inform you of that 6 date. 7 The letter is also going to let you know 8 that you have an opportunity to address the Board 9 when the Board considers your matter. I highly, 10 highly recommend that you address the Board. It's 11 very important for you to put a face with a name 12 and to be able to talk to the Board. It's very 13 helpful. But if you choose to do so, you have to 14 file a request to address the Board by a certain 15 date and I believe that date is also included in 16 the letter. A copy of that request will be 17 provided to Ms. Snyder. 18 When you address the Board, you will be 19 given five minutes to make a statement. There 20 will be a timer up there that will let you know 21 how much time you have. The Board may ask you 22 questions; it may not ask you questions. 23 Ms. Snyder will also then have an opportunity to 24 address the Board as well. 25 In the absence of any unusual</p>	<p>1 THE? WITNESS: Okay. 2 (Witness excused.) 3 THE HEARING EXAMINER: All right. Thank 4 you very much. 5 DR. BOWERS: Thank you. 6 MS. SNYDER: Thank you. 7 THE HEARING EXAMINER: This matter is now 8 submitted on the record. 9 --- 10 (Thereupon, the hearing was concluded at 11 11:00 o'clock a.m. on Thursday, 12 August 11, 2011.) 13 --- 14 15 16 17 18 19 20 21 22 23 24 25</p>
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<p>1 circumstances, the Board will consider your matter 2 and make a final determination at that meeting. 3 So you will know when you walk out of there what 4 the Board plans to do. You will then be notified 5 of the Board's final determination by mail. 6 Do you have any questions from there? 7 THE WITNESS: No. 8 THE HEARING EXAMINER: Okay. Thank you. 9 This matter -- 10 THE WITNESS: Oh, one question. 11 THE HEARING EXAMINER: Sure. 12 THE WITNESS: Right now my license is 13 still as is? 14 THE HEARING EXAMINER: Correct. 15 THE WITNESS: Pending what your 16 recommendation and the Board's action is? 17 THE HEARING EXAMINER: Yes. 18 THE WITNESS: Okay. 19 THE HEARING EXAMINER: Yes. 20 THE WITNESS: All right. 21 THE HEARING EXAMINER: And as I said 22 before, I would hope to have it for the October 23 meeting. But there's just no possible way for me 24 to have it for the September meeting because of 25 the deadline next week. Okay?</p>	<p>1 CERTIFICATE 2 --- 3 State of Ohio, ( ) 4 ) SS: 5 County of Franklin, ( ) 6 --- 7 I, Sandra L. Krosner-Martin, Registered 8 Professional Reporter and Notary Public in and for 9 the State of Ohio, hereby certify that the 10 foregoing is a true and accurate transcript of the 11 proceedings hereinbefore set forth, as reported in 12 stenotype by me and transcribed by me or under 13 supervision. 14  15  16 Sandra L. Krosner-Martin, 17 Registered Professional 18 Reporter and Notary 19 Public in and for the 20 State of Ohio 21 My Commission Expires: September 15, 2013. 22 --- 23 24 25</p>

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**TRANSCRIPT**

**Full-sized Pages**

MCGINNIS & ASSOCIATES, INC.  
614.431.1344 COLUMBUS, OHIO 800.498.2451

BEFORE THE STATE MEDICAL BOARD OF OHIO

- - -

In the Matter of:                    )  
  )  
Walter Thomas Bowers II,    ) Case No. 11-CRF-049  
M.D.,    )  
  )  
  Respondent.    )

- - -

State Office Tower  
30 East Broad Street  
Room 225  
Columbus, Ohio 43215  
Thursday, August 11, 2011

Met, pursuant to assignment, at  
  
10:00 o'clock a.m.

BEFORE:

Danielle R. Blue, Attorney Hearing Examiner

- - -

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1 APPEARANCES:

2 ON BEHALF OF THE RESPONDENT:

3 Walter Thomas Bowers II, M.D., Pro Se  
4 765 Windings Lane  
5 Cincinnati, Ohio 45220  
6 (513) 751-8140

7

ON BEHALF OF THE STATE MEDICAL BOARD OF OHIO:

8

Mike DeWine, Esq.

9

Ohio Attorney General

10

By: Melinda R. Snyder, Esq.

11

Assistant Attorney General

12

Health and Human Services

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30 East Broad Street - 26th Floor

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Columbus, Ohio 43215

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(614) 644-5334 Fax: (614) 466-6090

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P R O C E E D I N G S

- - -

Thursday, August 11, 2011

Morning Session

- - -

THE HEARING EXAMINER: Good morning. We are on the record.

This is the administrative hearing in the matter of Walter Thomas Bowers II, M.D.; Case No. 11-CRF-049 pursuant to Chapter 4731 and Chapter 119 of the Ohio Revised Code. The Notice of Opportunity for Hearing is dated May 11th, 2011.

I am Danielle Blue, Hearing Examiner for the State Medical Board of Ohio in this matter. Will the Respondent please state your name and address for the record?

DR. BOWERS: Walter Thomas Bowers II. The home address is 765 Windings Lane, Cincinnati, Ohio 45220. The office address is 3131 Harvey Avenue, Suite 204, Cincinnati, Ohio 45229.

THE HEARING EXAMINER: Thank you.

Doctor, which address do you prefer the Board to send you any important papers?

DR. BOWERS: I think they send them both places. The home address, 765 Windings Lane, is

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1 fine.

2 THE HEARING EXAMINER: Okay. Thank you.

3 And will the State's Assistant Attorney  
4 General please state your name and address for the  
5 record?

6 MS. SNYDER: Thank you.

7 Good morning. I'm Melinda Snyder,  
8 Assistant Attorney General, representing the State  
9 Medical Board of Ohio. The business address is 30  
10 East Broad Street, 26th Floor, Columbus, Ohio.

11 THE HEARING EXAMINER: Thank you.

12 The Respondent is not represented by  
13 counsel today which is well within his right. We  
14 have explained how the hearing is going to proceed  
15 and if he has any questions during the hearing, he  
16 may ask them. Thank you.

17 Are there any preliminary matters that  
18 need to be addressed? Ms. Snyder?

19 MS. SNYDER: Not for the State.

20 THE HEARING EXAMINER: Thank you.

21 Doctor?

22 DR. BOWERS: No.

23 THE HEARING EXAMINER: Thank you.

24 Will the State make an opening statement?

25 MS. SNYDER: Yes. Thank you.

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1           Good morning again. We're here today at  
2 Dr. Bowers request pursuant to a Notice of  
3 Opportunity for Hearing which was issued by the  
4 State Medical Board on May 11th, 2011.

5           In a nutshell, this is a bootstrap case.  
6 The State Medical Board of Ohio has proposed to  
7 take action on Dr. Bowers license.

8           In response to an Agreed Order issued by  
9 the Kentucky Board on January 20th, 2011, that  
10 Agreed Order requires the Doctor to refrain from  
11 engaging in the practice of obstetrics and from  
12 performing any obstetric procedure in the  
13 Commonwealth of Kentucky for a period of  
14 five years.

15           That Order was in response to a  
16 malpractice action that was filed against the  
17 Doctor and two other physicians by a patient whose  
18 fetus was lost allegedly due to her taking a drug  
19 called Benicar. That drug is a hypertensive --  
20 it's a blood pressure medication. The allegation  
21 was that that caused malformation of the fetus  
22 which caused it to die.

23           The State will talk to Dr. Bowers today  
24 about the underlying allegations that caused that  
25 malpractice action, uh, and put into evidence the



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1 Kentucky Board's Order. Thank you.

2 THE HEARING EXAMINER: Thank you,  
3 Ms. Snyder.

4 Doctor, would you like to make an opening  
5 statement at this point or wait until it's your  
6 case?

7 DR. BOWERS: I'll just wait, please.

8 THE HEARING EXAMINER: Thank you.

9 Ms. Snyder, you may proceed.

10 MS. SNYDER: Thank you.

11 I would like to call Dr. Bowers, please.

12 THE HEARING EXAMINER: Doctor, if you  
13 could sit over in that chair (indicating). Once  
14 you sit down, if you could raise your right hand  
15 and I'll have the Court Reporter swear you in.

16 DR. BOWERS: All right.

17 MS. SNYDER: And, Doctor, if you could  
18 take your packet of exhibits with you. Thank you.

19 (Witness placed under oath.)

20 - - -

21 Thereupon, State's Exhibits 1-A, 1-B,  
22 1-C, and 2 were marked for purposes of  
23 identification.

24 - - -

25 Thereupon, Respondent's Exhibits A

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through H were marked for purposes of  
identification.

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1                   WALTER THOMAS BOWERS II, M.D.  
2   of lawful age, being by me duly placed under oath,  
3   as prescribed by law, was examined and testified  
4   as follows:

5                                   CROSS-EXAMINATION

6   BY MS. SNYDER:

7           Q.    Hi, Dr. Bowers.

8           A.    Good morning.

9           Q.    We met briefly before we went on the  
10   record. But, again, my name is Melinda Snyder.  
11   I'm the lawyer for the Board. I'm going to ask  
12   you a few questions.

13          A.    Sure.

14          Q.    I saw that you brought with you today  
15   your CV?

16          A.    Yes.

17          Q.    Do you have a copy of that in front of  
18   you?

19          A.    I know it by heart, but I don't have a  
20   copy in front of me.

21          Q.    You don't have a copy for yourself today?

22          A.    No. If I could share hers (indicating).

23          Q.    Sure.

24          A.    Okay.

25          Q.    And I'll note for the record this has

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1 been marked as Respondent's Exhibit B  
2 (indicating). I'll ask that it also be marked as  
3 State's Exhibit 3, please.

4 - - -

5 Thereupon, State's Exhibit 3 was marked  
6 for purposes of identification.

7 - - -

8 BY MS. SNYDER:

9 Q. Doctor, I'm going to talk to you a little  
10 bit about your background.

11 A. Sure.

12 Q. Let's start with your current practice.  
13 Where are you currently practicing?

14 A. My current practice is in Cincinnati,  
15 Ohio. The address is 3131 Harvey Avenue, Suite  
16 204, Cincinnati, Ohio 45229.

17 The nature of my practice currently is  
18 gynecology. I was in obstetrics and gynecology  
19 until November of 2010, at which time because of  
20 age and longevity I stopped doing the obstetrical  
21 part of the practice. Now I'm solely doing the  
22 gynecology. This is a career step having been  
23 planned for many, many years. I'm now 65 years  
24 old and I'm in the process of winding down my  
25 practice activities. I'm sort of semi retired

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1 now. Just doing gynecology.

2 Q. How long have you been practicing?

3 A. I finished medical school in 1975. I did  
4 my residency at the University of Cincinnati  
5 Medical Center. I finished in '79. I engaged in  
6 the practice from 1979 to the current date.

7 Q. Okay. You and I are both fast talkers.

8 A. Oh.

9 Q. So we'll have to work really hard to slow  
10 down.

11 A. I'll slow down.

12 Q. Okay. I'm a fast talker too so you can  
13 stop me if I'm talking too fast.

14 So you have been practicing since 1979?

15 A. Yes.

16 Q. And --

17 A. I was licensed in 1976.

18 Q. In '76?

19 A. Yes.

20 Q. And was that in Kentucky?

21 A. No, that was in Ohio.

22 Q. In Ohio?

23 A. Yes.

24 Q. When did you receive your Kentucky  
25 license?

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1           A.     That was 1997.

2           Q.     Now, for a layperson like me, could you  
3 describe for me the difference between gynecology  
4 and obstetrics?

5           A.     Okay.  Obstetrics has to do with  
6 pregnancy and pregnancy-related activities from  
7 the time of conception through an antenatal period  
8 to delivery and post delivery care.

9                     Gynecology has to do with female  
10 reproduction organ problems and well care, uh, and  
11 that's usually initiated at age 13, 14, 15 until  
12 such time as the patient expire.  The whole life  
13 of the female.

14          Q.     Okay.  And you're board-certified in  
15 obstetrics and gynecology?

16          A.     I am not.

17          Q.     You are not?

18          A.     I am not.

19          Q.     Have you ever been?

20          A.     No.

21          Q.     Do you hold any board certifications?

22          A.     No.

23          Q.     Tell me about your residencies.

24          A.     Residency?

25          Q.     Yes.

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1           A.    It's an approved residency by whatever  
2           bodies do that approval.  It's a four-year period  
3           of time.  One starts an intern all the way to the  
4           chief residency, uh, at which time one finishes  
5           and is presumed competent to practice in the field  
6           of obstetrics and gynecology.

7           Q.    And where did you do your residency?

8           A.    University of Cincinnati.

9           Q.    And you went to medical school in  
10          Michigan?

11          A.    I did, yes.

12          Q.    And it looks like you're originally from  
13          South Carolina?

14          A.    Yes, Orangeburg, South Carolina.

15          Q.    What brought you to Ohio?

16          A.    Oh, I finished medical school in '75.  I  
17          was coming to Cincinnati to do my residency and go  
18          back to South Carolina.  The opportunities  
19          presented itself in Cincinnati and I've been there  
20          since 1975.

21          Q.    Okay.  And what opportunities  
22          specifically kept you in Ohio?

23          A.    Well, specifically there were no -- Well,  
24          there was one black OB/GYN in the city.  The  
25          opportunity was there to serve that community.

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1 Also, I was appointed to the medical school  
2 faculty and enjoyed a very fruitful practice  
3 there.

4 Q. Do you have other physicians in your  
5 current practice with you?

6 A. No.

7 Q. Okay.

8 A. Can I get up and get my water bottled?

9 Q. Yes. Sure.

10 A. Okay. When I initially completed my  
11 residency, I went into practice with a faculty  
12 member, Dr. Albert Nelson. He was looking for a  
13 new opportunity also. We established a practice  
14 jointly for which we were in practice from 1979 to  
15 1988. In 1988 we split off. I've been in solo  
16 practice since 1988.

17 Q. On your CV you have also that you are  
18 licensed in Indiana?

19 A. Yes, I am.

20 Q. Okay. And is that license current?

21 A. The license is current, yes.

22 Q. And you've held that license since 1994?

23 A. Yes.

24 Q. Why did you obtain a license in Indiana?

25 A. Well, I'm -- Geographically, uh,



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1 Cincinnati has the Indiana border (indicating) and  
2 Kentucky border and here (indicating). I see  
3 patients from the three states. The reason I have  
4 a license, if I have to prescribe, then I'm  
5 eligible in those contiguous states. I do not do  
6 any services in those states but -- but the --  
7 because of the proximity in the Tri-State area.

8 Q. So you don't have a practice, an office  
9 in Indiana?

10 A. No.

11 Q. Okay. Do you have an office in Kentucky?

12 A. No.

13 Q. So your sole office is in Cincinnati?

14 A. Cincinnati.

15 Q. Okay.

16 A. I've never practiced in the State of  
17 Kentucky a day in my life.

18 Q. Okay. So, Doctor, your license is  
19 currently restricted in Kentucky; correct?

20 A. Yes.

21 Q. Okay. And that restriction is to  
22 refrain, among other terminology, to refrain from  
23 engaging in obstetrics for a period of five years?

24 A. That's what the Order says. Yes, ma'am.

25 Q. Okay. And that Order is based on a

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1 malpractice action that was from one of your  
2 patients?

3 A. Well, it stems from the malpractice  
4 action and there are some mitigating  
5 circumstances. Do I explain that now?

6 Q. Please do.

7 A. Okay.

8 Q. And talk slowly.

9 A. Okay. Let's start with the malpractice  
10 action first. The patient that I have  
11 administered for over 20-plus years, uh, having  
12 had two other pregnancies which were delivered  
13 without complication and being --

14 Q. Did you manage those pregnancies, Doctor?

15 A. Yes, I did.

16 Q. Okay.

17 A. -- being chronic hypertensive, managed  
18 those pregnancies without any problem at all.  
19 Both were healthy babies that were born.

