

## Insured Profile Report – Management Liability Focus

### Brigham and Women's Hospital

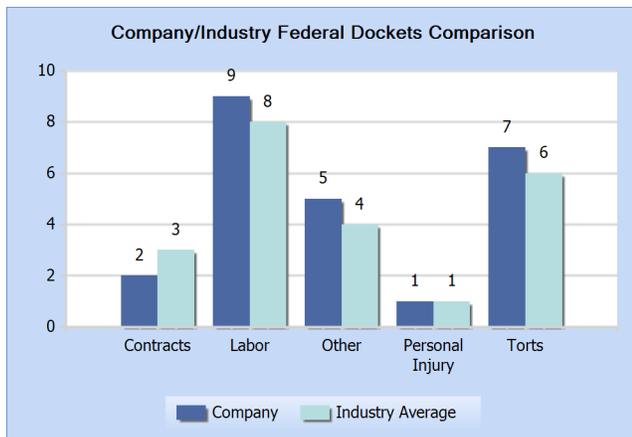
Company Profile	
<b>Location</b>	75 Francis St Boston, MA <a href="http://www.brighamandwomens.org">www.brighamandwomens.org</a>
<b>Company Type</b>	Private
<b>Formerly Known As</b>	BRIGHAM MEDICAL CENTER, INC.
<b>SIC Code</b>	8062
<b>SIC Code Description</b>	General Medical And Surgical Hospitals
<b>Established</b>	2001
<b>Sales (in millions)</b>	\$666.00
<b>Employees</b>	8,376
<b>Total OSHA Violations</b>	47
<i>OSHA is an arm of the Department of Labor that conducts inspections of company facilities with the goal of preventing work-related injuries, illnesses and deaths. Worksites that do not meet health and/or safety standards at the time of inspection may receive an OSHA violation.</i>	
<b>Total FDA NDC Drugs</b>	N/A
<i>The total number of FDA Drugs filed in the FDA NDC Drug Database.</i>	

Credit Details	
<b>Overall Credit Risk</b>	Low - Medium Risk
<b>Number of Legal Derogatory Items</b>	
<b>Liability Amount</b>	
<b>Experian Intelliscore</b>	71.33
<b>Experian Intelliscore Percentile</b>	68 % of companies score lower and have higher credit risk
<i>Experian Commercial Intelliscore<sup>SM</sup> is an all-industry commercial model using business information to predict business risk. Its predictiveness is among the best on the market today</i>	
<i>The objective of the Commercial Intelliscore Model is to predict seriously derogatory payment behavior. Possible score range from 0 to 100, where 0 is high risk and 100 is low risk</i>	
<i>-Liability Amount is the total dollar amount of debtor's legal liability, including accounts in collection, tax liens, judgments and/or bankruptcies</i>	
<i>-The Number of Legal Derogatory Items are the sum of Tax-Lien Count, Bankruptcy, Judgment, Collection-Counter and UCC Dero</i>	

### Business Description

Brigham and Women's Hospital is an academic medical center, operates inpatient and outpatient facilities, clinics, primary care health centers, and diagnostic and treatment technologies and research laboratories. It provides clinical, translational, bench, and population-based research studies, including nurses health studies, physicians health studies, and the women's health initiatives. The company also offers cardiovascular medicine, neurology, neurosurgery, newborn medicine, obstetrics and gynecology, orthopedic surgery, pathology, psychiatry, radiation oncology, radiology, surgery, women's health, arthritis and rheumatic disorders, orthopedics, pain management, dermatology, emergency medicine, anesthesia, and cancer care services, as well as heart, lung, kidney, heart-lung, and bone marrow transplantation surgery services. Brigham and Women's Hospital has a strategic collaboration agreement with EMD Serono, Inc.

### Litigation & Losses



**Top Company Management Liability Cases by Settlement Amount**

Company	Acc/Filing Date	Amount (in millions)	Category	Subtype	Docket Number	Court State
Brigham And Women's Hospital Inc, The	3/26/1985	\$30.00	Professional Practices	Medical/Healthcare		Massachusetts
<p>On March 26, 1985, Barbara Hall, a Randolph woman was giving birth to Danielle Hall at the Brigham and Women's Hospital in Massachusetts. But the new born was noticed not breathing, with no color and with only a faint heart beat and remains brain-damaged, deaf, blind and in need of constant care. Her baby was paralyzed. It found that resident obstetricians at the hospital improperly left her unattended while in labor despite a radiologist's warning that her baby was in distress. The residents could have delivered a healthy baby by Caesarean section up until the last hour of Barbara Hall's 4 1/2 hour labor. Barbara Hall sued Ely Brand, then a fourth-year resident at the prestigious Boston hospital, and Steven Evans, the attending doctor, who the plaintiff said spent less than five minutes with Hall. On October 23, 1992, the jury awarded \$30 million to Barbara Hall. The jury actually awarded \$20 million, but with 50 percent interest, the size of the award is \$30 million. Of the \$20 million, \$18.5 million was designated to go to Danielle and the remainder to Barbara Hall.</p>						
Brigham And Women's Hospital Inc, The	3/13/1997	\$26.50	Professional Practices	Medical/Healthcare	03-4068-F	Massachusetts
<p>On March 13, 1997, plaintiff Jose Bejarano Jr. was born hypoxic at Brigham &amp; Women's Hospital in Boston. On March 11, his mother, Maria Bejarano, underwent extensive fetal testing, including a biophysical profile, which was normal. The following day, Bejarano experienced hyperextension and was admitted to the hospital for induction of labor, and over the next 24 hours, the fetal heart tracings showed increasingly worrisome signs. Under the medical care of Dr. Julie Miner and Dr. Alisa Goldberg, Jose was delivered several hours later at 2:30 p.m., by another attending physician, who ordered a forceps delivery for non-reassuring fetal heart tracings. Jose had Apgar scores of 6 and 7, and developed apnea and seizures in the neonatal intensive care nursery. A CT scan the day after birth showed extensive brain swelling. The family of Jose Bejarano sued Brigham and Women's Hospital, Miner and Goldberg for medical malpractice. Plaintiffs' counsel argued that the doctors, who were residents on the 11 p.m. to 7 a.m. shift, were negligent in failing to recognize that the baby was in distress and in failing to recommend a Cesarean section to the attending physician. The defendants denied the allegations. Defense counsel contended that the hypoxic event had occurred within the few days before Jose's mother was admitted to the hospital for induction of labor. Jose suffers from severe cerebral palsy, is legally blind and is unable to speak. He requires being fed through a tube and has minimal voluntary movements. Plaintiffs' counsel argued that Jose required total care and was completely dependent on others. The jury found that Miner and Goldberg were negligent, and awarded Jose \$26.5 million. Jose Bejarano Jr. \$15,000,000 Personal Injury; Future Medical Cost. \$9,500,000 Personal Injury; pain and suffering. \$2,000,000 Personal Injury: loss of earning capacity.</p>						
The Massachusetts General Hospital	1/1/1996	\$23.80	Professional Practices	Medical/Healthcare	unknown	Massachusetts
<p>In 1998, Maria Lynn McLaughlin, individually and as mother of Julia McLaughlin, a minor, sued Massachusetts General Hospital, Mary Ames Castro and Alessandra Pececi for medical malpractice relating to the birth of Julia. The action was filed in the Superior Court, Suffolk County, Massachusetts. McLaughlin claimed that Doctors Castro and Pececi negligently managed the delivery of Julia with the result that she suffered brain damage during the delivery process and developed cerebral palsy. Julia was born on January 18, 1996 at Massachusetts General Hospital with large bruises on her head and bleeding on the tissue around her brain. Maria Lynn McLaughlin claimed that she was ignored as she struggled through more than 17 hours of labor and failed to recognize that the baby's head was tipped so it couldn't fit through the pelvis, the overnight obstetrician started Lynn on Pitocin to cause contractions. She also claimed that she was not informed of the risks associated with the use of a vacuum extractor to facilitate the delivery. The defendants claimed that Julia's disabilities were unrelated to complications at her birth. In 2005, a Suffolk County jury has awarded \$23.8 million to the family of a girl born with cerebral palsy. The verdict includes \$12.9 million in damages and \$10.9 million in interest since the lawsuit's filing.</p>						
Dana Farber Cancer Institute Inc	1/1/2007	\$13.50	Professional Practices	Medical/Healthcare	na	Massachusetts
<p>a 40-year-old woman who died after receiving experimental cancer drugs at the Dana-Farber Cancer Institute has been awarded \$13.5 million in a lawsuit. Robert Higgins, a lawyer for the family of Amy Altman of Hopkinton, tells The Boston Globe that a Suffolk Superior Court jury decided Wednesday that her death could have been prevented if doctors had investigated the cause of chronic diarrhea that surfaced during treatment for a tumor behind her knee. The jury deliberated for nine hours before awarding \$9.4 million plus interest in the July 2003 death. Dana-Farber officials said in a statement that "we strongly disagree with this verdict and firmly believe that the physicians involved provided a high standard of care." Altman developed the diarrhea about two months after she began receiving chemotherapy every two weeks instead of the standard regimen of once every three weeks for Ewing's sarcoma, Higgins said. That form of cancer affects bone and soft tissue and usually afflicts adolescents and children between the ages of 10 and 20. Higgins said Altman agreed to the quickened treatment suggested by Dana-Farber oncologists, who he said had never tried the protocol on an adult. Altman is the only adult in the country believed to have died from the experimental regimen, Higgins said. Higgins said, Altman's complaints about the diarrhea were dismissed as an expected side effect in separate consultations with two Dana-Farber oncologists, Dr. Suzanne George and Dr. Jeffrey Morgan. Altman soon began suffering extreme abdominal pain and could not urinate, Higgins said. She died less than two days after being admitted to Brigham and Women's Hospital for a massive infection by a flesh-eating bacteria that apparently had caused the diarrhea, Higgins said.</p>						
Dana-Farber Cancer Institute, Inc.	7/10/2003	\$9.44	Professional Practices	Medical/Healthcare	05-00581	Massachusetts
<p>Oncologists Failed to Treat Diarrhea, Resulting in Patient's Death: In April 2003, plaintiff's decedent Amy Altman, 40, a married mother of two, began treatment at the Dana-Farber Cancer Institute for an Ewing's sarcoma behind one knee. This form of cancer affects bone and soft tissue and is usually found in children and adolescents. She was under the treatment of Dr. Suzanne George, Dr. Jeffrey Morgan and Dr. Jayesh Desai, a fellow studying sarcoma. Altman took part in an experimental clinical trial, receiving chemotherapy every two weeks rather than the standard treatment of every three weeks. Starting in May and lasting through June she developed severe diarrhea that lasted at least 17 days. No stool sample was sent for a culture. Altman was not placed on any antibiotics. She continued to receive chemotherapy and the diarrhea persisted. Altman developed necrotizing fasciitis, a flesh eating bacteria that spread rapidly throughout her abdomen and upper legs. She died on July 10. Altman's husband, Joseph Altman sued Desai, George and Morgan for medical malpractice that resulted in his wife's wrongful death. He alleged that persistent diarrhea was a sign of an infection and should have been tested and treated. He claimed that the doctors wrote off the diarrhea as being a normal side effect of the chemotherapy. The doctors presented evidence from experts who said the doctors treated Altman appropriately. It was most likely the diarrhea was just a side effect of the chemotherapy. The infection that caused her death was unrelated to the diarrhea. Rather, it came on suddenly, unpredictably and fatally. Altman died from necrotizing fasciitis. The autopsy revealed the cancer had been cured. She leaves a husband, a 5-year-old daughter and a 10-month-old daughter. The jury found that George and Morgan were negligent, but Desai was not negligent. It awarded \$9,436,000. Statutory interest of \$4,151,000 was added for a total award of \$13,587,000. The parties settled during post-trial motions. Joseph Altman: \$36,000 Personal Injury; conscious pain and suffering. Amy Altman: \$2,000,000 Personal Injury: daughter; \$2,000,000 Personal Injury: daughter; \$5,400,000 Personal Injury: spouse.</p>						
Brigham And Women's Hospital Inc, The	7/11/2006	\$5.00	Professional Practices	Medical/Healthcare	unknown	Massachusetts
<p>Man, 55, suffers catastrophic anoxic brain injury resulting from misdiagnosed cardiac arrest. This case involves a now 55 year old man with massive brain injury following cardiac arrest. The cardiac arrest occurred in hospital and was captured on video. The defendants are 12 physicians who provided care during the 11 months leading up to and during the arrest. In August 2005, the plaintiff presented to the Faulkner Hospital having had what was thought to be a seizure. He was started on anti-seizure medication. While at the Faulkner Hospital, he had three abnormal EKGs and elevated cardiac enzymes, indicating an ischemic cardiac event. He was transferred to Brigham &amp; Women's Hospital where he was erroneously treated by the defendants in a variety of inpatient and outpatient settings - as a seizure patient. The plaintiffs' claim is that all of the defendants knew or should have known of the abnormal cardiac testing indicating an ongoing cardiac event and that none of them properly interpreted the signs - signs which were obvious, not subtle, not in need of interpreting, but, rather in need of action. The plaintiffs claim that each of the defendants rendered substandard care when he/she failed to refer the plaintiff to a cardiologist for workup of the abnormal cardiac testing and that such a referral would have led to timely catheterization, diagnosis and treatment of the cardiac pathology. Had the proper referral and</p>						