20 She's a brittle hypertensive on multiple  
21 medications being managed by her internist.

22 Q. I'm sorry, what kind of hypertensive?

23 A. Brittle hypertensive. That means she was  
24 very difficult to manage.

25 Q. Okay. In what way? Do you mean her

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1 blood pressure?

2 A. The blood pressure was all over the  
3 place.

4 Q. Okay.

5 A. On multiple meds.

6 Q. Okay.

7 A. And the medication that she was  
8 stabilized on was a medication called Benicar.  
9 Okay?

10 Q. Uh-huh.

11 A. During the course of that pregnancy, the  
12 internist and I agreed to co-manage the pregnancy.

13 Q. Okay.

14 A. They would do the hypertensive medication  
15 and I would do the obstetrical part of the thing.  
16 So we agreed to do that.

17 Q. Okay.

18 A. Then at about I think the 30th week of  
19 the pregnancy -- Let me back up. Before the 30th  
20 week of the pregnancy she had no problems at all  
21 during the pregnancy. The blood pressure was  
22 stable. The fetal development was stable as  
23 evidenced by sonography and what have you. On the  
24 30th I changed the medication to Aldomet which is  
25 another hypertensive medication for the management

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1 of the pregnancy.

2 The patient delivered via Cesarean  
3 section. The delivery was a stillborn infant with  
4 Apgars of zero, zero, and zero. At my request,  
5 uh, a postmortem examination was done on the baby  
6 because I wanted to determine what in fact was the  
7 cause for the fetal demise, uh, and so that was  
8 done.

9 The baby delivered on the -- I think it  
10 was 18th of July of 2006. I was served with a  
11 suit in January of 2007. I was named in the suit  
12 along with the two other doctors, internists, in  
13 the suit. Okay.

14 We felt that we had a defensible  
15 position. In fact, we petitioned -- My legal team  
16 petitioned them to do a joint defense because we  
17 felt that we had a position. They refused to do  
18 that. So I had to --

19 Q. The internists, the other two doctors?

20 A. Right. They refused to enter into a  
21 joint defense.

22 Q. Okay.

23 A. Therefore, I had to go solo with that and  
24 expended large sums of money. As is evident, I  
25 think I spent over \$94,000 in preparing a defense

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1 because we felt we had a winnable situation.

2 We since learned that the other doctors  
3 settled without us knowing. So a part of that  
4 settlement was that they were going to testify at  
5 a trial that would possibly adversely affect our  
6 position. So because of that, we went to  
7 mediation and settled that case for \$250,000.

8 Q. Okay.

9 A. Now, how we get to the Kentucky Board.

10 Q. Okay.

11 A. Unlike Ohio, uh, Kentucky renews every  
12 year.

13 Q. Uh-huh.

14 A. Each year you have to certify whether or  
15 not you've been a party to a malpractice action.  
16 So I answered in the affirmative.

17 In dealing with the investigator, uh, I  
18 had to submit other documents, had to submit the  
19 case file from the malpractice thing.

20 Q. Uh-huh.

21 A. And also during the investigation he  
22 asked that I submit five other cases -- no. He  
23 asked me to submit 10 other cases of a like manner  
24 and how those were managed.

25 Q. Ten other patients?

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1 A. Yeah, 10 other patients. Right.

2 Q. Okay.

3 A. So I submitted five because in going back  
4 through all my records, uh, I couldn't find 10.  
5 So I submitted five. They all met muster and they  
6 all met the minimum standard as far as the care is  
7 concerned. So they could find nothing wrong with  
8 the way those other hypertensive pregnancies were  
9 managed.

10 Q. All right. Let me clarify something.

11 A. Okay.

12 Q. You could not find five other patients of  
13 a like manner in --

14 A. Right.

15 Q. -- a similar situation?

16 So the five patients that the Board did  
17 review, were they hypertensive?

18 A. Yes.

19 Q. They were hypertensive?

20 A. Yes.

21 Q. Okay.

22 A. When I say the same thing, hypertension  
23 management during the course of the pregnancy,  
24 these were the like cases.

25 Q. Okay. And so the Board, the Kentucky

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1 Board, reviewed the five other patients?

2 A. Right.

3 Q. And found no standards issues?

4 A. Exactly.

5 Q. Okay. The patient that filed the  
6 malpractice action, you testified that you  
7 co-managed her hypertension?

8 A. Yes.

9 Q. Tell me how you worked with the internist  
10 to manager her hypertension.

11 A. Okay. We saw the patient almost on the  
12 exact same day. She was being seen for  
13 hypertension management. In fact, they were right  
14 downstairs there. She was being seen for  
15 hypertension. They would adjust medications or  
16 change or not change and what have you.

17 Q. Uh-huh.

18 A. And then I was upstairs. I was managing  
19 the obstetrical part.

20 Q. So you guys are in the same building?

21 A. Yeah, in the same building. Yes.

22 Q. Okay. Tell me about Benicar. Is it  
23 Benicar or Benicor?

24 A. Benicar.

25 Q. Tell me about Benicar.

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1           A.     Benicar is an anti-hypertensive drug  
2     which it's a very good drug used in the management  
3     of difficult hypertensive cases. The downside of  
4     the -- Well, the drug is listed a Category C which  
5     means that the benefits should outweigh the risks  
6     involved. Okay. So it was my understanding and  
7     the understanding of the internist that we would  
8     do that.

9           So what happened is, they were managing  
10    the hypertension. They were filling  
11    prescriptions, uh, this kind of thing. I nor my  
12    representatives ever filled or ordered the Benicar  
13    medication for the patient during this entire  
14    pregnancy. In fact, I subsequently changed that  
15    medication to Aldomet at about the 30th week of  
16    the gestation.

17          Q.     Let me ask a follow-up question on this  
18    point.

19          A.     Okay.

20          Q.     You didn't fill the medication but you  
21    knew she was on it because you were helping manage  
22    her?

23          A.     Yes.

24          Q.     Okay.

25          A.     The record reflects that, yes.



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1 Q. I have another follow-up question. The  
2 difference between a Category C -- First of all,  
3 these categories that you're referring to are the  
4 levels of danger that present to the fetus?

5 A. Exactly. Fetus and mother.

6 Q. Fetus and mother?

7 A. Yes.

8 Q. Okay.

9 A. But primarily the fetus, uh, when you're  
10 talking about the categories, I think it goes A  
11 through X or something like that.

12 Q. Okay. And these categories weigh the  
13 benefit to the mother versus the danger to the  
14 fetus?

15 A. Yes.

16 Q. Okay. What is the difference between a  
17 Category C and a Category D?

18 A. Category C means that there's maybe some  
19 presumptive evidence as to some teratogenicity for  
20 the medication. Category D is a known teratogenic  
21 effect, as that medication relates to, you know,  
22 fetal development.

23 Q. Okay. If Benicar was a Category C, you  
24 terminated the prescription at about the 30th week  
25 of gestation?

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1 A. Exactly.

2 Q. That to me, and I'm not a doctor, sounds  
3 late out of 40 weeks of pregnancy. Tell me about  
4 your decision to terminate and what prompted it at  
5 30 weeks.

6 A. Well, the decision to change the  
7 medication, the patient was experiencing headaches  
8 which she attributed to the medication. So I  
9 called downstairs and spoke with Donta. "I'm  
10 going to change the medication to Aldomet." They  
11 said, "Fine." So that's why I did it.

12 Q. And it was prompted by her headaches?

13 A. Yes.

14 Q. Was she on this medication for the first  
15 two pregnancies?

16 A. She was on all the medications for the  
17 first two. If you need to know the exact, I can  
18 pull out the chart.

19 Q. No.

20 A. But she had been on the Benicar prior to  
21 this pregnancy, uh, two or three years prior to  
22 this particular pregnancy.

23 Q. Benicar has the black box warning,  
24 doesn't it, about becoming pregnant and taking it  
25 while you're pregnant?

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1 A. Yes, I'm aware of that. Yes.

2 Q. But a lot of drugs do; right?

3 A. Yes.

4 Q. Probably almost every drug?

5 A. Almost all of them. Exactly.

6 Q. Did you meet with the internists? Or  
7 when you say you co-managed it, did you guys ever  
8 talk about --

9 A. Oh, yes, we're all colleagues and  
10 friends, you know.

11 Q. Uh-huh.

12 A. But as far as face-to-face, no.

13 Q. Uh-huh.

14 A. But telephone conversations.

15 Q. Okay.

16 A. But not sitting down like you and I as  
17 far as discussing the case, no.

18 Q. Okay. Tell me about your plans for  
19 retirement.

20 A. Well, I'm 65 years of age. I'm no longer  
21 practicing obstetrics. My plans are around post  
22 67 to be out of practice altogether.

23 I'm in the process now with The Christ  
24 Hospital in Cincinnati of absorbing my practice.  
25 They're bringing in new doctors. So they're in

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1 the process of me going into that system and that  
2 kind of eases my transition from active practice  
3 to retirement.

4 Q. Okay. And you're currently only  
5 practicing gynecology. Are you referring out your  
6 patients for --

7 A. Yes. Once a pregnancy diagnosis is made,  
8 that's referred out. Yes, ma'am.

9 Q. Okay.

10 A. I have not managed obstetrical patients  
11 since November of 2010.

12 Q. Okay.

13 A. My last delivery was 23 November, 2010.

14 Q. What prompted that change?

15 A. I didn't hear your question.

16 Q. What prompted your decision to stop doing  
17 the obstetrics? Is that part of the retirement  
18 plan?

19 A. Time. I mean I've been doing it 30-plus  
20 years.

21 Q. Uh-huh.

22 A. Transition to retirement.

23 Q. And are you otherwise in compliance with  
24 the Kentucky Board's Order, the other terms of the  
25 Kentucky Board's Order?

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1           A.    Yes.  Do you want me to talk about that  
2 now?

3           Q.    Yes, let's do.

4           A.    Okay.  All right.  When the investigator  
5 reviewed the case, they had a consultant involved  
6 and they found out that I met the minimum standard  
7 as far as the management of blood pressure and  
8 pregnancy.  They felt that my documentation of  
9 those cases was somewhat lacking.

10                   I used the standard ACOG form which is  
11 approved by the American College of OB/GYN, uh,  
12 and that along with subsequent data supporting how  
13 those pregnancies were managed, they felt that  
14 that was incomplete.

15                   So as a part of the -- Let me back up a  
16 little bit.  So as a part of the Order, they  
17 suggested that, number one, I do a diversion.  
18 What a diversion was, they said that if you agree  
19 to go to Colorado and take this hypertension  
20 course in pregnancy, then this will not affect  
21 your license and it will not be reported to the  
22 databank.  Okay?

23                   I told the Board that I no longer was  
24 practicing obstetrics, uh, therefore a two-week  
25 period -- I mean a two-month period of time, I

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1 felt it was moot. I'm no longer do the obstetrics  
2 and therefore we did not need that remediation.

3           So I was told that if you refuse to do  
4 that, then we will have to issue a complaint.  
5 Okay? So a complaint was issued when I did not do  
6 that. So because of financial reasons and because  
7 of my practice status I said, "Well, there is no  
8 use for me to do that." Maybe that was a mistake  
9 in retrospect. It probably was now since I'm  
10 going through all of this.

11           So when the Order came down, we -- I  
12 waived the hearing. I did not go before the  
13 Hearing Examiner in Kentucky. The Board's  
14 attorney and I worked out the details of what the  
15 Order was going to be about.

16           They were fully aware that my intention  
17 was to stop the practice of obstetrics. In fact,  
18 I stopped the practice of obstetrics prior to the  
19 Order being issued. You know, my malpractice  
20 coverage was dropped of obstetrics as of  
21 December 1st, 2010. A hospital will not let you  
22 do that without that kind of coverage.

23           The Order came down in January with the  
24 verbiage as delineated. To my surprise, and I was  
25 fully not expecting this, that I would be limited

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1 for a five-year period of time for doing  
2 obstetrics. So the counsel said, "Well, that's of  
3 no consequence" But now I know that it is of some  
4 consequence because I'm now struggling to have  
5 some -- some medical practice and whatever for the  
6 remainder of my career.

7 So anyhow we entered into the Agreed  
8 Order which you have in front of you. I was to  
9 take the documentation course through this Denver,  
10 Colorado concern.

11 Q. Uh-huh.

12 A. I went to a seminar on documentation.  
13 Now I'm in the process of submitting documents  
14 every couple, three months for review which is  
15 over a six-month period of time which I've  
16 currently done now.

17 I don't know whether it's proper now to  
18 discuss this, but one of the exhibits attest to  
19 that, uh, that you have in front of you.

20 So that's kind of where we are with the  
21 Kentucky Board putting that five-year restriction  
22 on the obstetrical practice.

23 Q. Uh-huh.

24 A. Now how that has impacted on me both  
25 professionally and -- and quite frankly

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1 financially is that I'm on the teaching faculty at  
2 the University of Cincinnati Medical School. My  
3 hospital privileges have been suspended pending  
4 review of this panel and subsequent Board action  
5 as it relates to obstetrics.

6           There are some letters that I have  
7 appended and I'll talk about those when we get to  
8 it. So that's kind of where we are with the  
9 Kentucky Board.

10           Q. Uh-huh.

11           A. I've complied with what they have asked  
12 me to do. Everything has been aboveboard. I've  
13 submitted documentation that they have asked me to  
14 do. I have never ever stepped my foot across that  
15 state line to deliver a baby or do any surgery or  
16 see any patients. Now, I have written  
17 prescriptions that have been filled across that  
18 state line. But as far as actually practicing in  
19 the State of Kentucky, I have never done that.

20           Q. Okay. And you're not currently  
21 practicing obstetrics in Ohio either?

22           A. No. I stopped that as of December.

23           Q. All right.

24           A. Which was prior to the Board action.

25           Q. Do you believe that the Benicar caused



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1 the malformation of the fetus?

2 A. Well, that's a matter for debate. We had  
3 experts to say that there are other factors that  
4 could have caused those same kinds of problems and  
5 we were willing to defend based on that.

6 Q. Would you have handled this patient  
7 differently today?

8 A. Would I handle a patient differently?

9 Q. This patient differently, if this same  
10 patient presented with the same problems?

11 A. Oh, yes. There's no question about that.  
12 In fact, we had a perinatologist involved as far  
13 as the ultrasound during the course of the  
14 pregnancy with no fetal anomalies being shown  
15 during the time that we were doing that.

16 If I had to do it all over again knowing  
17 what I know now, I would refer to a perinatologist  
18 for the entire pregnancy. I would just -- But,  
19 you know, in the past, uh, prior to us having the  
20 whole subspecialty of perinatology, we managed  
21 hypertensive disease in conjunction with the  
22 internal medicine doctor.

23 Q. I see.

24 A. I mean it's not out of standard to have  
25 done that from 1975 forward.

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1 Q. A perinatologist, tell me what they do.

2 A. A perinatologist is a specialist in  
3 dealing with high risk pregnancies, diabetes,  
4 hypertension, thyroid disease. Anything that's  
5 outside of the norm, then the perinatologists are  
6 a subspecialty of obstetrics that deals with those  
7 kinds of problems.