workup been provided, the plaintiff would not have suffered the hypoxic event of July 11, 2006 during which he was alone in the hands of inadequately trained staff, ill equipped to recognize and properly respond to an obvious cardiac catastrophe. The plaintiff survived the cardiac arrest, but is neurologically devastated. He is non-communicative. He cannot perform any single activity of daily life. He is fed through a tube in his stomach. He lives at home where his wife and two children provide round the clock care. The case settled for \$5,000,000 two months before the scheduled trial date.

Newton Wellesley Hospital Corp	7/25/1996	\$4.50	Professional Practices	Medical/Healthcare	Unknown	Massachusetts
<p>In 1997, a year after the death of a 4-year old girl, Adara Carvalho (Adara), her family filed a wrongful death lawsuit against Timothy Buie, Mark Blumenthal, and Aubrey Katz, as well as Nurses Deborah Martin and Susan Doiron and Newton-Wellesley Hospital (collectively, the Hospital). The action brought was related to the Hospital's alleged medical malpractice that leads to the death of Adara the day after she was admitted to the hospital. According to the lawsuit, Adara Carvalho, was admitted to the Hospital for a routine diagnostic test to trace the cause of child's chronic constipation. However, on July 25, 1996, a succession of doctors and nurses misread a series of obvious signs that Adara was in trouble and that they stood by, baffled, as Adara slipped away. The lawsuit added that, at 9:45am, the hospital didn't act when they had realized that they had thrown Adara's blood chemistry out of balance when they withhold food and water the night before the test, then overloading her with plain water the next day. Though the condition would have been simple to correct, doctors did nothing until 10:45 p.m., an hour before her heart stopped. On or about January 18, 2001, the hospital agreed to pay the family of Adara for \$4.5 million which will be covered by medical insurance.</p>						
Brigham And Women's Hospital Inc, The	5/1/1987	\$4.11	Professional Practices	Medical/Healthcare	SJC-08894	Massachusetts
<p>On May 12, 1995, a civil action was commenced in the Superior Court of Massachusetts against Brigham and Women's Hospital, Inc. The action was filed by Dylan Keene alleging Medical Malpractice. Plaintiff claimed that defendant had failed properly to diagnose or treat him for the sepsis and meningitis, resulting in serious injury. The defendant asserted, as an affirmative defense, the statutory limitation of damages on a charitable corporation. The defendant subsequently provided the plaintiff a set of hospital medical records certified as "a true and complete copy of this hospital's medical record concerning the plaintiff. This is a malpractice case in which a baby suffered catastrophic harm within hours of his birth at the defendant hospital. The Appellate court were asked to decide whether (1) a default judgment on liability was properly entered as a sanction for the defendant's failure to produce in discovery relevant hospital records that it admittedly had lost; (2) damages assessed against the defendant are limited by the \$20,000 cap imposed by G.L.c.231, 85K, on damages recoverable from a charitable corporation for a tort committed in the course of the performance of its charitable purpose; and (3) general damages may be awarded for loss of enjoyment of life when an injured plaintiff lacks cognitive awareness of that loss. A judge in the Superior Court imposed the sanction of default as to liability on the defendant and, as an additional sanction, struck the statutory \$20,000 cap on damages (which the parties agree would have applied). A different judge presided at the hearing on the assessment of damages. She awarded the plaintiff specific and general damages totaling \$4,108,311 (plus interest), but she did not award, as an item of general damages, compensation for loss of enjoyment of life. Both parties appealed, and the Appeals Court affirmed the judgment in all respects. The appellate court granted the defendant's application for further appellate review and now conclude that judgment properly was entered against the defendant on liability, but that the damages assessed are limited by the cap set forth in G.L.c.231, 85K. In view of the latter conclusion, the appellate court need not consider the plaintiff's claim of entitlement to damages for loss of enjoyment of life. Accordingly, the appeals court affirm so much of the judgment as imposes liability, vacate the portion of the judgment that assesses damages, and direct that damages be assessed against the defendant in the amount of \$20,000 (plus interest and costs).</p>						
Partners Healthcare System, Inc	1/1/2007	\$2.76	Employment	Wage and Hour	1:09-CV-10666	Massachusetts
<p>Partners HealthCare Systems Inc. and its affiliated hospitals and health care companies throughout eastern Massachusetts have agreed to pay 700 employees more than \$2.7 million in overtime back wages to resolve a lawsuit filed by the U.S. Department of Labor alleging violations of the federal Fair Labor Standards Act (FLSA). "We are pleased that the department has succeeded in securing such a substantial amount of back wages for these workers who were not properly paid for overtime they had worked," said Secretary of Labor Hilda L. Solis. The FLSA requires that employees be paid at least the federal minimum wage, and time and one-half their regular rates of pay for hours worked beyond 40 per week. The law also requires that employers maintain accurate records of employees' wages, hours and conditions of employment. Partners' management contacted the Labor Department's Wage and Hour Division after realizing that affiliated companies might be in violation of the FLSA. "The problem," noted George Rioux, director of the division's Boston District Office, "was that employees were working for more than one Partners-affiliated hospital or health care facility during a single workweek, but their hours worked during those workweeks were not being combined to determine if overtime was due." Following the contact by Partners, a Wage and Hour Division investigation confirmed that the defendants had failed to aggregate hours on separate payrolls when certain employees worked for two or more of the defendants during the same workweek. The Labor Department and Partners agreed that the best way to resolve the matter was through the filing of a complaint and consent judgment in federal court. The Labor Department's suit was filed in the U.S. District Court for the District of Massachusetts. The consent judgment, agreed to by the parties, was signed by Judge Nathaniel M. Gorton on July 21, 2009. Named as defendants in the suit were: Partners HealthCare Systems Inc., The Brigham and Women's Hospital Inc., Faulkner Hospital Inc., The General Hospital Corp. (Massachusetts General Hospital), The McLean Hospital Corp., North Shore Medical Center Inc., North Shore Physicians Group Inc., Newton-Wellesley Hospital, The Spaulding Rehabilitation Hospital Corp., Rehabilitation Hospital of the Cape and Islands, Shaughnessy-Kaplan Rehabilitation Hospital Inc., Partners Home Care Inc., Partners Private Care Inc., FRC Inc. and Partners Community Healthcare Inc. The consent judgment prohibits the defendants from future violations of the FLSA's overtime provisions and orders them to pay the back wages totaling \$2,756,514, which cover the period from Jan. 1, 2007, through March 21, 2009.</p>						
Brigham And Women's Hospital Inc, The	3/13/1997	\$2.65	Professional Practices	Medical/Healthcare	na	Massachusetts
<p>Mr. and Mrs. Jose E. Bejarano Sr., individually and on behalf of Jose E. Bejarano Jr., a minor, sued Brigham and Women's Hospital, et al. on a medical negligence theory claiming the doctors and nurses who attended the labor and delivery of their son negligently failed to perform a C-Section on Mrs. Bejarano on March 13, 1997 when her baby's heart rate began to fluctuate. Mrs. Bejarano, who had a caesarean section in an earlier pregnancy, was given pitocin, a drug used to drive labor and that is associated with delivery complications, to accelerate the delivery of her baby. Despite the administration of pitocin, her labor continued to 8 hours before forceps were used to facilitate the delivery. The mother, was 32, also had a history of hypertension that worsened during pregnancy and was being seen at Brigham's "Special OB" clinic. Eight hours into the labor, the baby's heart rate began to fluctuate, plunging to 60 beats a minute at one point. Plaintiffs claimed that an emergent C-Section should have been performed and the failure of the attending physicians to do so fell below the standard of care because it deprived Jose of oxygenated blood and cause severe brain damage. Defendants, two of whom were residents, claimed that the care and treatment they provided was good and did not fall below the standard of care. The further claimed that Jose was born with severe cerebral palsy and other permanent defects because of injuries suffered earlier in the pregnancy for unknown reasons.</p>						
Newton Wellesley Hospital Corp	11/1/1989	\$2.50	Professional Practices	Medical/Healthcare		Massachusetts
<p>A lawsuit was filed by the family of Paula Bolles against Dr. James Vernon in the Middlesex County, Superior Court. The action was brought in relation to defendant's alleged failure to diagnose breast cancer which resulted to death. In November 1989, Paula Bolles was concerned over a mass in her left breast and saw Dr. James Vernon at Newton-Wellesley Hospital, where Dr. Vernon assured Paula Bolles that it was nothing and gave her false assurances. Six months after Bolles brought her concerns to Vernon and after he told her on several occasions the lump was not cancerous, she had her breast biopsied and was immediately admitted for an emergency radical mastectomy at Newton-Wellesley. Bolles was transferred to New England Medical Center, where she underwent chemotherapy and had a bone marrow transplant. Paula Bolles died in April of 1993. The jury awarded Waltham family \$2.5million.</p>						
Brigham And Women's Hospital Inc, The	9/12/1988	\$2.50	Professional Practices	Media/Advertising	unknown	Massachusetts
<p>A Hampton, N.H., girl who suffered brain damage from an oxygen deficiency shortly after she was born was awarded \$2.5 million by a Boston jury that found two doctors at Brigham and Women's Hospital negligent, lawyers said yesterday. Alexis Burns, 7, who will enter the third grade in September, has mild cerebral palsy, walks with leg braces and suffers from speech difficulties and other handicaps, her lawyer, Andrew Meyer, said. The child did not suffer impaired mental development. She was born three weeks premature on Sept. 12, 1988, and was transferred to a neonatal intensive care unit at Brigham and Women's, where</p>						

she suffered from brain damage overnight from low oxygen levels. The jury awarded \$1.7 million - \$1.3 million for future lost wages, \$350,000 for future pain and suffering, \$50,000 for past pain and suffering. With interest the award totals \$2.5 million.

Brigham And Women's Hospital Inc, The	10/1/2007	\$1.62	Employment	Discrimination & Harassment: Gender/Sexual	1-07-CV12338	Massachusetts
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In 2002, plaintiff Dr. Sagun Tuli, 32, an assistant professor at Harvard Medical School who specializes in spinal surgery and is the first and only female neurosurgeon of Indian descent at a Harvard Medical School teaching hospital, joined the Neurosurgery Department at Brigham & Women's Hospital. Dr. Arthur Day was the vice chairman of the department. Tuli complained for several years about discriminatory treatment by Day. Tuli said that Day trivialized female doctors, frequently referring to them as "girls." On April 7, 2006, Tuli formally complained to hospital administrators that while working at the hospital she was subjected to sex discrimination, national origin discrimination, a hostile work environment, retaliatory threats, outrageous sexist comments, racist remarks, religious remarks, pay and promotion disparities and defamation of her character and competence. The hospital responded by saying that the complaint would be sent to Human Resources for investigation. However, this didn't happen. Tuli claimed that during one surgery in May 2007 Day said, "You are just a girl. Are you sure you can do that?" In October 2007 in connection with the routine bi-annual review of her credentials, Day made a presentation on Tuli to the Medical Staff Credentials Committee. The hospital then decided that Tuli had to submit to an evaluation by Physician Health Services (and comply with whatever recommendation made by that entity) before her credentials would be renewed. Tuli claimed that Day made defamatory statements about her to the hospital's credentialing committee. She alleged that he said, "25 to 30 people in the [operating room] no longer wanted to work with Dr. Tuli." Shortly after this incident Tuli sued the hospital asserting claims of hostile work environment, retaliation, violation of the Healthcare Whistleblower Act, gender and ethnic discrimination, slander and intentional interference with advantageous relations. The suit also made claims directly against Day for slander and intentionally interfering with her relationship with the hospital. The court entered a preliminary injunction prohibiting the hospital from enforcing Tuli to submit to an outside evaluation, pending trial on the merits. Tuli's discrimination claims were double-barreled and alleged that she was denied promotion, received disparate treatment with respect to pay, was treated disparately as to support for her research, and was required to be evaluated because of her gender and her national origins. Her retaliation claim against the hospital was based upon the hospital requiring her to be evaluated because she complained about discriminatory conduct towards her and other employees. The hostile work environment claim alleged that the hospital's tolerance for and failure to act upon comments by physicians, residents and Day toward the plaintiff created an actionable hostile work environment. It was the plaintiff's co and disputed that anything he said or did concerning the plaintiff was actionable. Day maintained that he used the term ""girl"" in a friendly The jury found in favor of Tuli against the hospital exclusively on her claims for a hostile work environment; for retaliating against her by requiring her to be evaluated by outside physicians after she complained; and for violation of the Healthcare Whistleblower Act. Day was found liable for slandering Tuli and intentionally interfering with her relationship with the hospital. The jury found in favor of the defense on the claims of discrimination and the Equal Pay Act. Tuli was awarded \$1,620,003.

The Massachusetts General Hospital	3/9/2009	\$1.00	Cyber/Identity Risks	Data Lost or Stolen		
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The Department of Health and Human Services (HHS) has doled out a \$1 million fine against Massachusetts General Hospital for a data breach involving the loss of documents containing names and medical record numbers of 192 patients at the hospital's Infectious Disease Associates practice, as well as billing forms that included names, dates of birth, medical record numbers, health insurers and policy numbers, diagnosis, and names of provider for 66 of those patients. The practice treats patients with HIV/AIDS, as well as other infectious diseases. According to HHS, the documents, which were not recovered, were left by a Mass General employee on the subway on March 9, 2009. The HIPAA privacy rule requires health care providers to protect the privacy of patient information through administrative, physical and technical safeguards, HHS said. In addition, Mass General agreed to take actions to prevent future data breaches, including implementing a set of policies and procedures regarding information that is removed from the hospital's premises, training personnel on these policies and procedures, and designating the hospital's director of internal audit services to serve as an internal monitor to assess the hospital's HIPAA compliance and produce semi-annual compliance reports to HHS for three years.

Newton Wellesley Hospital Corp	1/1/1999	\$1.00	Professional Practices	Medical/Healthcare	Unknown	Massachusetts
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The estate of a 37-year-old woman (woman) who was diagnosed with breast cancer in the summer of 1996 and died in 1999 filed a medical malpractice lawsuit against Newton-Wellesley Hospital, its Ob/Gyn and a surgeon (defendants). The action arises from an alleged 2-year delay of diagnosing the woman's breast cancer. According to the complaint, in June 1994, the woman prepared an affidavit asserting she first complained of breast soreness. However, the defendants did not make corresponding documentation of medical records to support the decedent's claim. The complaint claims that the defendants were negligent in failing to appreciate and respond in a timely way to the plaintiff's decedent's complaints of skin thickening, swelling, and redness in her left breast. Additionally, in December 1995, the woman had an examination test by the defendant Ob/Gyn in which the defendant did not find any mass in the left breast and a needle aspiration was undertaken to see if she could obtain any fluid from any possible breast cyst in an effort to relieve any discomfort, but no fluid was returned. The Ob/Gyn then ordered bilateral mammography and prescribed Motrin. ON January 2, 1996, the woman had mammograms at the hospital and the radiology report indicated no radiographic evidence of malignancy. On January 17, 1996, the woman had a scheduled annual examination by the defendants in which the defendants diagnosed her with benign fibrocystic disease and prescribed oral contraceptives to treat the swelling and tenderness. In April 1996, the decedent called the Ob/Gyn again complaining of breast tenderness. The defendant Ob/Gyn referred the decedent to a surgeon for evaluation of her left breast. The surgeon agreed with the diagnosis and benign fibrocystic disease and suggested continuing oral contraceptives. A few months later, the decedent returned to the surgeon and was seen by an associate who was covering for the surgeon's vacation. The covering surgeon ordered a biopsy leading to the diagnosis of breast cancer. At diagnosis, the decedent had three distinct tumors in her left breast, the largest of which measured just over a centimeter in diameter. The defendants claimed that this suggested widespread inflammatory disease inconsistent with cure of long-term survival regardless of when diagnosis was made. The case was settled for \$1 million a few weeks before trial.

The Massachusetts General Hospital	1/1/2010	\$0.85	Professional Practices	Medical/Healthcare	Unknown	Massachusetts
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On November 28, 2011, the family of a man who died at Massachusetts General Hospital (Mass. General) when the nurses did not respond to alarms on his cardiac monitor settled the suit against the hospital for \$850,000. Mass General and the patient's family reached an agreement in May but the settlement was never filed in court and the parties have not discussed it publicly. The patient, who was 89, had a history of heart problems and was recovering from surgery and awaiting implantation of a permanent pacemaker in January 2010. According to state and federal investigators, 10 nurses on duty could not recall hearing the beeps at the central nurses' station or seeing scrolling ticker tape-style messages on three hallway signs that would have warned them as his heart rate fell and finally stopped over a 20-minute span. Investigators concluded that alarm fatigue experienced by nurses working among constantly beeping monitors contributed to their inattention. Additionally, the volume for a separate audible crisis alarm on his bedside monitor had been turned off. The patient was reportedly died in February 2010.

The Salem Hospital	7/1/2011		Professional Practices	Undetermined/Other	Unknown	Massachusetts
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On March 3, 2012, Susanne Csongor filed a complaint against Salem Hospital in Salem Superior Court. In July 2011, Csongor found herself facing emergency surgery at Salem Hospital. Though reluctant to do so, Csongor eventually handed over the rings including a gold band, a gold sapphire and diamond ring, and two gold eternity bands, one with emeralds and the other with sapphires. Csongor gave the rings to a hospital employee for safekeeping while she underwent her operation. The following day, the plaintiff asked for her rings. The rings were gone. Salem Hospital has balked, saying it's liable for just \$20,000 under a cap on liability for nonprofits. Csongor have gone to court, seeking the cost of replacing the four rings which worth \$51,000.