8 Q. Okay. Thank you.

9 You have on your CV under "Occupation"  
10 that you have a special interest in infertility  
11 and microsurgery.

12 A. Yes.

13 Q. Two questions. First of all, what is the  
14 microsurgery component of that?

15 A. Microsurgery component?

16 Q. Uh-huh.

17 A. Prior to in vitro fertilization, all the  
18 high-tech kinds of activity, uh, microsurgery was  
19 operating through the microscope, a very delicate  
20 surgery of putting fallopian tubes back together,  
21 doing removal of adhesions, opening up fallopian  
22 tubes, et cetera. I took some special training to  
23 do that. When the field of reproduction and  
24 technology came into effect, then my services in  
25 that arena was somewhat not utilized anymore

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1 because of the in vitro, embryo transfer, all  
2 those kinds of high-tech things that I'm not  
3 trained to do.

4 Q. Okay.

5 A. So therefore that's how that's there.

6 Q. Okay. So is that considered the practice  
7 of obstetrics?

8 A. No. That's gynecology.

9 Q. That's gynecology?

10 A. Yes.

11 Q. You have a really lengthy CV. I think  
12 I'll let you kind of hit the points that I didn't  
13 in your case-in-chief.

14 A. All right.

15 MS. SNYDER: At this point I don't  
16 believe I have any further questions. Thank you.

17 THE HEARING EXAMINER: Doctor, as  
18 Ms. Snyder said, you'll have an opportunity in  
19 your case-in-chief to follow up on any questions  
20 or if you would like to expand upon some of your  
21 answers or offer similar testimony, you can at  
22 that point in time.

23 THE WITNESS: Okay.

24 THE HEARING EXAMINER: And then I'll  
25 reserve my questions for you after you're done

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1 with your case.

2 THE WITNESS: Sure.

3 THE HEARING EXAMINER: Okay?

4 THE WITNESS: Okay.

5 THE HEARING EXAMINER: You can either  
6 stay there or resume your seat.

7 THE WITNESS: I can stay here. I don't  
8 mind.

9 THE HEARING EXAMINER: Okay.

10 Ms. Snyder, do you have any other  
11 witnesses?

12 MS. SNYDER: I don't. The State does not  
13 have any further witnesses.

14 THE HEARING EXAMINER: Okay.

15 MS. SNYDER: And at this point I would  
16 move to enter into evidence my exhibits.

17 THE HEARING EXAMINER: All right.

18 MS. SNYDER: State's Exhibit 1-A is the  
19 notice letter from the Board, including a copy of  
20 the Kentucky's Agreed Order.

21 State's Exhibit 1-B is a letter from  
22 Dr. Bowers. Actually Exhibit 1-B is actually two  
23 letters from Dr. Bowers. One is dated May 12th  
24 and one is dated May 20th.

25 State's Exhibit 1-C is the letter from

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1 the Board scheduling and continuing today's  
2 hearing.

3 State's Exhibit 2 is a certified copy of  
4 the Agreed Order that was sent to the State  
5 Medical Board of Ohio from the Kentucky Board of  
6 Medical Licensure.

7 State's Exhibit 3 is also Respondent's  
8 Exhibit B and that's copy of Dr. Bowers' CV.

9 THE HEARING EXAMINER: Do you have a  
10 separate copy of No. 3 or are you just marking his  
11 as your Exhibit No. 3?

12 MS. SNYDER: I just marked his as my  
13 Exhibit 3.

14 THE HEARING EXAMINER: Okay. Doctor, do  
15 you have any objections to State's Exhibits 1-A,  
16 1-B, 1-C, 2, and 3?

17 THE WITNESS: No.

18 THE HEARING EXAMINER: Okay. State's  
19 Exhibits 1-A, 1-B, 1-C, 2, and 3 will be admitted  
20 into the record.

21 - - -

22 Thereupon, State's Exhibits 1-A, 1-B,  
23 1-C, 2, and 3 were received into  
24 evidence.

25 - - -

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1 MS. SNYDER: Thank you.

2 At this point, the State would rest but  
3 would like to reserve the opportunity to recall  
4 witnesses and introduce evidence for purposes of  
5 rebuttal.

6 THE HEARING EXAMINER: Thank you,  
7 Ms. Snyder.

8 Doctor, it is now your turn to present  
9 your case including an opening statement and any  
10 other testimony that you would like to give, uh,  
11 including discussing the exhibits that you have  
12 brought here today.

13 THE WITNESS: Yes. I would like to read  
14 into the record the statement that I've prepared  
15 (indicating).

16 THE HEARING EXAMINER: Go ahead.

17 - - -

18 DIRECT TESTIMONY

19 THE WITNESS: I think you all have copies  
20 of it.

21 THE HEARING EXAMINER: Yes.

22 THE WITNESS: Respondent's Exhibit A is a  
23 statement for the Ohio Medical Board dated 11  
24 August, 2011.

25 I graduated for (sic) the University of

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1 Michigan Medical School -- this should be from the  
2 University of Michigan Medical School in May of  
3 1975 and commenced my residency in obstetrics and  
4 gynecology in June of 1975 at the University of  
5 Cincinnati Medical School.

6 I was licensed to practice medicine in  
7 the State of Ohio in the year 1976. My residency  
8 was completed in June of 1979, uh, finishing with  
9 an award for an outstanding ability in operative  
10 gynecology. I have practiced without incidence  
11 for 35 years. I have provided excellent care to  
12 my patients. I have complied with all state  
13 regulatory requirements.

14 Upon completion of residency, I was  
15 appointed to the OB/GYN faculty at the University  
16 of Cincinnati Medical School which continues to  
17 this date. I have served on the Medical School  
18 Admission Committee for 20 years.

19 During my 30 years of medical practice,  
20 uh, I have served in leadership positions of the  
21 Cincinnati OB/GYN Society as Secretary; Cincinnati  
22 Medical Association as President and Secretary. I  
23 have traveled to the African continent to do  
24 teaching and medical relief work in Ethiopia and  
25 Somalia.

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1           Community activities involved United Way  
2 as Vice Chair; original member of the Cincinnati  
3 Citizens Police Review Panel; and subsequent  
4 initial member of the Citizens Complaint  
5 Authority, both charged with police oversight.

6           I currently serve on the Ohio Commission  
7 on Minority Health being initially appointed by  
8 Governor George Voinovich and reappointed by each  
9 succeeding governor. I have served as Secretary  
10 and Chair of the Commission.

11           In July (sic) of 2007, a malpractice  
12 action was brought against me and two other  
13 physicians for the management of --

14           THE HEARING EXAMINER: Doctor, is it  
15 January or July? You have January here.

16           THE WITNESS: The action was brought in  
17 January.

18           THE HEARING EXAMINER: Okay. Thank you.

19           THE WITNESS: The incident was in July.

20           THE HEARING EXAMINER: Thank you.

21           THE WITNESS: In January of 2007, a  
22 malpractice action was brought against me and two  
23 other physicians for the management of pregnancy  
24 and the use of an antihypertensive medication.  
25 The date of the occurrence was 18 July 2006.



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1           The patient is a chronic hypertensive  
2 patient who had delivered two previous pregnancies  
3 without complication. She had been under my  
4 OB/GYN care from 1994 to 2006. Her hypertensive  
5 disease was managed by her internist. It was  
6 agreed that this pregnancy would be managed  
7 jointly by them and me. The medication in  
8 question was Benicar.

9           On 20 June 2006 with discussion with her  
10 internist, I changed the medication at 30 weeks  
11 gestation to Aldomet for continued hypertensive  
12 management. During the pregnancy, I nor any of my  
13 representatives ordered the medication.

14           Once the suit was brought, my legal team  
15 petitioned the other defendants for a joint  
16 defense. This defense approach was refused. We  
17 felt positive about our defensible position as  
18 evidenced by expenditures of \$94,700. The other  
19 doctors reached an out of court settlement.

20           My defense team learned of adverse  
21 testimony to be presented at trial by the other  
22 defendants. To minimize potential financial  
23 exposure, the case was settled for \$250,000  
24 through mediation. The terms of the settlement  
25 were full release of all claims, dismissal with

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1     prejudice, uh, and denied liability.

2             In Kentucky, unlike Ohio, there's an  
3     annual renewal process for licensure. In the  
4     renewal process, questions are asked of any  
5     malpractice actions from the previous year. In  
6     answering in the affirmative, I was asked by the  
7     investigator to provide details of the action.  
8     This request was fully complied with. During the  
9     process, a consultant asked for review of similar  
10    cases. Those cases were found to meet minimal  
11    standards of care.

12            The Medical Board counsel asked me to  
13    enter into an Interim Agreed Order (Diversion) to  
14    do remediation on hypertension and pregnancy. I  
15    informed the Board, through its counsel, that I  
16    would no longer be practicing obstetrics effective  
17    the end of November of 2010, uh, entering semi  
18    retirement and that the Diversion would be of  
19    little value because I was no longer accepting new  
20    pregnancy patients. The practice was now solely  
21    confined to gynecological care.

22            The financial responsibilities for travel  
23    and course fee were prohibitive. Because of my  
24    position not to enter the Diversion, a formal  
25    complaint was issued. I waived the right to a

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1 formal hearing and signed the Agreed Order.

2           The Board's consultant felt that I needed  
3 to enter a documentation program as part of the  
4 Order. I used the ACOG standard pregnancy form  
5 with other supporting data, uh, but it was  
6 determined that more information could have been  
7 supplied.

8           To comply with the Board's Order, I am  
9 currently enrolled in the Center for Personalized  
10 Education for Physicians, CPEP, in Denver,  
11 Colorado documentation program. I attended a  
12 seminar in February of 2011 and have submitted  
13 charts for review and critique as required. The  
14 evaluation process is for six months.

15           During the entirety of this case, it's  
16 never been determined that I was endangering the  
17 lives of the people that I care for.

18           It would be devastating if the State of  
19 Ohio would place restrictions on my license. To  
20 continue teaching and enjoying full hospital  
21 privileges, my license can not be encumbered. My  
22 continued participation is predicated on a  
23 favorable response to this hearing. My faculty  
24 status, the ability to teach residents, medical  
25 students, hospital indemnification would be

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1 compromised.

2 I no longer practice obstetrics. My  
3 malpractice insurance is only for gynecology  
4 effective December, 2010. In order to maintain  
5 current status, I need full privileges in OB/GYN.

6 I'm currently in negotiations with The  
7 Christ Hospital for absorption of my practice into  
8 their system. All actions have been suspended  
9 pending review and action by this panel.

10 I hope and pray that a favorable decision  
11 will be rendered in my behalf. This is signed  
12 Walter T. Bowers II, M.D. My License No. is  
13 39566.

14 The other exhibits that you have, one is  
15 Exhibit C. It's from The Colorado Foundation for  
16 Medical Care which certified that I took the  
17 Documentation Seminar in March of 2011.

18 Exhibit D states that I was in compliance  
19 in submitting the charts for review as a part of  
20 the documentation review issue.

21 The other documents are supportive of the  
22 interest in Cincinnati, particularly as to the  
23 proceedings of this hearing, uh, and subsequent  
24 Board action as to how it's going to affect my  
25 ability to continue to practice in the Cincinnati

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1 area.

2 Exhibit E, the University Hospital UC  
3 Health has suspended my privileges pending review  
4 of the Board.

5 Exhibit F, Alliance Partners has  
6 suspended their process of renewal pending review  
7 of the Board.

8 Exhibit G talks about the -- I'll give  
9 you some background. As a faculty member, we are  
10 asked to provide coverage for residents inhouse,  
11 uh, but I have not been able to do that because my  
12 obstetrics credentials have been affected by the  
13 Kentucky Order.

14 Exhibit H is also from The Christ  
15 Hospital that talks about any decision being made  
16 as far as my obstetrics privilege pending review  
17 of this panel.

18 I'm open to any questions that you may  
19 have.

20 THE HEARING EXAMINER: Ms. Snyder, do you  
21 have any follow-up questions for the Doctor?

22 MS. SNYDER: Yes, I do. Thank you.

23 THE HEARING EXAMINER: All right.

24 - - -

25

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1 CROSS-EXAMINATION

2 BY MS. SNYDER:

3 Q. Doctor, could you tell me about the  
4 patient population that you serve?

5 A. I have an urban practice. I'm located in  
6 the university area in relation to the University  
7 of Cincinnati Medical School and The Christ  
8 Hospital, uh, which is my primary hospital. My  
9 practice is primarily a, for lack of a better  
10 term, a paying practice. I see about 10,  
11 12 percent Medicaid. The rest of my practice is  
12 fee for service, HMO, PPO activities.

13 As far as a demographic mix, I have  
14 enjoyed a good reputation in the city. I've seen  
15 patients from suburbia to the urban area. My  
16 practice is full. I'm quite busy. I have enjoyed  
17 the fruits of a very successful practice.

18 Q. Thank you.

19 MS. SNYDER: I have no further questions.

20 THE HEARING EXAMINER: Thank you,  
21 Ms. Snyder.

22 Doctor, I do you have some questions for  
23 you.

24 THE WITNESS: Sure.

25 THE HEARING EXAMINER: You've answered

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1 most of them that I have written down.

2           Have you ever had any prior malpractice  
3 actions against you before the one that you've  
4 already discussed?

5           THE WITNESS: I've had two other actions  
6 that were dismissed. One went all the way to the  
7 State Supreme Court and was dismissed. The second  
8 one was a case that was dismissed during  
9 discovery. So this is the only case that went to  
10 any type of settlement.

11           THE HEARING EXAMINER: Can you tell me  
12 about the first case that went up to the State  
13 Supreme Court?

14           THE WITNESS: Okay. That was a  
15 gynecological case. I did a vaginal hysterectomy  
16 on a lady without complication. Then about two or  
17 three years later the patient began to have some  
18 abdominal pain. During discovery it was found  
19 that a piece of fallopian tube was left from the  
20 surgical procedure. It was alleged that because  
21 of that little piece of fallopian tube that was  
22 left, uh, that the patient had these problems. So  
23 subsequent to that, uh, the patient had an  
24 operation for removal of this little piece of  
25 tube. It was found during the operation that the

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1 patient had bad diverticulitis which they felt was  
2 the causative agent the patient had with the pain.

3 The patient repeatedly wanted to settle,  
4 wanted to settle, wanted to settle, and it was our  
5 position that we had a defensible position. The  
6 District Court -- I'm sorry, not the District  
7 Court but the --

8 THE HEARING EXAMINER: Common Pleas  
9 Court?

10 THE WITNESS: Common Pleas, yeah. The  
11 Common Pleas Court dismissed the case. The case  
12 went to the appeals who in turn dismissed the  
13 case. It went to the State Supreme Court who  
14 refused to review the case, so therefore that was  
15 the end of that.

16 THE HEARING EXAMINER: I have a follow-up  
17 question on that case. When you said the trial  
18 court, uh, which was the Common Pleas Court --

19 THE WITNESS: Common Pleas Court, yes.

20 THE HEARING EXAMINER: -- dismissed the  
21 case, did they dismiss before you went to trial?

22 THE WITNESS: Yes.

23 THE HEARING EXAMINER: Okay.

24 THE WITNESS: Well, now I'm kind of  
25 confused as to how all this stuff works. I guess



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1 during pretrial kind of --

2 THE HEARING EXAMINER: Motions?

3 THE WITNESS: -- motions and what have  
4 you, the case was dismissed.

5 THE HEARING EXAMINER: Okay.

6 THE WITNESS: Yes.

7 THE HEARING EXAMINER: That's what I  
8 needed to know.

9 What year was that?

10 THE WITNESS: It was in the '90s.

11 THE HEARING EXAMINER: Okay. And then  
12 the second case?

13 THE WITNESS: The second case involved an  
14 obstetrical case of a lady -- well, not a lady,  
15 uh, but a young girl who was 16 weeks pregnant who  
16 I saw initially as a favor to the mother. The  
17 latent pregnancy of around 25 to 28 weeks or so.