Faulkner Hospital, Inc	6/21/2011		Cyber/Identity Risks	Data Lost or Stolen		
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Brigham and Women's discloses patient data breach: A doctor at Brigham and Women's/Faulkner Hospitals has lost an external hard drive holding the medical records of 638 patients, the hospital announced today. We are taking steps to reduce the risk of such events occurring in the future, including addressing the incident specifically with those involved, reviewing and augmenting our policies and procedures, and enhancing our training regarding technical safeguards required on external hard drives that may contain sensitive data, as well as limiting the amount of data stored on such devices, said Sue Schade, the hospital's

chief information officer, in a statement. The hard drive was lost on June 21, when the doctor, who worked for both hospitals, left the hard drive in a piece of luggage in a cab. The doctor then notified the hospital. In the ensuing internal investigation, the doctor said patient information had been downloaded to the drive but had been deleted. The hospital notified patients because it couldn't be sure the information had been destroyed. No Social Security numbers, insurance account numbers or credit card numbers were ever stored on the drive, but the drive did contain patients' names, medical record numbers, dates of admission, medications, diagnoses and treatments before that information was deleted. The hospital has no reason to think the information on the drive has been accessed, but it's offering identity protection services to the patients involved, including a year of online identity monitoring, identity advice by phone, and up to \$30,000 of insurance for damages related to identity theft. (August 5, 2011 - bostonherald.com)

Brigham And Women's Hospital Inc, The	1/1/2011	Employment	Discrimination & Harassment: Racial	1:11-cv-12106-WGY	Massachusetts
<p>On October 31, 2011, a lawsuit was filed by Josefina Diaz against the Brigham and Women's Hospital (BWH) in the Superior Court of the Commonwealth of Massachusetts, Suffolk County alleging racial discrimination. The complaint alleges the following causes of action against the defendant which arise out of the Plaintiff's employment with and termination of employment from her position as an Operations Supervisor in the Emergency Department of the BWH: racial discrimination, retaliation, unjust enrichment and breach of implied contract in violation of the Massachusetts law. On November 29, 2011, the case was removed in the state court to the District Court of Massachusetts.</p>					
The Massachusetts General Hospital	3/9/2009	Cyber/Identity Risks	Data Lost or Stolen		
<p>Mass. General Paperwork for 66 patients lost on Red Line train: Paperwork containing the personal medical information of at least 66 patients at Massachusetts General Hospital was lost this month when an employee apparently left it on an MBTA train. The hospital sent out letters last week to patients whose identities were included in the lost paperwork, telling them the information listed their names and dates of birth, and private medical information, including their diagnoses and the name of the provider with whom they met. The material constituted billing records for patients who attended the hospital's Infectious Disease Associates outpatient practice on Fruit Street on March 4. Deborah A. Adair, the hospital's privacy officer and director of health information services, said in a statement released yesterday that while the incident was regrettable, the hospital followed privacy laws by immediately alerting affected patients and authorities, including the state attorney general's office and the Department of Consumer Affairs and Business Regulation. According to hospital security reports, a manager in the infectious disease center's billing unit told supervisors that she left the paperwork on a Red Line train the morning of March 9. The manager said she had brought the paperwork home with her to work over the weekend and left the material sometime between 7:30 and 9 a.m. The Transit Police were notified, but the paperwork was not found. Peggy Slasman, a hospital spokeswoman, could not say last night whether the hospital has any policy regulating the handling of personal medical information or whether the incident has forced a change in policy. The letter also advises patients on ways to check their credit reports, and the hospital has offered a complimentary one-year membership to a credit monitoring service. (March 24, 2009 - boston.com)</p>					
Brigham And Women's Hospital Inc, The	1/1/2007	Employment	Discrimination & Harassment: Gender/Sexual	1:07-cv-10667-WGY	Massachusetts
<p>On April 6, 2007, Nadia Nathan and Chante Buntin-Mushock (Plaintiffs) filed a lawsuit against Brigham and Women's Hospital (BWH) and all others in the District Court of Massachusetts alleging sex and racial discrimination and retaliation. According to the complaint, Plaintiffs have experienced pervasive discrimination and hostile work environment in the Department of Anesthesia at BWH and certain defendants have participated in and condoned this discriminatory environment. Both plaintiffs were subjected to an ongoing hostile and discriminatory and work environment, and both were forced out of the department after they complained about this discrimination. Plaintiffs sought reinstatement, lost wages and benefits, damages for emotional distress, punitive damages, attorneys' fees and costs and other further relief. Consequently, on September 22, 2008, this action was dismissed without cost and without prejudice.</p>					
Brigham And Women's Hospital Inc, The	2/27/2001	Professional Practices	Medical/Healthcare	1:07-cv-10643-WGY	Massachusetts
<p>On April 4, 2007, a lawsuit was filed by Isabella McGovern (Plaintiff) by through her Mother and next friend Linda McGovern against Brigham &amp; Women's Hospital, Inc. (Defendant) and all others in the District Court of Massachusetts. According to the complaint, Defendant has failed to adequately and properly diagnose and treat the Plaintiff's medical condition between February 27, 2001 to August 9, 2001. As a result, of the carelessness, unskillfulness, negligence and improper care and treatment of the defendant, its agents and assigned employees plaintiff sustained severe and permanent personal injuries; has incurred and will continue to incur great expense for her medical, surgical and hospital care and treatment. Plaintiff sought judgment against defendants for the injuries incurred together with interest and costs as well as trial by jury. Consequently, on October 3, 2008, a judgment was entered in favor of defendants against plaintiff was entered in the District Court.</p>					
Brigham And Women's Hospital Inc, The	1/1/2001	Employment	Discrimination & Harassment: Racial	1:10-cv-10094-RWZ	Massachusetts
<p>On January 21, 2010, a lawsuit was filed by Tyrone Kindell (Plaintiff) against Brigham and Women's Hospital Inc. (BWH) in the District Court of Massachusetts alleging racial discrimination and retaliation. Plaintiff, an African-American male, started working as a licensed plumber at BWH in approximately 2001. His employment was terminated in 2008. Prior to his termination, Plaintiff had complained of racial discrimination in his workplace at BWH. Allegedly, there was a pervasive atmosphere of racial discrimination in the plumbing shop at BWH. These aspects of pervasive atmosphere of discrimination included the following: words or expression were written on Plaintiff's locker which were meant to be racially derogatory; a black faced doll with Plaintiff's radio number painted on it was placed in men's bathroom; racially offensive songs were played on the work radios carried by Plaintiff and his co-workers and all other racial discriminatory act. He was also retaliated after he complained about this racial discrimination. Thus, Plaintiff sought, among others, punitive damages, compensatory relief and all other further relief. Consequently, on a stipulation filed by the parties on March 31, 2011, the parties have stipulated to dismiss this action with prejudice and without cost. On April 1, 2011, the case was terminated.</p>					
Massachusetts General Physicians Organization, Inc	1/26/1999	Professional Practices	Medical/Healthcare	SUCV2006-00830	Massachusetts
<p>On February 27, 2006, Richard and Dawn Sisson and their three children filed a complaint against Dr. David Lhowe and the Massachusetts General Physicians Organization, Inc (collectively, defendants) in the Superior Court Department of Massachusetts. The action brought was related to the direct and proximate result of the defendants' negligent medical practice to Dawn Sisson between January 26, 1999 and November 16, 1999 (relevant period). According to the complaint, during the relevant period, the defendants have been providing Dawn Sisson with substandard medical care. The complaint also alleges that the defendants' negligent medical care and treatment of Dawn caused her continuing suffering, mental and physical pain, as well as lost earnings, future lost earnings, and other future medical and care expenses. Additionally, the complaint claimed that the defendants failed to inform Dawn of the medical options available to her, and but for this failure she would have avoided the injuries she sustained. Dawn died on March 29, 2007, while the action was pending. On March 28, 2008, the plaintiffs amended the complaint, adding Sisson as administrator of Dawn's estate, and adding wrongful death claims. Trial was scheduled to begin in January, 2010. Prior to trial, the defendants filed a motion in limine seeking to preclude the plaintiffs from proceeding on a claim for wrongful death on the ground that the repose period had expired on November 16, 2006, seven years after the last incident of alleged negligent conduct occurred, and prior to Dawn's death. That motion was allowed. The parties filed a joint motion to sever the loss of consortium claims from the wrongful death claims; that motion also was allowed. Thereafter, on the defendants' motion, the wrongful death claims were dismissed. On October 6, 2011, the court ruled reversing the dismissal of the wrongful death claims.</p>					
Brigham and Women's Hospital	1/1/1996	Employment	Discrimination & Harassment: ADA/Disabilities	1:00-cv-00268-SM	New Hampshire
<p>In June 2000, Raelene Witham (Witham) brought this suit against her former employer, Brigham &amp; Women's Hospital (BWH), and the administrator of BWH's long-term disability insurance plan, Liberty Life Assurance Company of Boston (Liberty), seeking damages for alleged violations of the Americans with Disabilities Act (ADA). Witham claims that because the plan provides substantially greater benefits to participants who are disabled by reason of a physical disability than to</p>					

participants (like Witham) who are disabled by reason of a mental disability, it unlawfully discriminates against those with mental impairments or handicaps. Witham began working at BWH in 1990 and elected to participate in the plan. In 1996, she was diagnosed with Anorexia Nervosa with secondary Bulimia. As a result of her illness, Witham became totally disabled. In the Spring of 1997, after apparently exhausting her short-term disability benefits, Witham applied for, and began receiving, long-term disability benefits. Liberty's predecessor, acting as the plan's administrator, notified Witham that her application for long-term disability benefits had been approved but, because her disability was due to a mental or emotional disease or disorder, she was eligible for not more than 24 months of benefits. Witham does not deny that her illness constitutes a "mental or emotional disease or disorder," as that phrase is used in the plan. In January of 1999, after Liberty assumed the role of plan administrator, it contacted Witham and reminded her of the 24 month cap on her long-term disability benefits. In March of 1999, that period expired and Witham's benefits stopped. Persuaded that her benefits had been terminated unlawfully, Witham filed a claim with the EEOC, received a "right to sue letter," and filed this suit. In it, she alleges that because the plan provides disparate benefits to physically disabled participants, on the one hand, and mentally disabled participants, on the other, it violates various provisions of the ADA. Defendants move to dismiss Witham's complaint, saying the provisions of the plan with which she takes issue do not, as a matter of law, violate the ADA and, therefore, she has failed to assert a viable cause of action. On May 31, 2011, the court concluded that the plaintiff's complaint failed to state a viable cause of action under either Title I or Title III of the ADA. Accordingly, defendant's motion to dismiss was granted.

Brigham and Women's Hospital	11/1/1991	Employment	Discrimination & Harassment: Racial	1:93-cv-11701-DPW	Massachusetts
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In 1993, Patrick Perkins filed a lawsuit against Brigham & Women's Hospital (BWH) in a Massachusetts state court charging BWH of racial discrimination. In this case, BWH allegedly fired plaintiff-appellant Patrick Perkins, an African-American male, because it discovered that he had engaged in a despicable pattern of work-related sexual harassment over a protracted period of time. Apparently convinced that the best defense is a good offense, Perkins sued. Unimpressed by this effort to turn the tables, the district court rejected Perkins' claims of race-based discrimination at the summary judgment stage. On appeal, Perkins accuses the court of straying down the wrong path. However, the appellate court affirmed the district court's judgment.

The Massachusetts General Hospital	3/10/2011	Professional Practices	Medical/Healthcare	Unknown	Massachusetts
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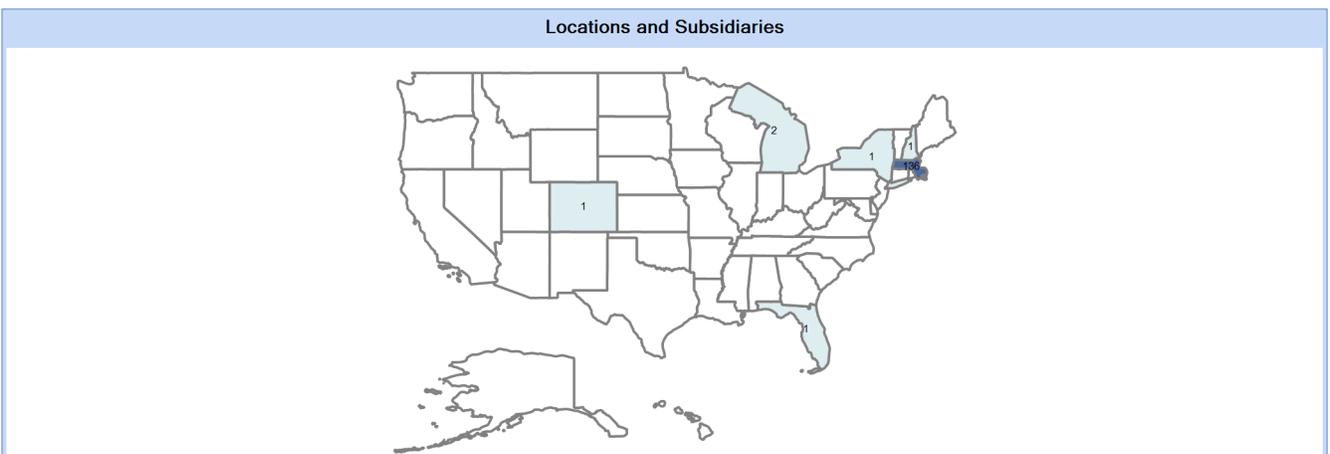
On March 10, 2011, the family of a 76-year-old woman Geraldine Oswald filed a wrongful death lawsuit in Suffolk Superior Court against Massachusetts General Hospital (MGH), five doctors and two nurses. The suit says the hospital gave Geraldine the wrong dose of a blood thinner. It was supposed to be a routine hospital stay. Geraldine had developed an infection after breaking her shoulder last year, and she was hospitalized in November at MGH. But in a tragic mix-up, hospital staff gave the 76-year-old woman far too much of a blood thinning drug, making it impossible for her blood to clot when she began bleeding internally. Hospital officials later acknowledged the mistake and said it could have been prevented. According to her death certificate, Geraldine hemorrhaged for 12 hours while in the hospital's care before she died. According to the lawsuit and hospital records provided to the family, Geraldine had been relatively healthy until she broke her shoulder one night last September when she fell while getting out of bed. She was treated for control of her pain and was put in a sling. While undergoing rehabilitation, she developed a minor urinary tract infection and was admitted to the MGH on Nov. 18. The doctors decided to give her the blood thinner to prevent the formation of potentially dangerous blood clots while she was hospitalized. But a nurse miscalculated the intravenous dose of the drug, and no doctor provided oversight, resulting in the overdose. The day nurse understood the intended dosing but made an error when entering the dose into the IV pump. The family seeks judgment, and other further relief.

Brigham And Women's Hospital Inc, The	11/23/2010	Business & Trade Practices	Breach of Contract	2:10-cv-06864-JP	Pennsylvania
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On November 23, 2010, Devon Robotics, LLC filed a lawsuit against The Brigham And Women's Hospital, Inc. in the Eastern District Court of Pennsylvania. The lawsuit alleges breach of Beta Test and/or Validation Agreement (Agreement) dated February 24, 2009 relating to the use or subsequent purchase or lease of an i.v. station device, an automated system designed for preparation of patient specific injectable drugs. Devon estimates that its damages in connection with the breach of the Validation Agreement exceed \$1,000,000. Thus, plaintiff sought damages from defendant in the amount of \$1 million together with interest, costs and attorney's fees. On February 7, 2011, this action was voluntarily dismissed by the Plaintiff.

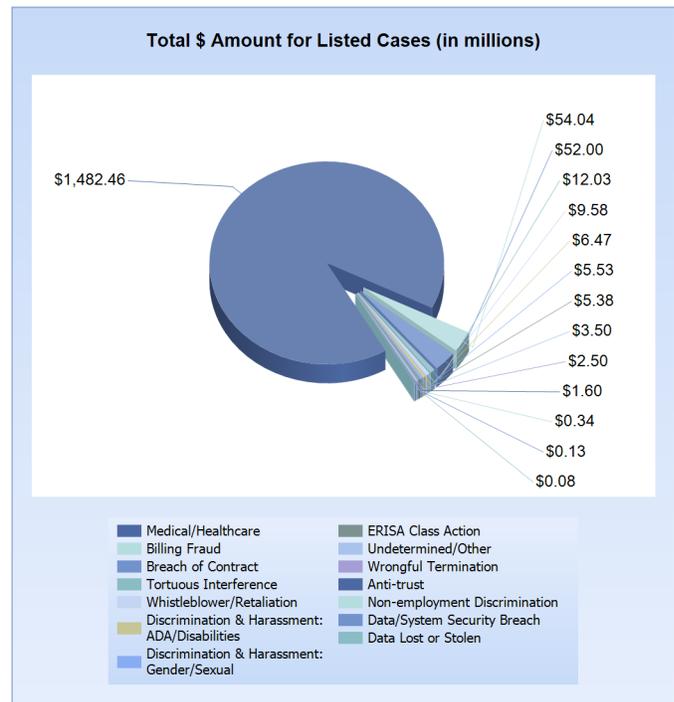
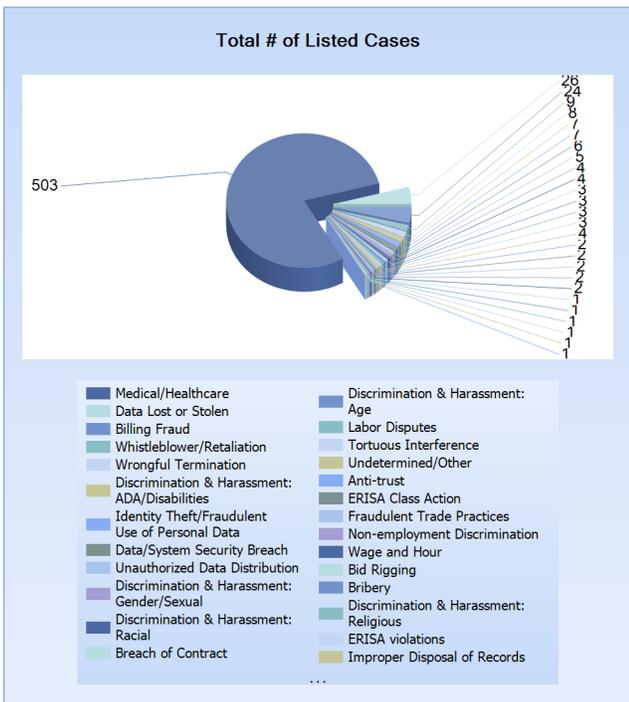
Massachusetts General Hospital, The	1/1/1961	Professional Practices	Medical/Healthcare	00-2553, 00-2554, 00-2555	Massachusetts
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This is a medical malpractice case, brought in 1995, for the deaths of two Massachusetts General Hospital (MGH) patients in 1961. The plaintiffs sued the doctor and institutions responsible for treating their decedents, Eileen Sienkewicz and George Heinrich, who suffered from a terminal form of brain cancer, with an experimental treatment known as boron neutron capture therapy (BNCT). BNCT proved not to save the lives of Sienkewicz or Heinrich. The plaintiffs' complaint included eleven causes of action. By the time the case reached trial, there were only three causes of action left. The jury returned a verdict for the plaintiffs on two claims -- negligence and wrongful death -- and found for the defendants on the informed consent claim. The defendants appeal from the negligence and wrongful death verdicts, arguing that there was insufficient evidence. The plaintiffs also sued the United States government under the Federal Tort Claims Act (FTCA) for its involvement in the experimental BNCT treatment through the Atomic Energy Commission (AEC). The district court determined that the government ""cannot be held liable under the [FTCA] for the alleged negligence of the private defendants"" and allowed the government's motion for judgment. Heinrich v. Sweet (Heinrich IV), 83 F. Supp. 2d 214, 224 (D. Mass. 2000). The plaintiffs appeal from that judgment and from the district court's subsequent reduction of the damages award to the plaintiffs. We affirm the district court's judgment for the United States on the FTCA claim. We vacate the judgment for the plaintiffs on the negligence and wrongful death claims because there was insufficient evidence to meet the plaintiffs' burden of proof, and we direct entry of judgment for the defendants, Dr. Sweet and MGH.