18 The patient delivered and had seizure  
19 activity during the after-delivery case. It was  
20 alleged that because of our management of the  
21 delivery process, uh, that there was a malpractice  
22 action. This case also happened in the '90s.

23 It was shot off to multiple attorneys who  
24 turned the case down once they saw the records and  
25 stuff. Then they found one guy out of Denver,

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1 Colorado to take the case. During the course of  
2 the discovery he backed down off the case, uh, and  
3 so the case was dismissed by the court.

4 THE HEARING EXAMINER: And never  
5 re-filed?

6 THE WITNESS: No, it was never re-filed.  
7 I think it was dismissed with prejudice, I guess.

8 THE HEARING EXAMINER: Okay.

9 THE WITNESS: Those are the only two  
10 actions.

11 THE HEARING EXAMINER: Okay. Did you  
12 ever discuss with your patient, and I'm referring  
13 to the one who was on Benicar, about the risks and  
14 benefits of being on the medication?

15 THE WITNESS: Well, not specifically.  
16 Okay? The patient was aware that the internal  
17 medicine doctor and I were co-managing the  
18 patient. I did not tell her about the specific  
19 possibilities of the Benicar. If that's what  
20 you're asking me, no, I did not.

21 THE HEARING EXAMINER: I think you  
22 answered this when Ms. Snyder asked you this  
23 question, but the perinatologist, are those the  
24 same doctors that are considered high risk  
25 doctors?

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1 THE WITNESS: Exactly.

2 THE HEARING EXAMINER: Okay. And in your  
3 opinion, if you were to do it again, you would  
4 have referred her to a high risk doctor from the  
5 git-go?

6 THE WITNESS: Hindsight is always 20/20.  
7 Yeah.

8 THE HEARING EXAMINER: If you can look at  
9 Exhibit A which was your statement that you read  
10 into the record.

11 THE WITNESS: Yes.

12 THE HEARING EXAMINER: I just want to  
13 clarify something.

14 THE WITNESS: Uh-huh.

15 THE HEARING EXAMINER: In the last  
16 paragraph on Page 2 you --

17 THE WITNESS: Page 2. Okay.

18 THE HEARING EXAMINER: -- state, "My  
19 malpractice insurance is only for gynecology  
20 effective December, 2010."

21 THE WITNESS: December, 2010. Right.

22 THE HEARING EXAMINER: So currently do  
23 you have no malpractice insurance?

24 THE WITNESS: No, no, no.

25 THE HEARING EXAMINER: Okay.

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1 THE WITNESS: I have malpractice  
2 insurance for gynecology.

3 THE HEARING EXAMINER: Okay.

4 THE WITNESS: I'm not covered for  
5 obstetrics.

6 THE HEARING EXAMINER: I see what you're  
7 saying.

8 THE WITNESS: That draws my premium down  
9 \$40,000.

10 THE HEARING EXAMINER: Okay. It says,  
11 "In order to maintain current status..."

12 THE WITNESS: I will explain what that  
13 means.

14 THE HEARING EXAMINER: That is where I  
15 got confused.

16 THE WITNESS: As a part of the teaching  
17 faculty, uh, as we teach residents and medical  
18 students, the hospital indemnifies us during that  
19 whole teaching process. But in order for me to  
20 participate in that, I have to be able to not have  
21 a restriction on my license as it relates to  
22 obstetrics. Now, I don't practice obstetrics  
23 anymore. No. Okay. Do you understand what I am  
24 saying?

25 THE HEARING EXAMINER: Yes.

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1 THE WITNESS: To be fully credentialed by  
2 the hospital, I have to have the obstetrics as  
3 well as the GYN privilege.

4 THE HEARING EXAMINER: In Ohio?

5 THE WITNESS: In that particular  
6 hospital.

7 THE HEARING EXAMINER: Okay.

8 THE WITNESS: In The Christ Hospital I'm  
9 talking about.

10 THE HEARING EXAMINER: Which is in Ohio?

11 THE WITNESS: Right. In Cincinnati, yes.

12 THE HEARING EXAMINER: Okay.

13 THE WITNESS: As well as the University  
14 of Cincinnati, the medical school there and -- and  
15 their hospital situation.

16 THE HEARING EXAMINER: Because you have a  
17 limitation on your Kentucky license, does it  
18 affect your privileges at the Ohio hospital?

19 THE WITNESS: It affects my -- Pending  
20 review of this panel, it affects my -- Everyone  
21 states that with that Order here where you can't  
22 do obstetrics, I'm not asking to do obstetrics. I  
23 don't want to do obstetrics.

24 THE HEARING EXAMINER: Right.

25 THE WITNESS: I'm not going to do

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1 obstetrics anymore. But that restriction says,  
2 well, we can't make you a part of the teaching  
3 faculty because we've got this restriction on it.  
4 Do you understand what I'm saying?

5 THE HEARING EXAMINER: Yes.

6 THE WITNESS: Okay.

7 THE HEARING EXAMINER: But I'm not sure  
8 you understand what I am asking.

9 THE WITNESS: Okay. Maybe I'm not  
10 understanding your question.

11 THE HEARING EXAMINER: Because currently  
12 your Ohio license is not restricted; right?

13 THE WITNESS: Exactly.

14 THE HEARING EXAMINER: If it stays that  
15 way, are you going to still be able to have  
16 privileges?

17 THE WITNESS: Yes. If my license is not  
18 affected, I'm good.

19 THE HEARING EXAMINER: Okay. Even though  
20 it is in Kentucky?

21 THE WITNESS: Right.

22 THE HEARING EXAMINER: Okay. That's  
23 where I was going.

24 THE WITNESS: Yeah.

25 THE HEARING EXAMINER: Okay.

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1           THE WITNESS: Everything in those letters  
2 and all this involved here, uh, what's going to  
3 happen out of that is going to affect what we're  
4 going to do.

5           THE HEARING EXAMINER: Okay. And if you  
6 can look at Exhibit D, which is the letter from  
7 CPEP, it appears that you had two reviews of your  
8 charts already so far?

9           THE WITNESS: Yes.

10          THE HEARING EXAMINER: May and July of  
11 this year?

12          THE WITNESS: Yes.

13          THE HEARING EXAMINER: Have they been  
14 approved?

15          THE WITNESS: Yes, they have been  
16 approved. Now, the -- Well, we submit the charts,  
17 they review them, and then we critique those over  
18 the phone.

19          THE HEARING EXAMINER: Uh-huh.

20          THE WITNESS: We've done that on two  
21 occasions. We've got one more that's coming up  
22 and that's the final one. It's over a six-month  
23 period of time dating back to the initial seminar  
24 which was in March.

25          THE HEARING EXAMINER: Okay. And then

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1 will you be done with the chart review after the  
2 one in September?

3 THE WITNESS: Yes. I'll be done with  
4 that, yes.

5 THE HEARING EXAMINER: Okay.

6 THE WITNESS: And I'll be fully complied  
7 and the records are good.

8 THE HEARING EXAMINER: So the only thing  
9 that will be left for the Kentucky Order will just  
10 be the restriction on obstetrics?

11 THE WITNESS: Right.

12 THE HEARING EXAMINER: Okay.

13 THE WITNESS: Had I known they were going  
14 to put this five years in here, I would have gone  
15 to this hearing and pleaded me case and what have  
16 you. I probably would have found some money to go  
17 to Denver to do this remediation. I -- But I felt  
18 that my practice, I'm going to stop in two months,  
19 you know, what's the point. Well, I guess there  
20 was a point and I'm suffering the point.

21 THE HEARING EXAMINER: Okay. That's all  
22 the questions I have for you.

23 Ms. Snyder, do you have any follow-up  
24 questions as to the questions that I asked?

25 MS. SNYDER: No.



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1 THE HEARING EXAMINER: Okay. Thank you.

2 Doctor, is there anything else that you  
3 would like to add.

4 THE WITNESS: Yes. What's the process  
5 now? Will you make a recommendation to the Board?

6 THE HEARING EXAMINER: Right. I will  
7 discuss that at the end.

8 THE WITNESS: Oh, okay.

9 THE HEARING EXAMINER: I will go through  
10 it step-by-step. If you have any further  
11 questions after that, you may ask them.

12 THE WITNESS: Okay.

13 THE HEARING EXAMINER: Is there anything  
14 else that you would like to add in your testimony?

15 THE WITNESS: No, I do not.

16 THE HEARING EXAMINER: You will have an  
17 opportunity to make a closing argument after  
18 Ms. Snyder.

19 THE WITNESS: All right. Thank you.

20 THE HEARING EXAMINER: With that, would  
21 you like to offer your exhibits into evidence?

22 THE WITNESS: Yes. You --

23 THE HEARING EXAMINER: Okay.

24 THE WITNESS: -- have them in front of  
25 you.

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1 THE HEARING EXAMINER: So we have  
2 Respondent's Exhibits A through H.

3 Ms. Snyder, do you have any objections to  
4 his exhibits?

5 MS. SNYDER: No objection.

6 THE HEARING EXAMINER: Okay.  
7 Respondent's Exhibits A through H will hereby be  
8 admit entered into evidence.

9 - - -

10 Thereupon, Respondent's Exhibits A  
11 through H were received into evidence.

12 - - -

13 THE HEARING EXAMINER: With that, Doctor,  
14 are you closing your case at this point? I don't  
15 mean your closing argument but your documents.

16 THE WITNESS: I have no other documents  
17 to present nor statements to make.

18 THE HEARING EXAMINER: Okay. Thank you.

19 Ms. Snyder, are you ready for your  
20 closing?

21 MS. SNYDER: Uh-huh.

22 THE HEARING EXAMINER: Or would you like  
23 a five-minute break?

24 MS. SNYDER: No, I'm ready.

25 THE HEARING EXAMINER: Okay. You may

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1 proceed.

2 MS. SNYDER: Well, the State -- Again,  
3 this is a bootstrap case. The State has alleged a  
4 violation of 4731.22(B)22 which means that the  
5 State Medical Board of Ohio can take action on  
6 Dr. Bowers license because he's had action in  
7 Kentucky taken on his license.

8 The State has met its burden of proof.  
9 It's put on its certified documents from Kentucky.  
10 There really is no factual dispute. The State  
11 also recognizes that there are a lot of mitigating  
12 factors in this case.

13 Dr. Bowers has come and explained with  
14 sincerity what appears to have happened to lead to  
15 the malpractice action. He's been very candid in  
16 his retirement plans. He has answered questions  
17 about his practice, his past practice, his future  
18 practice, uh, and about this particular patient.

19 Therefore, the State would respectfully  
20 request that you take appropriate action on  
21 Dr. Bowers license given all of the mitigating  
22 circumstances and the State's meeting its burden  
23 of proof. Thank you.

24 THE HEARING EXAMINER: Thank you,  
25 Ms. Snyder.

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1           Dr. Bowers, would you like to make a  
2 closing argument?

3           THE WITNESS: Well, I welcome this  
4 opportunity to come and explain the circumstances  
5 of this case. Certainly if I had to do it again,  
6 I probably would have done it a little bit  
7 differently.

8           I've had 35 years of good practice in the  
9 State of Ohio. I've taken excellent care of my  
10 patients. I've been a service to my community.  
11 I've been aboveboard with the Kentucky Board and  
12 with the Ohio State Board as it relates to the  
13 circumstances of this case.

14           I'm in the twilight of my practice. I  
15 would not want to be restricted in what I want do.  
16 You know, I'm one of the better teachers in our  
17 department at the medical school and at The Christ  
18 Hospital that I attend. I've been recognized as  
19 such. I serve on hospital committees. I've been  
20 active in my community. I've gone even abroad to  
21 do medical relief work and to do teaching.

22           To have an encumbrance on my license  
23 would severely would affect my ability to continue  
24 what I'm doing. I pray and hope that this panel  
25 will recommend to the Board that no encumbrances

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1 be placed upon my license.

2 As I stated before, I have not set foot  
3 in the State of Kentucky to do any medical work.  
4 Never delivered a baby there. Never performed any  
5 surgery there. The purpose of that license was to  
6 have access to the market. My patients come for  
7 prescription writing and this kind of thing is  
8 concerned.

9 I pray and hope that this Board gives me  
10 a favorable decision that I may continue to do as  
11 I'm doing in the twilight of my practice, uh, to  
12 do the good work that I've always done.

13 THE HEARING EXAMINER: Thank you,  
14 Dr. Bowers.

15 THE WITNESS: Thank you.

16 THE HEARING EXAMINER: I'm now going to  
17 tell you about how it will proceed from this point  
18 forward.

19 THE WITNESS: Okay.

20 THE HEARING EXAMINER: But first I would  
21 like to thank you very much for appearing here  
22 today.

23 In about two to three weeks I will  
24 receive a transcript of the testimony presented  
25 here today. I will review the testimony and also

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1 the exhibits that were admitted into evidence. I  
2 will prepare a Report and Recommendation.

3 The Report and Recommendation has a  
4 couple of components. Basically what it is, it's  
5 a recommendation to the Board of how to proceed  
6 with your case. The Board could either accept my  
7 recommendation, modify it, or completely reject  
8 it. It's basically up to them.

9 When I do complete my Report and  
10 Recommendation, I will file it with the Board.  
11 The Board's staff will mail you a copy. It will  
12 also send one to Ms. Snyder. Along with the  
13 Report and Recommendation there's going to be a  
14 very important letter that accompanies it. It's  
15 going to tell you a couple different things.

16 The first thing that the letter is going  
17 to tell you is the date and time that the Board is  
18 going to meet to consider your matter. The Board  
19 meets monthly. So probably October, November your  
20 case will be in front. Because the deadline is  
21 next week, I wouldn't be able to get it until  
22 September.

23 THE WITNESS: Uh-huh.

24 THE HEARING EXAMINER: But October  
25 possibly.

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1           The letter is also going to advise you  
2           that you have a right to submit written objections  
3           to the Report and Recommendation, if you have any.  
4           And you have to submit those objections by a  
5           certain date. The letter will inform you of that  
6           date.

7           The letter is also going to let you know  
8           that you have an opportunity to address the Board  
9           when the Board considers your matter. I highly,  
10          highly recommend that you address the Board. It's  
11          very important for you to put a face with a name  
12          and to be able to talk to the Board. It's very  
13          helpful. But if you choose to do so, you have to  
14          file a request to address the Board by a certain  
15          date and I believe that date is also included in  
16          the letter. A copy of that request will be  
17          provided to Ms. Snyder.

18          When you address the Board, you will be  
19          given five minutes to make a statement. There  
20          will be a timer up there that will let you know  
21          how much time you have. The Board may ask you  
22          questions; it may not ask you questions.  
23          Ms. Snyder will also then have an opportunity to  
24          address the Board as well.

25          In the absence of any unusual

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1 circumstances, the Board will consider your matter  
2 and make a final determination at that meeting.  
3 So you will know when you walk out of there what  
4 the Board plans to do. You will then be notified  
5 of the Board's final determination by mail.

6 Do you have any questions from there?

7 THE WITNESS: No.

8 THE HEARING EXAMINER: Okay. Thank you.

9 This matter --

10 THE WITNESS: Oh, one question.

11 THE HEARING EXAMINER: Sure.

12 THE WITNESS: Right now my license is  
13 still as is?

14 THE HEARING EXAMINER: Correct.

15 THE WITNESS: Pending what your  
16 recommendation and the Board's action is?

17 THE HEARING EXAMINER: Yes.

18 THE WITNESS: Okay.

19 THE HEARING EXAMINER: Yes.

20 THE WITNESS: All right.

21 THE HEARING EXAMINER: And as I said  
22 before, I would hope to have it for the October  
23 meeting. But there's just no possible way for me  
24 to have it for the September meeting because of  
25 the deadline next week. Okay?