Recent Federal Dockets for the Company				
Caption	File date	Category	Docket Number	Court
Diaz v. the Brigham and Women's Hospital, Inc,	11/29/2011	Labor	1:11cv12106	US District Court for the District of Massachusetts
Brigham & Women's Hospital et al v. Sebelius	10/24/2011	Torts	1:11cv1871	US District Court for the District of Columbia
Pierre v. Brigham and Women's Hospital	4/20/2011	Labor	1:11cv10768	US District Court for the District of Massachusetts
Devon Robotics, LLC v. the Brigham and Women's Hospital, Inc	11/23/2010	Contracts	2:10cv6864	US District Court for the Eastern District of Pennsylvania
Zarlenga v. Scott et al	9/10/2010	Torts	1:10cv11603	US District Court for the District of Massachusetts
Hamilton, et al v. Partners Healthcare System, Inc, et al	10/16/2009	Labor	1:09cv11725	US District Court for the District of Massachusetts
Hamilton, et al v. Partners Healthcare, et al	9/3/2009	Labor	1:09cv11461	US District Court for the District of Massachusetts
Solis v. Partners Healthcare System, Inc et al	4/24/2009	Labor	1:09cv10666	US District Court for the District of Massachusetts
Soni v. Brigham & Women's Hospital et al	11/10/2008	Labor	1:08cv11875	US District Court for the District of Massachusetts
Brigham & Women's Hospital et al v. Leavitt	8/12/2008	Torts	1:08cv1412	US District Court for the District of Columbia
Cerreto v. the Brigham & Womens Hospital, Inc	8/13/2007	Labor	4:07cv40213	US District Court for the District of Massachusetts
Nathan et al v. Brigham and Women's Hospital et al	4/6/2007	Labor	1:07cv10667	US District Court for the District of Massachusetts
McGovern VS Brigham & Women's Hospital et al	4/4/2007	Torts	1:07cv10643	US District Court for the District of Massachusetts
Anna Jaques Hospital et al v. Michael O Leavitt	4/27/2006	Torts	1:06cv767	US District Court for the District of Columbia
Leone v. Brigham & Women's Hospital et al	11/29/2005	Personal Injury	1:05cv12390	US District Court for the District of Massachusetts

**Potential Insured Losses based on Industry Experience (Management Liability)**



Top Industry Management Liability Cases by Accident/Filing Date				
Company	Acc/Filing Date	Amount (in millions)	Category	Subtype
Loma Linda University Medical Center	12/12/2011	\$0.08	Cyber/ Identity Risks	Data Lost or Stolen
On December 12, 2011, a hospital employee allegedly stole personal information, including Social Security Numbers, belonging to 1,336 Loma Linda Unive...				
University of Kansas	11/30/2011		Cyber/ Identity Risks	Data Lost or Stolen
Personal information stolen from student housing: People broke into a Department of Student Housing office Wednesday night and stole documents contain...				
Parkland Health & Hospital System	11/18/2011		Cyber/ Identity Risks	Identity Theft/ Fraudulent Use of Personal Data
Parkland employee fired after theft of thousands of patient records: Authorities are investigating the theft of thousands of patient records at Parkla...				
Hackensack University Medical Center	9/26/2011		Cyber/ Identity Risks	Identity Theft/ Fraudulent Use of Personal Data
Information stolen from records of 445 Hackensack University Medical patients: Hackensack University Medical Center officials said a former employee s...				
Beth Israel Deaconess Medical Center Inc	7/18/2011		Cyber/ Identity Risks	Data/System Security Breach
BIDMC Notifying Patients Of Potential Computer Data Breach: Beth Israel Deaconess Medical Center (BIDMC) is in the process of notifying patients of a ...				
Dekalb Medical Center, Inc.	7/15/2011		Cyber/ Identity Risks	Identity Theft/ Fraudulent Use of Personal Data
DeKalb Medical Reports Theft of Patient Information: DeKalb Medical was recently informed by the United States Secret Service that personal informatio...				
University of Iowa Hospitals and Clinics	3/14/2011		Employment	Undetermined /Other
On March 15, 2011, several workers at University of Iowa Hospitals and Clinics filed complaints alleging their supervisor hid a baby monitor to listen...				
Emory Healthcare, Inc.	2/20/2011		Cyber/ Identity Risks	Data/System Security Breach
Emory Health Care Records Hacked: ATLANTA-- Emory Health Care says computer hackers lifted at least 77 patient records with personal information from ...				
White Memorial Medical Center Inc	2/11/2011		Professional Practices	Medical/ Healthcare
On February 3, 2012, a lawsuit was filed against White Memorial Medical Center and Dr. Michael Hernandez. The lawsuit centers on Jesse Bravo, a mar...				
Parkland Health & Hospital System	2/11/2011		Professional Practices	Medical/ Healthcare
On January 20, 2012, Onie Jane Pena filed a complaint at the County Court at Law No. 4 of Dallas County, in the State of Dallas as a representative of...				

Top Industry Management Liability Cases by Settlement Amount				
Company	Acc/Filing Date	Amount (in millions)	Category	Subtype
Washington Township Healthcare District	6/8/1997	\$84.25	Professional Practices	Medical/ Healthcare
Delayed Treatment of Jaundice Caused Quadriplegia: Palsy Andrew Leyvas now a 5-year-old boy, suffered from jaundice at birth and his parents sought me...				
Bronx Lebanon Hospital Center Inc	2/14/2002	\$64.00	Professional Practices	Medical/ Healthcare
On 12/27/83, Plaintiff's mother was admitted to Defendant Hospital in labor. Defendant Legatt, an employee of the Hospital, was the attending obstetri...				
Bronx Lebanon Hospital Center Inc	12/27/1983	\$64.00	Professional Practices	Medical/ Healthcare
Failure to Note Fetal Distress Resulted in Memory Loss: On December 27, 1983, plaintiff Sol Triana Rivera was admitted to the Bronx Lebanon Hospital w...				
Beth Israel Medical Center	3/19/1998	\$61.60	Professional Practices	Medical/ Healthcare
The infant Plaintiff, age 9 at trial, was born on 3/7/89 at 42 weeks gestation. Plaintiff claimed that he suffered permanent brain damage because Deft...				
Beth Israel Medical Center	2/15/2002	\$56.00	Professional Practices	Medical/ Healthcare
Doctors Mistook E. Coli Infection for Milk Allergy: Beth Meyers, now 13, suffered severe brain damage shortly after birth at New York's Beth Israel Me...				
Saint Alphonsus Regional Medical Center, Inc.	2/24/2004	\$52.00	Business & Trade Practices	Breach of Contract
Doctors of Magentic Resonance, Inc., Saint Alphonsus Diversified Care, Inc., Mednow Inc. and HCA of Idaho, Inc. formed a general partnership named MRI...				
St. Joseph's Hospital, Inc.		\$37.85	Professional Practices	Medical/ Healthcare
Deceleration in fetal heart rate called for C-section: plaintiff On Sept. 7, 2003, plaintiff Brandon Dixon was born to Michelle Coleman at St. Joseph'...				
Hartford Hospital	2/10/1999	\$36.50	Professional Practices	Medical/ Healthcare
Boy Severely Brain Damaged Due To Delay in C-Section: On February 10, 1999, plaintiff Nicholas Cowles, 6 years old at trial, was born at Hartford Hosp...				
Waukesha Memorial Hospital, Inc	7/1/2005	\$35.31	Professional Practices	Medical/ Healthcare
Air pocket via IV line caused infant's brain damage: family On Jan. 13, 2004, plaintiff Zachariah Bartowitz, a 2-week-old boy, was diagnosed with a pe...				
New York Methodist Hospital	11/15/1990	\$29.30	Professional Practices	Medical/ Healthcare
Untimely, Premature Delivery Blamed For Infant's Palsy: Plaintiff Stephanie Muniz was born November 15, 1990. One day earlier, Stephanie's mother, Nan...				

Key Personnel			
Name	Age	Title	Officer Since
Betsy Nabel	N/A	President	N/A

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## Recent News

### DNA marker predicts platinum drug response in breast, ovarian cancer

04/09/2012

Scientists from Brigham and Women's Hospital and Dana-Farber Cancer Institute and their colleagues have found a genetic marker that predicts which aggressive "triple negative" breast cancers and certain ovarian cancers will likely respond to platinum-based chemotherapies (see also Ovarian Cancer).

The marker, found on chromosomes within the cancer cells, could lead to a test for identifying patients whose cancers could be effectively treated by a single platinum-based drug, "and avoid the toxicities of other chemotherapy combinations," says Andrea Richardson, MD, PhD, co senior author of the study and a surgical pathologist at Brigham and Women's and Dana-Farber.

The report is being published in the April issue of *Cancer Discovery*, a journal of the American Association for Cancer Research.

Many cancer treatments work by damaging DNA within tumor cells, rendering the cells unable to grow and divide. While some cancer cells can readily repair broken DNA molecules, allowing them to survive drug or radiation therapy, others have lost this repair capacity, making them vulnerable to DNA-damaging agents.

The new marker, Richardson says, flags breast and ovarian cancer cells that can't repair the type of DNA damage caused by treatment with platinum drugs, including cisplatin and carboplatin. A clinical test for the marker could be particularly valuable in treating triple-negative breast cancers, which are resistant to anti-hormonal therapies or targeted drugs like Herceptin.

"We currently do not have any targeted therapies for patients with triple-negative breast cancer, so if these laboratory findings are confirmed and an assay is created to predict sensitivity to drugs that target defective DNA repair, it would be a major step forward," says Richardson, the primary pathologist for the study. However, she adds, such an assay isn't likely to be developed soon.

The new genetic marker was discovered when Richardson and others studied tumor tissue collected from triple negative breast cancer patients who participated in two clinical trials of platinum drug therapy. Triple-negative tumors develop in about 80 percent of women who carry mutated breast cancer genes BRCA1 and BRCA2. These tumors are characterized by a lack of estrogen, progesterone, and HER2 receptors, which makes them unresponsive to targeted treatments that block those receptors.