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1 THE? WITNESS: Okay.

2 (Witness excused.)

3 THE HEARING EXAMINER: All right. Thank  
4 you very much.

5 DR. BOWERS: Thank you.

6 MS. SNYDER: Thank you.

7 THE HEARING EXAMINER: This matter is now  
8 submitted on the record.

9 - - -

10 (Thereupon, the hearing was concluded at  
11 11:00 o'clock a.m. on Thursday,  
12 August 11, 2011.)

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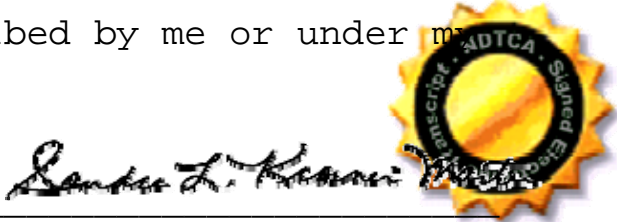
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614.431.1344 COLUMBUS, OHIO 800.498.2451

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State of Ohio, )  
) SS:  
County of Franklin, )  
- - -

I, Sandra L. Krosner-Martin, Registered Professional Reporter and Notary Public in and for the State of Ohio, hereby certify that the foregoing is a true and accurate transcript of the proceedings hereinbefore set forth, as reported in stenotype by me and transcribed by me or under my supervision.



Sandra L. Krosner-Martin,  
Registered Professional  
Reporter and Notary  
Public in and for the  
State of Ohio

My Commission Expires: September 15, 2013.

- - -

**STAT S**

**I ITS**

# State Medical Board of Ohio

30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127

Richard A. Whitehouse, Esq.  
Executive Director

(614) 466-3934  
med.ohio.gov

May 11, 2011

Case number: 11-CRF-049

Walter Thomas Bowers II, M.D.  
765 Windings Lane  
Cincinnati, OH 45220

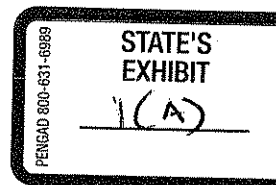
Dear Doctor Bowers:

In accordance with Chapter 119., Ohio Revised Code, you are hereby notified that the State Medical Board of Ohio [Board] intends to determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery, or to reprimand you or place you on probation for one or more of the following reasons:

- (1) On or about January 20, 2011, the Kentucky Board of Medical Licensure [Kentucky Board] issued an Agreed Order which temporarily limits your license to practice medicine in the Commonwealth of Kentucky. Specifically, the Agreed Order provides, *inter alia*, that you shall refrain from engaging in the practice of obstetrics and from performing any obstetric procedure in the Commonwealth of Kentucky for a period of five years. A copy of the Agreed Order is attached hereto and incorporated herein.

The Agreed Order, as alleged in paragraph (1) above, constitutes "[a]ny of the following actions taken by the agency responsible for regulating the practice of medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, or the limited branches of medicine in another jurisdiction, for any reason other than the nonpayment of fees: the limitation, revocation, or suspension of an individual's license to practice; acceptance of an individual's license surrender; denial of a license; refusal to renew or reinstate a license; imposition of probation; or issuance of an order of censure or other reprimand," as that clause is used in Section 4731.22(B)(22), Ohio Revised Code.

Pursuant to Chapter 119., Ohio Revised Code, you are hereby advised that you are entitled to a hearing in this matter. If you wish to request such hearing, the request must be made in writing and must be received in the offices of the State Medical Board within thirty days of the time of mailing of this notice.



000001

*Mailed 5-12-11*

You are further advised that, if you timely request a hearing, you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is permitted to practice before this agency, or you may present your position, arguments, or contentions in writing, and that at the hearing you may present evidence and examine witnesses appearing for or against you.

In the event that there is no request for such hearing received within thirty days of the time of mailing of this notice, the State Medical Board may, in your absence and upon consideration of this matter, determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery or to reprimand you or place you on probation.

Please note that, whether or not you request a hearing, Section 4731.22(L), Ohio Revised Code, provides that "[w]hen the board refuses to grant a certificate to an applicant, revokes an individual's certificate to practice, refuses to register an applicant, or refuses to reinstate an individual's certificate to practice, the board may specify that its action is permanent. An individual subject to a permanent action taken by the board is forever thereafter ineligible to hold a certificate to practice and the board shall not accept an application for reinstatement of the certificate or for issuance of a new certificate."

Copies of the applicable sections are enclosed for your information.

Very truly yours,



Lance A. Talmage, M.D.  
Secretary

LAT/AMM/flb  
Enclosures

CERTIFIED MAIL #91 7108 2133 3938 3023 5128  
RETURN RECEIPT REQUESTED

000002

FILED OF RECORD

JAN 20 2011

COMMONWEALTH OF KENTUCKY  
BOARD OF MEDICAL LICENSURE  
CASE NO. 1309

K.B.M.L.

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF  
KENTUCKY HELD BY WALTER T. BOWERS, M.D., LICENSE NO. 32910,  
3131 HARVEY AVENUE, #204, CINCINNATI, OHIO 45229

**AGREED ORDER**

Comes now the Kentucky Board of Medical Licensure ("the Board"), acting by  
and through its Hearing Panel B, and Walter T. Bowers, M.D. ("the licensee"), and,  
based upon their mutual desire to fully and finally resolve the pending Complaint, hereby  
ENTER INTO the following AGREED ORDER:

**STIPULATIONS OF FACT**

The parties stipulate the following facts, which serve as the factual bases for this  
Agreed Order:

1. At all relevant times, Walter T. Bowers, M.D., was licensed by the Board to practice  
medicine in the Commonwealth of Kentucky.
2. The licensee's medical specialty is obstetrics/gynecology.
3. On January 17, 2007, a malpractice action was filed against the licensee, alleging that  
the patient's fetus died as the result of the licensee permitting a patient to continue to  
take the anti-hypertensive drug, Benicar HC, during her pregnancy. The date of the  
occurrence was July 18, 2006. The licensee settled the claim against him on May 5,  
2008 for \$250,000.
4. In his letter of explanation to the Board, the licensee stated, in part,

The patient has had pregnancies on two separate occasions which were managed and  
delivered without difficulty. She is a chronic hypertensive and has been managed by  
her internist. The patient was seen initially for this pregnancy on January 2, 2006.  
At that time she was being managed by her internist for control of hypertension with

atenolol and Benicar HCT. There were no untoward events during the antepartum period....The outcome of this pregnancy was fetal demise secondary to malformation incompatible with life....It was alleged that the fetal demise was secondary to the patient being maintained on the anti-hypertensive agent, Benicar HCT. The patient was managed for hypertension during this pregnancy by her internist, who continued the Benicar HCT. On July 20, 2006 with discussion with her internist, I changed the medication at 30 weeks gestation to Aldomet for continued hypertension management. During the period of gestation, hypertensive medication in question was never prescribed or renewed by me or my representatives. The hypertension management was solely the responsibility of the internal medicine practitioner. ...

5. On review, a Board member recommended that the case be reviewed by a Board consultant.
6. In a report dated August 30, 2009, the Board consultant concluded that the licensee's treatment of this patient was "below minimum standards," and constituted gross negligence. The consultant further concluded,

...I assume that Dr. Bowers knew she was taking Benicar, and it was his responsibility to decide if it's use was appropriate. The Obstetrician has to identify all medications a pregnant patient is taking, and decide if its use is appropriate.

The package insert says Benicar should be discontinued as soon as pregnancy is detected; that it does cause renal problems. Drugs in Pregnancy and Lactation, authored by Briggs, Freeman, and Yaffe, says the use of the drug in the second and third trimesters may cause teratogenicity and severe fetal and neonatal toxicity. It is a drug labeled as a risk factor of D in the third trimester. This means there is positive evidence of human fetal risk, but the benefits from use in pregnant women may be acceptable despite the risk [e.g. if the drug is needed in a life threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective.]

At delivery, the infant had multiple abnormalities, including renal tubular dysgenesis. I do not know if the drug was the direct cause of the infant's abnormalities; I suspect you could find experts to testify to both sides of this issue.

It is clearly below the standard of care for an Obstetrician to allow a pregnant patient to continue Benicar, even though it was prescribed by another Physician, without a documented discussion of the risks and benefits. If the drug was to be continued, a consultation with a Perinatologist would have been in order. To ignore the warnings in the package insert without serious discussion with the patient, and an absolute need for the drug, is a failure to conform to the standards of acceptable and prevailing medical practice within the Commonwealth of Kentucky.

This borders on gross ignorance, and is malpractice. Dr. Bowers may benefit from further training in the medical treatment of hypertension in pregnancy, and better evaluation of the history obtained from his patients.

7. Following this initial review, the Board obtained an additional five patient records for review by its consultant. The consultant concluded, in part,

...His care for all five patients is within minimum standards in the Commonwealth of Kentucky. His record keeping is poor with very few notes in the charts, and nothing to indicate his plan of care for complicated patients. There is apparently no effort made to obtain information about prior complicated pregnancies or medical illnesses.

8. Following its review of these consultant reports, the Panel initially asked the licensee to complete a clinical skills assessment, to assist the Panel in determining appropriate action. The licensee declined, citing his plans to discontinue his practice of obstetrics in December 2010 and the "prohibitive" costs of the assessment. After further review, the Panel asked the licensee, at a minimum, to successfully complete an approved Documentation Seminar and Post-program. The licensee has determined to do what the Panel has asked, in order to resolve this matter amicably, even though he plans to fully retire from the practice of medicine in approximately 2 years.

#### STIPULATED CONCLUSIONS OF LAW

The parties stipulate the following Conclusions of Law, which serve as the legal bases for this Agreed Order:

1. The licensee's medical license is subject to regulation and discipline by the Board.
2. Based upon the Stipulations of Fact, the licensee has engaged in conduct which violates the provisions of KRS 311.595(9), as illustrated by KRS 311.597(3) and (4). Accordingly, there are legal grounds for the parties to enter into this Agreed Order.



3. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully and finally resolve this pending Complaint without an evidentiary hearing by entering into an informal resolution such as this Agreed Order.

**AGREED ORDER**

Based upon the foregoing Stipulations of Fact and Stipulated Conclusions of Law, and, based upon their mutual desire to fully and finally resolve this pending Complaint without an evidentiary hearing, the parties hereby ENTER INTO the following

**AGREED ORDER:**

1. The license to practice medicine within the Commonwealth of Kentucky held by Walter T. Bowers, M.D., SHALL BE SUBJECT to this Agreed Order for a period of five (5) years from the date of filing of the Agreed Order.
2. During the effective period of this Agreed Order, the licensee's medical license SHALL BE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS:
  - a. The licensee SHALL NOT engage in the practice of Obstetrics and SHALL NOT perform any obstetric procedure;
  - b. Within twenty (20) days of the filing of this Agreed Order, the licensee SHALL make all necessary arrangements to enroll in the Documentation Seminar at the Center for Personalized Education for Physicians (CPEP), 7351 Lowry Boulevard, Suite 100, Denver, Colorado 80230 – 303/577-3232, at the earliest time available. The licensee shall complete the Documentation Seminar at the time and date(s) scheduled, at his expense;

- c. The licensee SHALL provide the Board's staff with written verification that he has successfully completed CPEP's Documentation Seminar, and has enrolled in the 6-month Personalized Implementation Program (PIP);
- d. The licensee SHALL successfully complete PIP and SHALL provide the Board's staff with written verification that he has successfully completed the 6-month CPEP Personalized Implementation Program promptly after completing that program.
- e. The licensee SHALL take all steps necessary, including signing any waiver and/or consent forms required to ensure that CPEP will provide a copy of any evaluations from the Documentation Course and Personalized Implementation Program to the Board's Legal Department promptly after its completion;
- e. The licensee SHALL permit the Board's agents to inspect, copy and/or obtain relevant records, upon request, for review by the Board's agents and/or consultants;
- f. The licensee SHALL reimburse the Board fully for the costs of each consultant review performed pursuant to this Agreed Order. Once the Board receives the invoice from the consultant(s) for each review, it will provide the licensee with a redacted copy of that invoice, omitting the consultant's identifying information. The licensee SHALL pay the costs noted on the invoice within thirty (30) days of the date on the Board's written notice. The licensee's failure to fully reimburse the Board within that time frame SHALL constitute a violation of this Agreed Order;

- g. The licensee understands and agrees that at least one consultant review must be performed, on terms determined by the Panel or its staff, before the Panel will consider a request to terminate this Agreed Order.
  - h. The licensee SHALL pay the costs of the investigation in the amount of \$300.00 within six (6) months from entry of this Agreed Order;
  - i. The licensee SHALL NOT violate any provision of KRS 311.595 and/or 311.597.
3. The licensee expressly agrees that if he should violate any term or condition of the Agreed Order, the licensee's practice will constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.592 and 13B.125. The parties further agree that if the Board should receive information that he has violated any term or condition of this Agreed Order, the Panel Chair is authorized by law to enter an Emergency Order of Suspension or Restriction immediately upon a finding of probable cause that a violation has occurred, after an *ex parte* presentation of the relevant facts by the Board's General Counsel or Assistant General Counsel. If the Panel Chair should issue such an Emergency Order, the parties agree and stipulate that a violation of any term or condition of this Agreed Order would render the licensee's practice an immediate danger to the health, welfare and safety of patients and the general public, pursuant to KRS 311.592 and 13B.125; accordingly, the only relevant question for any emergency hearing conducted pursuant to KRS 13B.125 would be whether the licensee violated a term or condition of this Agreed Order.

4. The licensee understands and agrees that any violation of the terms of this Agreed Order would provide a legal basis for additional disciplinary action, including revocation, pursuant to KRS 311.595(13).

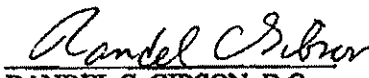
SO AGREED on this 7<sup>th</sup> day of January, 2011.

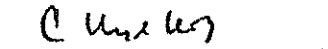
FOR THE LICENSEE:

  
WALTER T. BOWERS, M.D.

\_\_\_\_\_  
COUNSEL FOR THE LICENSEE  
(IF APPLICABLE)

FOR THE BOARD:

  
RANDEL C. GIBSON, D.O.  
CHAIR, HEARING PANEL B

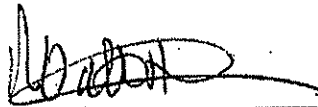
  
C. LLOYD VEST II  
General Counsel  
Kentucky Board of Medical Licensure  
310 Whittington Parkway, Suite 1B  
Louisville, Kentucky 40222  
(502) 429-7150

**WAIVER OF RIGHTS**

I, Walter T. Bowers, M.D., am presently the Respondent in Kentucky Board of Medical Licensure Case No. 1309. I understand that, under 201 KAR 9:082, I must waive certain rights if I wish to resolve this matter by informal dispensation. Accordingly, I WAIVE my right to raise any constitutional, statutory or common law objection(s) I may have to the Hearing Panel rejecting the proposed informal dispensation or to the curtailment of such a settlement by the Board's General Counsel or Assistant General Counsel.

Furthermore, if the Hearing Panel accepts the proposed Agreed Order as submitted, I WAIVE my right to demand an evidentiary hearing or to raise additional constitutional or statutory objections in this matter. However, if the Hearing Panel should reject the proposed Agreed Order, I understand that further proceedings will be conducted in accordance with KRS 311.530 et seq. and I will have the right to raise any objections normally available in such proceedings.

Executed this 20<sup>th</sup> day of January, 2011.



\_\_\_\_\_  
WALTER T. BOWERS, M.D.  
Respondent

\_\_\_\_\_  
COUNSEL FOR THE RESPONDENT  
(IF APPLICABLE)



Date: 05/24/2011

JACKIE MOORE:

The following is in response to your 05/24/2011 request for delivery information on your Certified Mail(TM) item number 7108 2133 3938 3023 5128. The delivery record shows that this item was delivered on 05/13/2011 at 04:36 PM in CINCINNATI, OH 45220. The scanned image of the recipient information is provided below.

Signature of Recipient:

A handwritten signature in black ink, appearing to read "Jackie Moore", written over a horizontal line. Below the line, the name "Jackie Moore" is printed in a smaller font.

Address of Recipient:

A handwritten address in black ink, "765 Winding", written over a horizontal line. Below the line, the address "765 Winding" is printed in a smaller font.

Thank you for selecting the Postal Service for your mailing needs. If you require additional assistance, please contact your local Post Office or postal representative.

Sincerely,

United States Postal Service

000011



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## Track & Confirm

### Search Results

Label/Receipt Number: 9171 0821 3339 3830 2351 28  
Class: First-Class Mail®  
Service(s): Return Receipt Electronic  
Status: Delivered

Your item was delivered at 4:36 pm on May 13, 2011 in CINCINNATI, OH 45220.

#### Detailed Results:

- Delivered, May 13, 2011, 4:36 pm, CINCINNATI, OH 45220
- Arrival at Unit, May 13, 2011, 7:33 am, CINCINNATI, OH 45219
- Electronic Shipping Info Received, May 12, 2011

#### Notification Options

*CITE - BOWERS, W*

#### Track & Confirm by email

Get current event information or updates for your item sent to you or others by email. [Go >](#)

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Verify who signed for your item by email. [Go >](#)

#### Track & Confirm

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000012

*Walter J. Bowers, II, M.D.*  
*Incorporated*  
*Female Medicine, Reproduction, Laser/Micro Surgery*

12 May 2011

State Medical Board of Ohio  
30 East Broad Street, 3<sup>rd</sup> Floor  
Columbus, OH 43215-6127

2011 MAY 23 PM 1:42

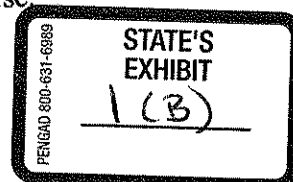
STATE MEDICAL BOARD  
OF OHIO

To Whom It May Concern:

In January of 2007 a malpractice action was brought against me and Drs. Keith Melvin and Patricia Okocha. This was for the management of pregnancy and the use of an antihypertensive drug. The date of the occurrence was 18 July 2006. The claim was settled on 5 May 2008 in the amount of \$250,000. This malpractice action was reported through the National Practitioner Data Bank. During the renewal process for the state of Kentucky, I responded to their inquires regarding the circumstances surrounding this issue and settlement. The Board requested review of the case and I submitted appropriate documentation relating to such. A Board member recommended that the case be reviewed by a consultant. The consultant concluded that the treatment of this patient was below the minimum standard of care and constituted gross negligence. As a result, the Board felt that a clinical assessment review was necessary. I communicated to the Board that I would no longer be engaged in the practice of obstetrics effective 30 November 2010. The Board also recommended that a review of my documentation procedures be performed. I submitted appropriate charts to the Board. It was felt that a remediation exercise would be appropriate. Since 1 December 2010 this practice has not been engaged in the provision of obstetrical services. The Board was notified of the action and the requirement of a clinical assessment evaluation was waived. However, the Board felt that I should engage in a remedial course as it relates to documentation.

I entered into an agreement to participate in a documentation seminar at The Center for Personalized Education for Physicians in Denver, CO to fulfill this requirement. The initial portion of this requirement was accomplished by attending a seminar on 11 March 2011. As a continuing remediation process, I have enrolled in the six month personalized implementation program.

It should be noted that my plans were to cease the practice of obstetrics on 1 December 2010 and the Board's order was effective on 20 January 2011. My practice of medicine is nearing an end with anticipated retirement in two to three years. The Board felt that resolution of this complaint would be best served by attending the documentation course.



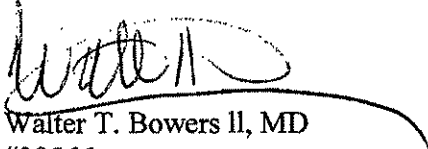
3131 Harvey Ave. • Suite 204 • Cincinnati, Ohio 45229 • (513) 381-6161



The agreed order states that I shall not practice obstetrics and shall not perform any obstetrical procedures for a period of five years in the state of Kentucky. I am in full compliance with the requirement for review and implementation. It was agreed and the panel accepted that this order could be resolved amicably even though I plan to retire in the near future.

Please find attached, a copy of the Agreed Order for your information. Should you desire additional information, I will be more than happy to comply.

Very truly yours,



Walter T. Bowers II, MD  
#39566

STATE MEDICAL BOARD  
OF OHIO  
2011 MAY 23 PM 1:42

*Walter T. Bowers, II, M.D.*  
*Incorporated*  
*Female Medicine, Reproduction, Laser/Mirco Surgery*

20 May 2011

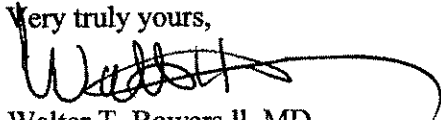
Lance A. Talmage, M.D.  
Secretary  
State Medical Board of Ohio  
30 East Broad Street, 3<sup>rd</sup> Floor  
Columbus, OH 43215-6127

Case number: 11-CRF-049

Dear Dr. Talmage:

I am in receipt of your letter dated 11 May 2011 regarding the above referenced case. It is requested that a hearing be granted for the resolution of the complaint. If the issue can be resolved without hearing, I will be more than happy to supply any needed documentation. Please find attached a letter forwarded to the Board on 12 May 2011 along with the Kentucky Agreed Order.

Very truly yours,



Walter T. Bowers II, MD  
#39566

2011 MAY 23 PM 1:42

STATE MEDICAL BOARD  
OF OHIO

# State Medical Board of Ohio

30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127

Richard A. Whitehouse, Esq.  
Executive Director

(614) 466-3934  
med.ohio.gov

May 24, 2011

Walter T. Bowers, II, M.D.  
765 Windings Lane  
Cincinnati, OH 45220

RE: Case Number 11-CRF-049

Dear Dr. Bowers:

This is in response to your letter dated May 20, 2011, and received in the Medical Board offices on May 23, 2011, requesting a formal hearing.

Please be advised that the State Medical Board of Ohio initially set your hearing for Monday, June 6, 2011, at 1:30 p.m., in the offices of the State Medical Board of Ohio, 30 E. Broad Street, 3<sup>rd</sup> Floor, Columbus, Ohio; however, in order to more efficiently conduct its business, this Board postponed the hearing pursuant to Section 119.09, Revised Code, and you will be advised of the rescheduled date.

The Board's rules governing administrative hearings (Chapter 4731-13, Ohio Administrative Code) and the Board's disciplinary guidelines are available through the Board's website at <http://med.ohio.gov>. Enclosed for your information is a copy of the Board's advisory on post-citation settlement agreements. Please note that, in order to maintain orderly administration of the hearing process, no settlement agreements will be executed within 72 hours of the first day of hearing and that no continuances will be granted for purposes of settlement discussions. It is thus imperative that the office of the Attorney General be contacted immediately at (614) 466-8600, should you be contemplating settlement.

Very truly yours,

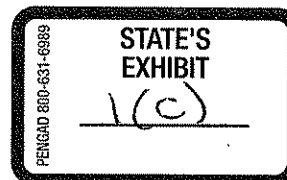


Barbara A. Jacobs  
Senior Executive Staff Attorney

BAJ: jam  
Enclosures

CERTIFIED MAIL NO. 91 7108 2133 3938 3019 7822  
RETURN RECEIPT REQUESTED

CC: Katherine J. Bockbrader, Assistant Attorney General



Steven L. Beshear  
Governor



Preston P. Nunnelley, M.D.  
President

## KENTUCKY BOARD OF MEDICAL LICENSURE

Hurstbourne Office Park  
310 Whittington Parkway, Suite 1B  
Louisville, Kentucky 40222  
Telephone (502) 429-7150  
www.kbml.ky.gov

Date: March 28, 2011

From: Bertha L. Wallen, Open Records Custodian

Via: First Class Mail

Re: Walter Thomas Bowers, M.D.

This record is [ X ] certified [ ] not certified

Please find attached the document(s) you requested pursuant to the Kentucky Open Records Act. The Kentucky Board of Medical Licensure is a State agency, which is responsible for maintaining the records concerning medical licensure pursuant to KRS 311.530.

Thank you for allowing us to be of assistance. If you require additional information, please do not hesitate to call our office.

### CERTIFICATION

I, Bertha L. Wallen, custodian of the records for the Kentucky Board of Medical Licensure, hereby certify that the attached are true and exact copies of the documents on file with this office.

  
\_\_\_\_\_  
Bertha L. Wallen, Open Records Custodian

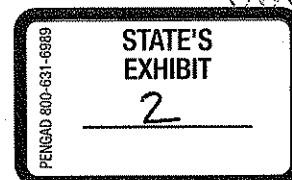
TO: Fonda Brooks  
State Medical Board of Ohio  
30 East Broad St., 3<sup>rd</sup> Floor  
Columbus, OH 43215-6127

MEDICAL BOARD

MAR 31 2011

BOARD SEAL

000001



JAN 20 2011

COMMONWEALTH OF KENTUCKY  
BOARD OF MEDICAL LICENSURE  
CASE NO. 1309

K.B.M.L.

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF  
KENTUCKY HELD BY WALTER T. BOWERS, M.D., LICENSE NO. 32910,  
3131 HARVEY AVENUE, #204, CINCINNATI, OHIO 45229

AGREED ORDER

Comes now the Kentucky Board of Medical Licensure ("the Board"), acting by  
and through its Hearing Panel B, and Walter T. Bowers, M.D. ("the licensee"), and,  
based upon their mutual desire to fully and finally resolve the pending Complaint, hereby  
ENTER INTO the following AGREED ORDER:

STIPULATIONS OF FACT

The parties stipulate the following facts, which serve as the factual bases for this  
Agreed Order:

1. At all relevant times, Walter T. Bowers, M.D., was licensed by the Board to practice  
medicine in the Commonwealth of Kentucky.
2. The licensee's medical specialty is obstetrics/gynecology.
3. On January 17, 2007, a malpractice action was filed against the licensee, alleging that  
the patient's fetus died as the result of the licensee permitting a patient to continue to  
take the anti-hypertensive drug, Benicar HC, during her pregnancy. The date of the  
occurrence was July 18, 2006. The licensee settled the claim against him on May 5,  
2008 for \$250,000.
4. In his letter of explanation to the Board, the licensee stated, in part,

The patient has had pregnancies on two separate occasions which were managed and  
delivered without difficulty. She is a chronic hypertensive and has been managed by  
her internist. The patient was seen initially for this pregnancy on January 2, 2006.  
At that time she was being managed by her internist for control of hypertension with

MEDICAL BOARD

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atenolol and Benicar HCT. There were no untoward events during the antepartum period...The outcome of this pregnancy was fetal demise secondary to malformation incompatible with life...It was alleged that the fetal demise was secondary to the patient being maintained on the anti-hypertensive agent, Benicar HCT. The patient was managed for hypertension during this pregnancy by her internist, who continued the Benicar HCT. On July 20, 2006 with discussion with her internist, I changed the medication at 30 weeks gestation to Aldomet for continued hypertension management. During the period of gestation, hypertensive medication in question was never prescribed or renewed by me or my representatives. The hypertension management was solely the responsibility of the internal medicine practitioner. ...

5. On review, a Board member recommended that the case be reviewed by a Board consultant.
6. In a report dated August 30, 2009, the Board consultant concluded that the licensee's treatment of this patient was "below minimum standards," and constituted gross negligence. The consultant further concluded,

...I assume that Dr. Bowers knew she was taking Benicar, and it was his responsibility to decide if it's use was appropriate. The Obstetrician has to identify all medications a pregnant patient is taking, and decide if its use is appropriate.

The package insert says Benicar should be discontinued as soon as pregnancy is detected; that it does cause renal problems. Drugs in Pregnancy and Lactation, authored by Briggs, Freeman, and Yaffe, says the use of the drug in the second and third trimesters may cause teratogenicity and severe fetal and neonatal toxicity. It is a drug labeled as a risk factor of D in the third trimester. This means there is positive evidence of human fetal risk, but the benefits from use in pregnant women may be acceptable despite the risk [e.g. if the drug is needed in a life threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective.]

At delivery, the infant had multiple abnormalities, including renal tubular dysgenesis. I do not know if the drug was the direct cause of the infant's abnormalities; I suspect you could find experts to testify to both sides of this issue.

It is clearly below the standard of care for an Obstetrician to allow a pregnant patient to continue Benicar, even though it was prescribed by another Physician, without a documented discussion of the risks and benefits. If the drug was to be continued, a consultation with a Perinatologist would have been in order. To ignore the warnings in the package insert without serious discussion with the patient, and an absolute need for the drug, is a failure to conform to the standards of acceptable and prevailing medical practice within the Commonwealth of Kentucky.

This borders on gross ignorance, and is malpractice. Dr. Bowers may benefit from further training in the medical treatment of hypertension in pregnancy, and better evaluation of the history obtained from his patients.

MEDICAL BOARD

7. Following this initial review, the Board obtained an additional five patient records for review by its consultant. The consultant concluded, in part,

...His care for all five patients is within minimum standards in the Commonwealth of Kentucky. His record keeping is poor with very few notes in the charts, and nothing to indicate his plan of care for complicated patients. There is apparently no effort made to obtain information about prior complicated pregnancies or medical illnesses.

8. Following its review of these consultant reports, the Panel initially asked the licensee to complete a clinical skills assessment, to assist the Panel in determining appropriate action. The licensee declined, citing his plans to discontinue his practice of obstetrics in December 2010 and the "prohibitive" costs of the assessment. After further review, the Panel asked the licensee, at a minimum, to successfully complete an approved Documentation Seminar and Post-program. The licensee has determined to do what the Panel has asked, in order to resolve this matter amicably, even though he plans to fully retire from the practice of medicine in approximately 2 years.

STIPULATED CONCLUSIONS OF LAW

The parties stipulate the following Conclusions of Law, which serve as the legal bases for this Agreed Order:

1. The licensee's medical license is subject to regulation and discipline by the Board.
2. Based upon the Stipulations of Fact, the licensee has engaged in conduct which violates the provisions of KRS 311.595(9), as illustrated by KRS 311.597(3) and (4). Accordingly, there are legal grounds for the parties to enter into this Agreed Order.

3. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully and finally resolve this pending Complaint without an evidentiary hearing by entering into an informal resolution such as this Agreed Order.