The two clinical trials, led by Judy Garber, MD, MPH, of Dana-Farber, were investigating whether platinum drugs would also be effective in so-called "sporadic" triple negative tumors - those that develop in the absence of BRCA1 and BRCA2 genetic mutations. Overall, about 20 percent of breast cancers are triple negative. Some of these cancers respond to standard chemotherapy drugs, while others don't. The patients whose triple negative tumors do not go away after chemotherapy have a particularly poor prognosis.

A total of 79 patients in the two trials received cisplatin alone or in combination with bevacizumab (Avastin) to shrink their tumors prior to removing them surgically. In both trials, approximately 40 percent of patients had a complete or near-complete disappearance of the cancer after the cisplatin therapy.

The researchers analyzed tissue from the patients before and after the cisplatin treatment, looking for features in the cancer cells' DNA that predicted a favorable response to the pre-operative chemotherapy. They found one - a high level of partial chromosome losses in the tumor cells that responded to the cisplatin treatment.

The tell-tale pattern, or genetic marker, was finding a high number of chromosome regions showing allelic imbalance, meaning that instead of the normal equal distribution of DNA from both parents, the tumor cells had lost one parental copy of the DNA in parts of many chromosomes. This didn't surprise the researchers: in fact, they expected it, since allelic imbalance is also found in triple-negative breast cancers associated with BRCA 1 and BRCA2 mutations. Specifically, the strongest indicator of defective DNA damage repair was in cancer cells when the regions of allelic imbalance included the tips of the chromosomes, called telomeres.

The scientists also analyzed data on tumor characteristics and treatment outcomes from The Cancer Genome Atlas, a federally funded database, to demonstrate that allelic imbalance predicted defective DNA damage repair and sensitivity to platinum drugs in serous ovarian cancers.

In the future, the scientists say, allelic instability "may prove useful in predicting response to a variety of therapeutic strategies exploiting defective DNA repair."

### Research from Brigham and Women's Hospital Has Provided New Data on Leukemia

04/09/2012

Research findings, "Genome-wide analysis reveals conserved and divergent features of Notch1/RBPJ binding in human and murine T-lymphoblastic leukemia cells," are discussed in a new report. According to the authors of a study from Boston, Massachusetts, "Notch1 regulates gene expression by associating with the DNA-binding factor RBPJ and is oncogenic in murine and human T-cell progenitors. Using ChIP-Seq, we find that in human and murine T-lymphoblastic leukemia (TLL) genomes Notch1 binds preferentially to promoters, to RBPJ binding sites, and near imputed ZNF143, ETS, and RUNX sites."

"ChIP-Seq confirmed that ZNF143 binds to ~40% of Notch1 sites. Notch1/ZNF143 sites are characterized by high Notch1 and ZNF143 signals, frequent cobinding of RBPJ (generally through sites embedded within ZNF143 motifs), strong promoter bias, and relatively low mean levels of activating chromatin marks. RBPJ and ZNF143 binding to DNA is mutually exclusive in vitro, suggesting RBPJ/Notch1 and ZNF143 complexes exchange on these sites in cells. K-means clustering of Notch1 binding sites and associated motifs identified conserved Notch1-RUNX, Notch1-ETS, Notch1-RBPJ, Notch1-ZNF143, and Notch1-ZNF143-ETS clusters with different genomic distributions and levels of chromatin marks. Although Notch1 binds mainly to gene promoters, ~75% of direct target genes lack promoter binding and are presumably regulated by enhancers, which were identified near MYC, DTX1, IGF1R, IL7R, and the GIMAP cluster. Human and murine TLL genomes also have many sites that bind only RBPJ. Murine RBPJ-only sites are highly enriched for imputed REST (a DNA-binding transcriptional repressor) sites, whereas human RBPJ-only sites lack REST motifs and are more highly enriched for imputed CREB sites," wrote H. Wang and colleagues, Brigham and Women's Hospital (see also Leukemia).

The researchers concluded: "Thus, there is a conserved network of cis-regulatory factors that interacts with Notch1 to regulate gene expression in TLL cells, as well

as unique classes of divergent RBPJ-only sites that also likely regulate transcription."

Wang and colleagues published the results of their research in Proceedings of the National Academy of Sciences of the United States of America (Genome-wide analysis reveals conserved and divergent features of Notch1/RBPJ binding in human and murine T-lymphoblastic leukemia cells. Proceedings of the National Academy of Sciences of the United States of America, 2011;108(36):14908-13).

#### Research on Pulmonary Disease Discussed by Investigators at Brigham and Women's Hospital

04/07/2012

"Chronic obstructive pulmonary disease (COPD) is associated with local (lung) and systemic (blood) inflammation and manifestations. DNA methylation is an important regulator of gene transcription, and global and specific gene methylation marks may vary with cigarette smoke exposure," researchers in Boston, Massachusetts report (see also Pulmonary Disease).

"To perform a comprehensive assessment of methylation marks in DNA from subjects well phenotyped for nonneoplastic lung disease. We conducted array-based methylation screens, using a test-replication approach, in two family-based cohorts (n = 1,085 and 369 subjects). We observed 349 CpG sites significantly associated with the presence and severity of COPD in both cohorts. Seventy percent of the associated CpG sites were outside of CpG islands, with the majority of CpG sites relatively hypomethylated. Gene ontology analysis based on these 349 CpGs (330 genes) suggested the involvement of a number of genes responsible for immune and inflammatory system pathways, responses to stress and external stimuli, as well as wound healing and coagulation cascades. Interestingly, our observations include significant, replicable associations between SERPINA1 hypomethylation and COPD and lower average lung function phenotypes (combined P values: COPD,  $1.5 \times 10^{-23}$ ; FEV1/FVC,  $1.5 \times 10^{-35}$ ; FEV1,  $2.2 \times 10^{-40}$ ). Genetic and epigenetic pathways may both contribute to COPD. Many of the top associations between COPD and DNA methylation occur in biologically plausible pathways," wrote W.L. Qiu and colleagues, Brigham and Women's Hospital.

The researchers concluded: "This large-scale analysis suggests that DNA methylation may be a biomarker of COPD and may highlight new pathways of COPD pathogenesis."

Qiu and colleagues published their study in American Journal of Respiratory and Critical Care Medicine (Variable DNA Methylation Is Associated with Chronic Obstructive Pulmonary Disease and Lung Function. American Journal of Respiratory and Critical Care Medicine, 2012;185(4):373-381).

#### Brigham and Women's Hospital Assigned Patent

04/07/2012

Brigham and Women's Hospital, Boston, has been assigned a patent (8,147,817) developed by Richard T. Lee, Weston, Mass., for an "IL-33 in the treatment and diagnosis of diseases and disorders." The abstract of the patent published by the U.S. Patent and Trademark Office states: "This invention relates to methods and compositions for the treatment and diagnosis of cardiac diseases and disorders, such as cardiac hypertrophy, myocardial infarction, stroke, arteriosclerosis and heart failure. The invention also relates to methods and compositions for the treatment of fibrosis-related diseases as well as methods and compositions for reducing apoptosis, increasing ST2L signaling, decreasing NF- $\kappa$ B activation, decreasing I $\kappa$ B $\alpha$  phosphorylation, decreasing P38MAPK phosphorylation, decreasing JNK phosphorylation, decreasing reactive oxygen species generation, decreasing macrophage infiltration and/or decreasing the expression of hypertrophic genes. More specifically, the invention relates to IL-33 and/or soluble ST2 inhibiting agents for use in the methods and compositions provided."

The patent application was filed on May 4, 2007 (11/800,405). The full-text of the patent can be found at <http://patft.uspto.gov/netacgi/nph-Parser?Sect1=PTO2&Sect2=HITOFF&p=1&u=%2Fnetacgi%2FPTO%2Fsearch-bool.html&r=1&f=G&l=50&co1=AND&d=PTXT&s1=8,147,817&OS=8,147,817&RS=8,147,817>

#### Study Findings from Brigham and Women's Hospital Provide New Insights into Mononuclear Leukocytes

04/06/2012

According to the authors of recent research published in the journal Proceedings of the National Academy of Sciences of the United States of America, "The classical nonhomologous DNA end-joining (C-NHEJ) double-strand break (DSB) repair pathway in mammalian cells maintains genome stability and is required for V(D)J recombination and lymphocyte development. Mutations in the XLF C-NHEJ factor or ataxia telangiectasia-mutated (ATM) DSB response protein cause radiosensitivity and immunodeficiency in humans."

"Although potential roles for XLF in C-NHEJ are unknown, ATM activates a general DSB response by phosphorylating substrates, including histone H2AX and 53BP1, which are assembled into chromatin complexes around DSBs. In mice, C-NHEJ, V(D) J recombination, and lymphocyte development are, at most, modestly impaired in the absence of XLF or ATM, but are severely impaired in the absence of both. Redundant functions of XLF and ATM depend on ATM kinase activity; correspondingly, combined XLF and H2AX deficiency severely impairs V(D) J recombination, even though H2AX deficiency alone has little impact on this process. These and other findings suggest that XLF may provide functions that overlap more broadly with assembled DSB response factors on chromatin. As one test of this notion, we generated mice and cells with a combined deficiency for XLF and 53BP1. In this context, 53BP1 deficiency, although leading to genome instability, has only modest effects on V(D) J recombination or lymphocyte development. Strikingly, we find that combined XLF/53BP1 deficiency in mice severely impairs C-NHEJ, V(D) J recombination, and lymphocyte development while also leading to general genomic instability and growth defects," wrote V. Oksenyich and colleagues, Brigham and Women's Hospital (see also Mononuclear Leukocytes).

The researchers concluded: "We conclude that XLF is functionally redundant with multiple members of the ATM-dependent DNA damage response in facilitating C-NHEJ and discuss implications of our findings for potential functions of these factors."

Oksenyich and colleagues published their study in Proceedings of the National Academy of Sciences of the United States of America (Functional redundancy between repair factor XLF and damage response mediator 53BP1 in V(D)J recombination and DNA repair. Proceedings of the National Academy of Sciences of the United States of America, 2012;109(7):2455-2460).