**AGREED ORDER**

Based upon the foregoing Stipulations of Fact and Stipulated Conclusions of Law, and, based upon their mutual desire to fully and finally resolve this pending Complaint without an evidentiary hearing, the parties hereby ENTER INTO the following

**AGREED ORDER:**

1. The license to practice medicine within the Commonwealth of Kentucky held by Walter T. Bowers, M.D., SHALL BE SUBJECT to this Agreed Order for a period of five (5) years from the date of filing of the Agreed Order.
2. During the effective period of this Agreed Order, the licensee's medical license SHALL BE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS:
  - a. The licensee SHALL NOT engage in the practice of Obstetrics and SHALL NOT perform any obstetric procedure;
  - b. Within twenty (20) days of the filing of this Agreed Order, the licensee SHALL make all necessary arrangements to enroll in the Documentation Seminar at the Center for Personalized Education for Physicians (CPEP), 7351 Lowry Boulevard, Suite 100, Denver, Colorado 80230 – 303/577-3232, at the earliest time available. The licensee shall complete the Documentation Seminar at the time and date(s) scheduled, at his expense;

MEDICAL BOARD

MAR 31 2011

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- c. The licensee SHALL provide the Board's staff with written verification that he has successfully completed CPEP's Documentation Seminar, and has enrolled in the 6-month Personalized Implementation Program (PIP);
- d. The licensee SHALL successfully complete PIP and SHALL provide the Board's staff with written verification that he has successfully completed the 6-month CPEP Personalized Implementation Program promptly after completing that program.
- e. The licensee SHALL take all steps necessary, including signing any waiver and/or consent forms required to ensure that CPEP will provide a copy of any evaluations from the Documentation Course and Personalized Implementation Program to the Board's Legal Department promptly after its completion;
- e. The licensee SHALL permit the Board's agents to inspect, copy and/or obtain relevant records, upon request, for review by the Board's agents and/or consultants;
- f. The licensee SHALL reimburse the Board fully for the costs of each consultant review performed pursuant to this Agreed Order. Once the Board receives the invoice from the consultant(s) for each review, it will provide the licensee with a redacted copy of that invoice, omitting the consultant's identifying information. The licensee SHALL pay the costs noted on the invoice within thirty (30) days of the date on the Board's written notice. The licensee's failure to fully reimburse the Board within that time frame SHALL constitute a violation of this Agreed Order;

MEDICAL BOARD

MAR 31 2011

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- g. The licensee understands and agrees that at least one consultant review must be performed, on terms determined by the Panel or its staff, before the Panel will consider a request to terminate this Agreed Order.
  - h. The licensee SHALL pay the costs of the investigation in the amount of \$300.00 within six (6) months from entry of this Agreed Order;
  - i. The licensee SHALL NOT violate any provision of KRS 311.595 and/or 311.597.
3. The licensee expressly agrees that if he should violate any term or condition of the Agreed Order, the licensee's practice will constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.592 and 13B.125. The parties further agree that if the Board should receive information that he has violated any term or condition of this Agreed Order, the Panel Chair is authorized by law to enter an Emergency Order of Suspension or Restriction immediately upon a finding of probable cause that a violation has occurred, after an *ex parte* presentation of the relevant facts by the Board's General Counsel or Assistant General Counsel. If the Panel Chair should issue such an Emergency Order, the parties agree and stipulate that a violation of any term or condition of this Agreed Order would render the licensee's practice an immediate danger to the health, welfare and safety of patients and the general public, pursuant to KRS 311.592 and 13B.125; accordingly, the only relevant question for any emergency hearing conducted pursuant to KRS 13B.125 would be whether the licensee violated a term or condition of this Agreed Order.

MEDICAL BOARD

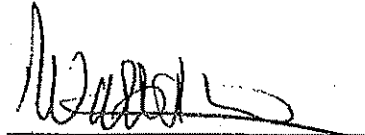
MAR 31 2013

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4. The licensee understands and agrees that any violation of the terms of this Agreed Order would provide a legal basis for additional disciplinary action, including revocation, pursuant to KRS 311.595(13).


SO AGREED on this 20<sup>th</sup> day of January, 2011.

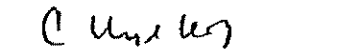
FOR THE LICENSEE:

  
WALTER T. BOWERS, M.D.

COUNSEL FOR THE LICENSEE  
(IF APPLICABLE)

FOR THE BOARD:

  
RANDEL C. GIBSON, D.O.  
CHAIR, HEARING PANEL B

  
C. LLOYD VEST II  
General Counsel  
Kentucky Board of Medical Licensure  
310 Whittington Parkway, Suite 1B  
Louisville, Kentucky 40222  
(502) 429-7150

MEDICAL LICENSURE

MAR 31 2011

**WAIVER OF RIGHTS**

I, Walter T. Bowers, M.D., am presently the Respondent in Kentucky Board of Medical Licensure Case No. 1309. I understand that, under 201 KAR 9:082, I must waive certain rights if I wish to resolve this matter by informal dispensation. Accordingly, I WAIVE my right to raise any constitutional, statutory or common law objection(s) I may have to the Hearing Panel rejecting the proposed informal dispensation or to the curtailment of such a settlement by the Board's General Counsel or Assistant General Counsel.

Furthermore, if the Hearing Panel accepts the proposed Agreed Order as submitted, I WAIVE my right to demand an evidentiary hearing or to raise additional constitutional or statutory objections in this matter. However, if the Hearing Panel should reject the proposed Agreed Order, I understand that further proceedings will be conducted in accordance with KRS 311.530 et seq, and I will have the right to raise any objections normally available in such proceedings.

Executed this 26<sup>th</sup> day of January, 2011.



---

WALTER T. BOWERS, M.D.  
Respondent

---

COUNSEL FOR THE RESPONDENT  
(IF APPLICABLE)

MEDICAL BOARD

MAR 31 2011

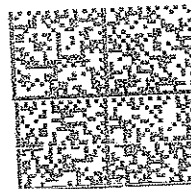
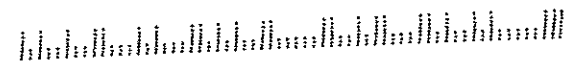


**BOARD OF MEDICAL LICENSURE**

Hurstbourne Office Park  
310 Whittington Parkway, Suite 1B  
Louisville, Kentucky 40222

Fonda Brooks  
State Medical Board of Ohio  
30 East Broad St., 3<sup>rd</sup> Floor  
Columbus, OH 43215-6127

432156127 0018



#Receipt

049J82030552  
\$00.610  
03/28/2011  
Mailed From 40222  
US POSTAGE

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Respondent  
Ex B  
08-11-11

CURRICULUM VITAE

Walter T. Bowers II, M.D.

Home Address: 765 Windings Lane  
Cincinnati, Ohio 45220  
513-751-8140

Business Address: Walter T. Bowers II, M.D., Incorporated  
3131 Harvey Avenue  
Suite #204  
Cincinnati, Ohio 45229  
513-381-6161  
513-381-6171 (Fax)  
E-mail: docdip@aol.com

Born: 28 September 1945  
Orangeburg, South Carolina

Citizenship: United States

Married: Venta Conchita Dean Bowers

Children: Jamelle Renee  
Walter Thomas III

Education: Xavier University  
Cincinnati, Ohio  
Sep 1995-Oct 1996  
Physician Leadership and Management Education Program

University of Cincinnati Medical Center  
Cincinnati, Ohio  
1975-1979  
Resident-Obstetrics and Gynecology

University of Michigan Medical School  
Ann Arbor, Michigan  
1971-1975  
Doctor of Medicine

Florida State University  
Eglin AFB, Florida  
1968-1971  
Further Study

Okaloosa-Walton Junior College  
Niceville, Florida  
1967  
Further Study

States Ex  
3  
08-11-11

Education(continued)

U.S. Army Chemical School  
Fort McClellan, Alabama  
1967  
Diploma

Tuskegee Institute  
Tuskegee Institute, Alabama  
1963-1967  
BS with Honors-Biology

National Science Foundation  
Bennett College  
Greensboro, North Carolina  
1960

Wilkinson High School  
Orangeburg, South Carolina  
1959-1963  
Diploma-Valedictorian

Christ The King Elementary School  
Orangeburg, South Carolina  
1951-1959  
Diploma-Valedictorian

Medical Licensure: Ohio 1976  
Indiana 1994  
Kentucky 1997

Church Affiliation: Mount Zion United Methodist Church  
Chairman-Administrative Council  
Associate Lay Leader  
Chairman-Long Range Planning Committee  
New Vision United Methodist Church  
Chairman-Administrative Council  
Chairman-Building Committee

Occupation: Physician-Private Practice  
Medical Specialty-Obstetrics and Gynecology  
Special Interest- Infertility/Microsurgery

Hospital Affiliation: The Christ Hospital  
Bethesda Hospital  
Childrens Hospital Medical Center  
Jewish Hospital  
Deaconess Hospital  
Good Samaritan Hospital  
University of Cincinnati Medical Center

Academic Affiliation: Admissions Committee  
University of Cincinnati Medical School  
1990-Present

Volunteer Assistant Professor- Obstetrics & Gynecology  
University of Cincinnati Medical School  
1987-Present

Assistant Clinical Professor- Obstetrics & Gynecology  
Co-Director, Division of Gynecology  
Resident Education Committee  
University of Cincinnati Medical School  
1983-1986

Clinical Instructor- Obstetrics & Gynecology  
University of Cincinnati Medical School  
1980-1982

Military Service: United States Air Force  
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Awards  
Air Force Commendation Medal  
National Defense Medal  
Honorable Discharge 1979

Previous Employment: Contract Physician-Mount Auburn Health Center  
Contract Physician-Walnut Hills/Evanston Health Center  
Contract Physician-Lincoln Heights Health Center

Professional Memberships: Cincinnati Medical Association  
President, Secretary, Program Chair  
Cincinnati Obstetrics & Gynecology Society  
Secretary  
Cincinnati Academy of Medicine  
Membership Committee  
National Board of Medical Examiners  
Diplomate  
American College of Obstetrics & Gynecology  
American Society of Reproductive Medicine  
Ohio State Medical Association  
National Medical Association  
American Medical Association  
Tuskegee University Alumni Association

Community Service: Proctor and Gamble Community Resources Group  
(Past and Present) Hamilton County State Bank-Board of Directors  
Charter Committee of Cincinnati  
Latteria Dalton, Sigma Omega Foundation-Board of Trustees  
Mount Auburn Health Center-Board of Directors  
Mount Auburn Health Center-Medical Advisory Board  
Black Male Coalition-Board of Directors  
Leadership Cincinnati, Class X- -Steering Committee  
NAACP  
Joint Community Chest & Chamber of Commerce Health Care Committee  
United Way and Community Chest, Vice Chair (Community Services)



Project Blue Print, Board of Trustees, First Vice Chair  
Cub Scout, Pack 2, BSA, Treasurer  
Jack and Jill of America, Teen Sponsor  
Fort Walton Beach, Florida-School Tutor  
Friends of Amistad  
Alpha Phi Alpha Fraternity  
Minority Health Commission, State of Ohio, Secretary, Vice Chairman,  
Chairman  
Clifton Town Meeting  
Cincinnati Reaches Out-President  
The Cincinnati Association  
United Methodist Church-District Committee on Ordained Ministry  
Planned Parenthood of Southwest Ohio, Medical Advisory Board  
Cincinnati Playhouse in the Park, Board of Trustees  
NetWellness Minority Health Advisory Committee  
City of Cincinnati Citizens Police Review Panel  
City of Cincinnati Citizens Complaint Authority  
Every Child Succeeds, Board

Personal Appearances: WCPO-TV, Call the Doctor, Black Memo  
(Media) WLW-TV, NAACP Presents  
WCIN, Aware  
WIZF, Straight Talk  
WBLZ

Public Speaking Cincinnati Public Schools  
Appearances Science Fair Judge  
Multiple Church Forums  
Black Families Forum I, II  
Alpha Phi Alpha Male Forums

Of Note:

#### High School

National Honor Society  
President-Student Body  
School Band, Choir  
South Carolina All-State Band  
Student Leader- Orangeburg Movement for Racial Justice

#### Undergraduate

President- Freshman Class  
President- Alpha Phi Alpha Fraternity  
Distinguished Military Graduate, Air Force ROTC  
Beta Kappa Chi Scientific Society  
Who's Who in American Colleges and Universities  
Treasurer- Sophomore Class  
Judicial Council  
Announcer- Tuskegee Institute Band

#### Medical School

Martin Luther King, Jr. Fellow-Woodrow Wilson Foundation  
Crusade Scholar- United Methodist Church  
Galens Honorary Medical Society

Honor Council- Chairman  
Admissions Committee  
Outstanding Young Men of America

Post Medical School

V. Bradley Roberts Award, Christ Hospital, 1979

Provided obstetrical care and delivered Cincinnati's first in vitro infant, 1986-87

Provided obstetrical care and delivered Cincinnati's first frozen embryo infant, 1989

Presidential Award- United Black Association of Faculty, Administrators and Staff, University of Cincinnati, 1989

Medical supply mission to Ethiopia, 1990

Applause Magazine, Imagemaker Award, Medicine, 1991

Medical supply mission/ Medical infrastructure consultation to Somalia, 1993

Outstanding Achievements Award, Associated Managers, 1994

Community Service Award, Phi Delta Kappa Inc, 1995

Daniel Drake Humanitarian Award, Cincinnati Academy of Medicine Foundation, 2002

Hero Award, Ohio Commission on Minority Health, 2004

Cincinnati Leadership Committee Award, Ohio Commission on Minority Health, 2004

Service Award-Commitment to Service, The Center for Closing the Health Gap in Greater Cincinnati, 2007

Community Service Excellence Award, Shiloh Seventh Day Adventist Church, 2008

**R SP N NT S**

**I ITS**

Respondent  
EK A  
08-11-11

Statement

Ohio Medical Board

11 August 2011

I graduated for the University of Michigan Medical School in May 1975 and commenced my residency in Obstetrics and Gynecology in June 1975 at the University of Cincinnati Medical School. I was licensed to practice medicine in the State of Ohio in 1976. My residency was completed in June 1979, finishing with an award for outstanding ability in operative gynecology. I have practice without incidence for 35 years. I have provided excellent care to my patients. I have complied with all state regulatory requirements. Upon completion of residency I was appointed to the OB/GYN faculty of the UCMS which continues to this date. I have served on the medical school admissions committee for twenty years. During my 30 years of medical practice, I have served in leadership positions of the Cincinnati OB/GYN Society (secretary), Cincinnati Medical Associations (president, secretary). I have traveled to the African continent to do teaching and medical relief work in Ethiopia and Somalia. Community activities involved United Way (vice chair), original member of Cincinnati Citizens Police Review Panel and subsequent initial member of the Citizens Complaint Authority, both charged with police oversight. I currently serve on the Ohio Commission on Minority Health being initially appointed by Governor George Voinovich and reappointed by each succeeding governor. I have served as secretary and chair of the Commission.

In January 2007 a malpractice action was brought against me and two other physicians for the management of pregnancy and the use of an antihypertensive medication. The date of the occurrence was 18 July 2006. The patient is a chronic hypertensive who had delivered two previous pregnancies without complication. She had been under my OB/GYN care 1994-2006. Her hypertensive disease was managed by her internist. It was agreed that this pregnancy be managed jointly by them and me. The medication in question was Benicar. On 20 June 2006 with discussion with her internist, I changed the medication at 30 weeks gestation to Aldomet for continued hypertensive management. During the pregnancy, I nor any of my representatives ordered the medication.

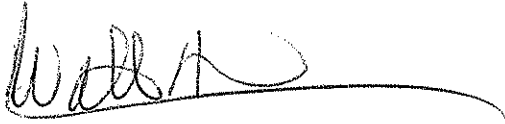
Once the suit was brought, my legal team petitioned the other defendants for a joint defense. This defense approach was refused. We felt positive about our

defensible position as evidenced by expenditures of \$94,700. The other doctors reached an out of court settlement. My defense team learned of adverse testimony to be presented at trial by the other defendants. To minimize potential financial exposure the case was settled for \$250,000 through mediation. The terms of the settlement were full release of all claims, dismissal with prejudice, and denied liability.

In Kentucky, unlike Ohio, there is an annual renewal process for licensure. In the renewal process questions are asked of any malpractice actions from the previous year. In answering in the affirmative, I was asked by the investigator to provide details of the action. This request was fully complied with. During the process a consultant asked for review of similar cases. Those cases were found to meet minimal standards of care. The Medical Board counsel asked me to enter into an Interim Agreed Order (Diversion) to do remediation on hypertension and pregnancy. I informed the Board through its counsel that I would no longer be practicing obstetrics effective the end of November 2010, entering semi retirement and that the Diversion would be of little value because I was no longer accepting new pregnancy patients. The practice was now solely confined to Gynecological care. The financial responsibilities for travel and course fee were prohibitive. Because of my position not to enter Diversion a formal complaint was issued. I waived the right to a formal hearing and signed the Agreed Order. The Board's consultant felt that I needed to enter a documentation program as a part of the order. I used the ACOG standard pregnancy form with other supporting data, but it was determined that more information could have been supplied. To comply with the Board's order I am currently enrolled in the Center for Personalized Education for Physicians (CPEP), Denver, CO, documentation program. I attended a seminar in February 2011 and have submitted charts for review and critique as required. The evaluation process is for 6 months. During the entire it was never determined that I was endangering the lives of the people that I care for.

It would be devastating if the State of Ohio place restrictions on my license. To continue teaching and enjoying full hospital privileges, my license can not be encumbered. My continued participation is predicated on a favorable response to this hearing. My faculty status, the ability to teach residents, medical students, hospital indemnification would be compromised. I no longer practice Obstetrics. My malpractice insurance is only for Gynecology effective December 2010. In order to maintain current status, I need full privileges in OB/GYN. I am currently in negotiations with the Christ Hospital for absorption of my practice into their system. All actions have been suspended pending review and action by this panel.

I hope and pray that a favorable decision be rendered in my behalf.

A handwritten signature in black ink, appearing to read 'Walter T. Bowers II', with a long horizontal flourish extending to the right.

Walter T. Bowers II, MD  
#39566

Respondent  
Ex B  
08-11-11

CURRICULUM VITAE

Walter T. Bowers II, M.D.

Home Address: 765 Windings Lane  
Cincinnati, Ohio 45220  
513-751-8140

Business Address: Walter T. Bowers II, M.D., Incorporated  
3131 Harvey Avenue  
Suite #204  
Cincinnati, Ohio 45229  
513-381-6161  
513-381-6171 (Fax)  
E-mail: docdip@aol.com

Born: 28 September 1945  
Orangeburg, South Carolina

Citizenship: United States

Married: Venta Conchita Dean Bowers

Children: Jamelle Renee  
Walter Thomas III

Education: Xavier University  
Cincinnati, Ohio  
Sep 1995-Oct 1996  
Physician Leadership and Management Education Program

University of Cincinnati Medical Center  
Cincinnati, Ohio  
1975-1979  
Resident-Obstetrics and Gynecology

University of Michigan Medical School  
Ann Arbor, Michigan  
1971-1975  
Doctor of Medicine

Florida State University  
Eglin AFB, Florida  
1968-1971  
Further Study

Okaloosa-Walton Junior College  
Niceville, Florida  
1967  
Further Study

States Ex  
3  
08-11-11

Education(continued)

U.S. Army Chemical School  
Fort McClellan, Alabama  
1967  
Diploma

Tuskegee Institute  
Tuskegee Institute, Alabama  
1963-1967  
BS with Honors-Biology

National Science Foundation  
Bennett College  
Greensboro, North Carolina  
1960

Wilkinson High School  
Orangeburg, South Carolina  
1959-1963  
Diploma-Valedictorian

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Orangeburg, South Carolina  
1951-1959  
Diploma-Valedictorian

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Associate Lay Leader  
Chairman-Long Range Planning Committee  
New Vision United Methodist Church  
Chairman-Administrative Council  
Chairman-Building Committee

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Jewish Hospital  
Deaconess Hospital  
Good Samaritan Hospital  
University of Cincinnati Medical Center



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1990-Present

Volunteer Assistant Professor- Obstetrics & Gynecology  
University of Cincinnati Medical School  
1987-Present

Assistant Clinical Professor- Obstetrics & Gynecology  
Co-Director, Division of Gynecology  
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University of Cincinnati Medical School  
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1980-1982

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Diplomate  
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American Society of Reproductive Medicine  
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Tuskegee University Alumni Association

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Mount Auburn Health Center-Board of Directors  
Mount Auburn Health Center-Medical Advisory Board  
Black Male Coalition-Board of Directors  
Leadership Cincinnati, Class X- -Steering Committee  
NAACP  
Joint Community Chest & Chamber of Commerce Health Care Committee  
United Way and Community Chest, Vice Chair (Community Services)

Project Blue Print, Board of Trustees, First Vice Chair  
Cub Scout, Pack 2, BSA, Treasurer  
Jack and Jill of America, Teen Sponsor  
Fort Walton Beach, Florida-School Tutor  
Friends of Amistad  
Alpha Phi Alpha Fraternity  
Minority Health Commission, State of Ohio, Secretary, Vice Chairman,  
Chairman  
Clifton Town Meeting  
Cincinnati Reaches Out-President  
The Cincinnati Association  
United Methodist Church-District Committee on Ordained Ministry  
Planned Parenthood of Southwest Ohio, Medical Advisory Board  
Cincinnati Playhouse in the Park, Board of Trustees  
NetWellness Minority Health Advisory Committee  
City of Cincinnati Citizens Police Review Panel  
City of Cincinnati Citizens Complaint Authority  
Every Child Succeeds, Board

Personal Appearances: WCPO-TV, Call the Doctor, Black Memo  
(Media) WLW-TV, NAACP Presents  
WCIN, Aware  
WIZF, Straight Talk  
WBLZ

Public Speaking Cincinnati Public Schools  
Appearances Science Fair Judge  
Multiple Church Forums  
Black Families Forum I, II  
Alpha Phi Alpha Male Forums

Of Note:

#### High School

National Honor Society  
President-Student Body  
School Band, Choir  
South Carolina All-State Band  
Student Leader- Orangeburg Movement for Racial Justice

#### Undergraduate

President- Freshman Class  
President- Alpha Phi Alpha Fraternity  
Distinguished Military Graduate, Air Force ROTC  
Beta Kappa Chi Scientific Society  
Who's Who in American Colleges and Universities  
Treasurer- Sophomore Class  
Judicial Council  
Announcer- Tuskegee Institute Band

#### Medical School

Martin Luther King, Jr. Fellow-Woodrow Wilson Foundation  
Crusade Scholar- United Methodist Church  
Galens Honorary Medical Society

Honor Council- Chairman  
Admissions Committee  
Outstanding Young Men of America

Post Medical School

V. Bradley Roberts Award, Christ Hospital, 1979

Provided obstetrical care and delivered Cincinnati's first in vitro infant, 1986-87

Provided obstetrical care and delivered Cincinnati's first frozen embryo infant, 1989

Presidential Award- United Black Association of Faculty, Administrators and Staff, University of Cincinnati, 1989

Medical supply mission to Ethiopia, 1990

Applause Magazine, Imagemaker Award, Medicine, 1991

Medical supply mission/ Medical infrastructure consultation to Somalia, 1993

Outstanding Achievements Award, Associated Managers, 1994

Community Service Award, Phi Delta Kappa Inc, 1995

Daniel Drake Humanitarian Award, Cincinnati Academy of Medicine Foundation, 2002

Hero Award, Ohio Commission on Minority Health, 2004

Cincinnati Leadership Committee Award, Ohio Commission on Minority Health, 2004

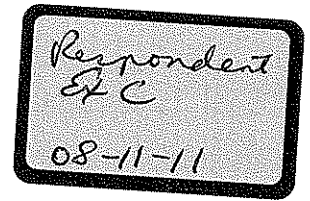
Service Award-Commitment to Service, The Center for Closing the Health Gap in Greater Cincinnati, 2007

Community Service Excellence Award, Shiloh Seventh Day Adventist Church, 2008

Certificate of Credit

The Colorado Foundation for Medical Care (CFMC)  
certifies that

Walter P. Bonny, M.D.



**Has participated in the following continuing education activity**

Presented by

Center for Personalized Education for Physicians  
**Patient Care Documentation Seminar**  
3/11/2011  
Newark, NJ

**CME CREDIT**

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through joint sponsorship of the Colorado Foundation for Medical Care, Office of Continuing Education (CFMC OCE) and Center for Personalized Education for Physicians. CFMC is accredited by the ACCME to provide continuing medical education for physicians.

Colorado Foundation for Medical Care designates this educational activity for a maximum of 8 *AMA PRA Category 1 Credit(s)*<sup>™</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity.

CFMC has no financial responsibility for this activity.



**Lorraine Pickrell, Manager**  
Office of Continuing Education  
CNA Provider # CFM-0206  
**Approval Period: 3/1/2009 - 2/28/2012**

3/11/2011

**Date**

Thank you for participating in the above continuing education activity. This document is your certificate of credit. Place this certificate in your file as your documentation and reference when reporting CME credits. Record of your attendance and credits will be kept in a secured CFMC file for six (6) years.

Respondent  
Ex D  
08-11-11



April 13, 2011

Walter T. Bowers II  
3131 Harvey Avenue #204  
Cincinnati, OH 45229

Via Email: [docdip@aol.com](mailto:docdip@aol.com)

Dear Dr. Bowers:

Thank you for registering for the Personalized Implementation Program (PIP), the follow-up to the *Patient Care Documentation Seminar (Seminar)*. The PIP medical reviewer will review three sets of charts over the course of six months. Feedback will be emailed to the following address: [docdip@aol.com](mailto:docdip@aol.com). Please be aware that all correspondence will be emailed to this address. If this is not your preferred email address, please contact me with an alternative address as soon as possible.

### SUBMITTING CHARTS

Your chart submissions are scheduled as follows:

- 1<sup>st</sup> PIP Review: Wednesday, May 25, 2011
- 2<sup>nd</sup> PIP Review: Monday, July 25, 2011
- 3<sup>rd</sup> PIP Review: Monday, September 26, 2011

If your chart submissions are received after the above due dates, your chart reviews may be forfeited.

### OBJECTIVES

The objectives of the chart reviews are as follows:

- **1<sup>st</sup> and 2<sup>nd</sup> Reviews – Learning:** You will work on implementing what you learned at the *Seminar* during the *first two* PIP chart reviews. You will receive verbal and written feedback from the medical reviewer.
- **3<sup>rd</sup> Review – Evaluation and Conclusion:** During the *third* PIP chart review, the medical reviewer will determine if your charts demonstrate adequate improvements and are acceptable to be able to pass the PIP. Since this is the final evaluation, this review does not include verbal feedback with the medical reviewer. A written Final Report will be provided following the final review.

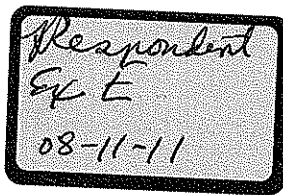
Enclosed, you will find guidelines for submitting charts. **Please write your name on all the charts you submit.**

If you have any questions, do not hesitate to call me.

Sincerely,

Helen Braxton  
Education Program Assistant

Enclosures



234 Goodman Street  
Cincinnati, Ohio 45219  
513-584-1000  
www.UCHealthNow.com  
Medical Staff Office  
234 Goodman ML 814  
Cincinnati Ohio 45219  
Phone: (513) 584-2320  
Fax: (513) 584-5501

July 25, 2011

SENT VIA CERTIFIED MAIL

Walter Thomas Bowers, II, MD  
3131 Harvey Ave., Ste. 204  
Attn: Janet Boehmer  
Cincinnati, OH 45229

Dear Dr. Bowers:

The University Hospital Credentials Committee reviewed your request that temporary relief be granted for providing gynecological care pending resolution of the Ohio Medical Board hearing. The committee determined that they cannot grant this request. As stated in our previous letter to you, the Credentials Committee determined that your application for renewal of privileges at University Hospital is incomplete until the Ohio Medical Board has issued a ruling. They believe that the investigation and subsequent ruling by the Ohio Medical Board constitutes important information that is essential to determine whether you currently meet the Hospital's reappointment criteria.

You stated that the Ohio Medical Board hearing is scheduled for August 11, 2011. After the hearing is completed and you can provide information about the outcome, you may reapply for gynecologic privileges.

Please advise us when the Ohio Medical Board has concluded the hearing and issued a ruling regarding your Ohio license. We will review your application at such time as this information is available.

As stated in our previous communication with you, we take the obligation to provide a complete and accurate application very seriously. Our requirements are in place so that patients at this hospital continue to receive safe, competent care.

Sincerely,

Jonathan Mouton, M.D.  
Chair, Credentials Committee

Cc: Arthur T. Evans, III, MD, Clinical Chief, Obstetrics and Gynecology

**Alliance**  
PARTNERS

Respondent  
ECF  
08-11-11

3120 Burnet Avenue  
Suite 203  
Cincinnati, OH 45229  
513-585-7908

July 29, 2011

**CERTIFIED MAIL**

Walter Bowers, MD  
3131 Harvey Avenue, Suite 204  
Cincinnati OH 45229

Dear Dr. Bowers:

I am writing in response to your letter dated July 5, 2011 concerning action taken by the AP Credentialing Committee on June 28, 2011. Your letter was reviewed by the Credentialing Committee on July 26, 2011. At this time, your application remains denied as incomplete.

If you desire to be a network provider, please submit a complete and current CAQH application, current CV, and the results of the hearing with the State of Ohio Medical Board that is scheduled for August 11. This will be processed as an initial application and may take up to 60 days to process.

Please direct any questions you may have to Cindy Scheets, Manager, CPMSM, CPCS, at (513) 585-7896.

Sincerely,

*Christine M. Burrows, M.D., F.A.A.P.*

Chairperson  
Alliance Partners Credentialing Committee

/kmm

cc: Network  
File

July 28, 2011

**CONFIDENTIAL AND PERSONAL**

Walter T. Bowers II, MD  
3131 Harvey Avenue  
Ste 204  
Cincinnati, OH 45229

Re: Request for additional privileges

Dear Doctor Bowers:

We are in receipt of your request for additional privileges in Obstetrics. Your request was submitted to the Credentials Committee at the July 15, 2011, meeting. It was the committee's decision to defer your request pending the outcome of the August 11, 2011, scheduled hearing with the State of Ohio regarding limitation of your Ohio Medical License.

Should you desire further information, please feel free to contact me.

Sincerely,

*Thomas W. Broderick, MD*

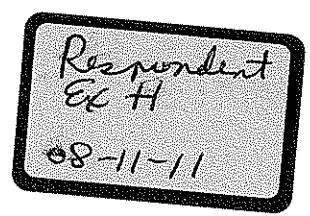
Thomas Broderick, MD  
Credentials Chairman  
The Christ Hospital Medical Staff



Dept. of Obstetrics and Gynecology  
2139 Auburn Avenue  
Cincinnati, Ohio 45219  
Phone: 513-585-2362  
Fax: 513-585-4959  
Elbert Nelson, M.D., Director



## The Christ Hospital



July 14, 2011

Walter Bowers, M.D.  
3131 Harvey Avenue, #204  
Cincinnati, Ohio 45229

Dear Dr. Bowers:

At this time, you are not credentialed to do Obstetrics at The Christ Hospital. Effective immediately, your services as In-House Attending Staff Physician will have to be terminated.

Please contact me if you have any questions.

Sincerely,

Elbert Nelson, M.D., Director  
Department of Obstetrics and Gynecology

EN: ve

cc: Trish Miller, Medical Staff Office  
Nancy Lima, Risk Management Office