## Web References

### Elizabeth Nabel

**Current Position:** Board Member,  
[National Heart, Lung and Blood Institute](#),  
Bethesda, United States

### Employment History

- **Director, National Heart, Lung and Blood Institute**, Bethesda, United States
- **President, Brigham and Women's Hospital**, Boston, United States
- **Director, National Heart, National Institutes of Health**, Bethesda, United States
- **Heart Chief, National Institutes of Health**, Bethesda, United States
- **President, Women's/Faulkner Hospital**, Boston, United States

### Education

- **medical degree**, Cornell
- **honorary doctoral degree**, University of Leuven

### Web Reference

1.

<http://www.hhmi.net/about/mab.html>

Published on: 2012-03-01

Elizabeth G. Nabel, M.D. President Brigham and Women's Hospital

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### 2. Progeria Research Foundation | Meeting Summary

<http://www.progeriaresearch.org/meetingsummary.html>

Published on: 2012-03-01

Elizabeth Nabel, (Brigham & Women's Hospital, Boston) described the commonalities between cardiovascular disease in Progeria and the aging population as demonstrated in both progeria mouse models and in human pathology specimens.. Elizabeth Nabel, MD, President of Brigham and Women's/Faulkner Hospitals, Professor of Medicine, Harvard Medical School, and former Director of the National Heart, Lung, and Blood Institute at NIH

3.

[http://www.portsmouth-dailytimes.com/view/full\\_story/1996356/article-Women-are-just-as-likely-to-have-heart-problems?](http://www.portsmouth-dailytimes.com/view/full_story/1996356/article-Women-are-just-as-likely-to-have-heart-problems?)

Published on: 2012-02-12

That's the message from Elizabeth G. Nabel, M.D., director of the National Heart, Lung and Blood Institute, part of the National Institutes of Health. "Understanding your personal risk of heart disease really matters. Having just one risk factor for heart disease - like high blood pressure or being overweight - doubles your chance of developing heart disease. And the alarming fact is that more than 80 percent of midlife women have one or more of the risk factors," said Dr. Nabel.

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### 4. Speaker Biographies M to Z | The Aspen Institute

<http://www.aspeninstitute.org/policy-work/health-biomedical-science-society/aspen-health-forum-2007/speaker-biographies-m-z>

Published on: 2012-02-10

Elizabeth Nabel, MD Elizabeth G. Nabel is Director of the National Heart, Lung, and Blood Institute at the National Institutes of Health. Dr. Nabel leads an extensive international research portfolio with an annual budget of about \$3 billion to prevent, diagnose, and treat heart, lung, and blood diseases. As a physician-scientist, Dr. Nabel has made substantial contributions to our understanding of the molecular genetics of cardiovascular diseases, which have led to the development of novel

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therapeutics and devices. She is the recipient of the Willem Einthoven Award, the Amgen-Scientific Achievement Award, and the American Heart Association Distinguished Achievement Award, as well as several honorary degrees. Dr. Nabel is an elected member of the Institute of Medicine, where she serves on its governing council.

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5.

<http://www.thehawkeye.com/story/BC-US-MED--200-Years-of-Medicine-HFR>

Published on: 2012-01-10

Heart care has been a journal specialty, and two prominent doctors - Elizabeth Nabel and Eugene Braunwald of Brigham and Women's Hospital - trace its evolution in this week's issue. Nabel is former director of the National Heart, Lung and Blood Institute and now is president of the Boston hospital. Heart care has been a journal specialty, and two prominent doctors - Elizabeth Nabel and Eugene Braunwald of Brigham and Women's Hospital - trace its evolution in this week's issue. Nabel is former director of the National Heart, Lung and Blood Institute and now is president of the Boston hospital.

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6.

<http://www.durangoherald.com/article/20120109/LIFESTYLE04/701099995/Changing-lives-for-200-years>

Published on: 2012-01-09

Heart care has been a journal specialty, and two prominent doctors Elizabeth Nabel and Eugene Braunwald of Brigham and Womens Hospital trace its evolution in this weeks issue. Nabel is former director of the National Heart, Lung and Blood Institute and now is president of the Boston hospital.

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## 7. BWH Leadership Bios

[http://www.brighamandwomens.org/about\\_bwh/publicaffairs/aboutbwh/leadershipbios.aspx?subID=submenu5%20](http://www.brighamandwomens.org/about_bwh/publicaffairs/aboutbwh/leadershipbios.aspx?subID=submenu5%20)

Published on: 2012-01-08

Elizabeth G. Nabel, MD Dr. Elizabeth Nabel, BWH President, Brigham and Women's Hospital Elizabeth G. Nabel, MD, is the president of the Brigham and Women's/Faulkner Hospitals, a position she assumed on Jan. 4, 2010. Prior to her position at BWH, Dr Nabel served as the director of the National Heart, Lung, and Blood Institute at the National Institutes of Health. In this capacity, Dr. Nabel oversaw an extensive national research portfolio with an annual budget of approximately \$3.0 billion to prevent, diagnose, and treat heart, lung, and blood diseases. A native of St. Paul, Minnesota, she attended Weill Cornell Medical College and conducted her internal medicine and cardiovascular training at Brigham and Women's Hospital, Harvard Medical School, followed by faculty positions at the University of Michigan Medical School where she directed the Division of Cardiology and the Cardiovascular Research Center. As a physician-scientist, Dr. Nabel has made substantial contributions to our understanding of molecular genetics of cardiovascular diseases. She has delineated the mechanisms by which cell cycle and growth factor proteins regulate the proliferation of vascular cells in blood vessels, a process important for the development of atherosclerosis and other cardiovascular diseases. Her current work has focused on the rare premature aging disorder, Hutchinson-Gilford Progeria Syndrome, where she has characterized the smooth muscle cell defect leading to premature heart attack and stroke in children in their early teens. Among her leadership efforts as NHLBI director, Dr. Nabel launched new scientific programs in genetics and genomics, stem and progenitor cell biology, translational research, global health, and support for young investigators. Her awards include the Willem Einthoven Award; the Amgen-Scientific Achievement Award; the American Heart Association Distinguished Achievement Awards; the Eugene Braunwald Academic Mentorship Award; the Distinguished Alumni Award from Weill Cornell Medical College; the Lewis Katz Research Prize in Cardiovascular Research and four honorary doctorates. She is a member of the American Academy of the Arts and Sciences, the Institute of Medicine (Council) of the National Academy of Sciences, the Association of American Physicians (Council), and a fellow of the American Association for the Advancement of Science. Dr. Nabel has served on the Board of Reviewing Editors for Science and currently is on the Editorial Board of the New England Journal of Medicine and Science Translational Medicine. She is a partner on 17 patents and the author of more than 250 scientific publications. Dr. Nabel's pledge is to strengthen the mission of the Brigham and Women's/Faulkner Hospitals and their connections to the people and the communities that they serve, whether they live across street or around the world.

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## 8. Critical Markers of Disease - 2010 Symposium Faculty

[http://www.cmod.org/events\\_faculty.html](http://www.cmod.org/events_faculty.html)

Published on: 2011-12-27

Elizabeth Nabel, M.D. Director, NHLBI, NIH

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9.

<http://www.bcatech.org/a549096-aaas-science-to-launch-new-journal-science.cfm>

Published on: 2011-11-03

Elizabeth G. Nabel, M.D. Chief and Principal Investigator, Nabel Lab, Cardiovascular Branch, Vascular Biology Section Director, National Heart, Lung, and Blood Institute, National Institutes of Health

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## 10. BWH President Betsy Nabel, MD bio

[http://www.brighamandwomens.com/About\\_BWH/publicaffairs/aboutbwh/LeadershipBios/Nabel.aspx](http://www.brighamandwomens.com/About_BWH/publicaffairs/aboutbwh/LeadershipBios/Nabel.aspx)

Published on: 2011-10-20

Elizabeth G. Nabel, MD Home > About BWH > Newsroom > About Brigham and Women's Hospital > Hospital Leadership > BWH President Betsy Nabel, MD BWH President Betsy Nabel, MD Elizabeth G. Nabel, MD President, Brigham and Women's/Faulkner Hospitals Elizabeth G. Nabel, MD, is the president of the Brigham and Women's/Faulkner Hospitals, a position she assumed on Jan. 4, 2010. Prior to her position at BWH, Dr. Nabel served as the director of the National Heart, Lung, and Blood Institute at the National Institutes of Health. In this capacity, Dr. Nabel oversaw an extensive national research portfolio with an annual budget of approximately \$3.0 billion to prevent, diagnose, and treat heart, lung, and blood diseases. A native of St. Paul, Minnesota, she attended Weill Cornell Medical College and conducted her internal medicine and cardiovascular training at Brigham and Women's Hospital, Harvard Medical School, followed by faculty positions at the University of Michigan Medical School where she directed the Division of Cardiology and the Cardiovascular Research Center. As a physician-scientist, Dr. Nabel has made substantial contributions to our understanding of molecular genetics of cardiovascular diseases. She has delineated the mechanisms by which cell cycle and growth factor proteins regulate the proliferation of vascular cells in blood vessels, a process important for the development of atherosclerosis and other cardiovascular diseases. Her current work has focused on the rare premature aging disorder, Hutchinson-Gilford Progeria Syndrome, where she has characterized the smooth muscle cell defect leading to premature heart attack and stroke in children in their early teens. Among her leadership efforts as NHLBI director, Dr. Nabel launched new scientific programs in genetics and genomics, stem and progenitor cell biology, translational research, global health, and support for young investigators. Her awards include the Willem Einthoven Award; the Amgen-Scientific Achievement Award; the American Heart Association Distinguished Achievement Awards; the Eugene Braunwald Academic Mentorship Award; the Distinguished Alumni Award from Weill Cornell Medical College; the Lewis Katz Research Prize in Cardiovascular Research and four honorary doctorates. She is a member of the American Academy of the Arts and Sciences, the Institute of Medicine (Council) of the National Academy of Sciences, the Association of American Physicians (Council), and a fellow of the American Association for the Advancement of Science. Dr. Nabel has served on the Board of Reviewing Editors for Science and currently is on the Editorial Board of the New England Journal of Medicine and Science Translational Medicine. She is a partner on 17 patents and the author of more than 250 scientific publications. Dr. Nabel's pledge is to strengthen the mission of the Brigham and Women's/Faulkner Hospitals and their connections to the people and the communities that they serve, whether they live across street or around the world.

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