



STATE OF NEW YORK DEPARTMENT OF HEALTH

433 River Street, Suite 303

Troy, New York 12180-2299

Antonia C. Novello, M.D., M.P.H., Dr.P.H.
Commissioner

Public

Dennis P. Whalen
Executive Deputy Commissioner

November 15, 2005

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Akiva Abraham, M.D.
989 Route 146
Clifton Park, New York 12065

James E. Hacker, Esq.
Hacker & Murphy
7 Airport Park Boulevard
Latham, New York 12110

Lee A. Davis, Esq.
NYS Department of Health
ESP-Corning Tower-Room 2509
Albany, New York 12237-0032

RE: In the Matter of Akiva Abraham, M.D.

Dear Parties:

Enclosed please find the Determination and Order (No. 05-154) of the Professional Medical Conduct Administrative Review Board in the above referenced matter. This Determination and Order shall be deemed effective upon receipt or seven (7) days after mailing by certified mail as per the provisions of §230, subdivision 10, paragraph (h) of the New York State Public Health Law.

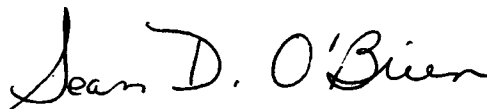
Five days after receipt of this Order, you will be required to deliver to the Board of Professional Medical Conduct your license to practice medicine if said license has been revoked, annulled, suspended or surrendered, together with the registration certificate. Delivery shall be by either **certified mail or in person** to:

Office of Professional Medical Conduct
New York State Department of Health
Hedley Park Place
433 River Street-Fourth Floor
Troy, New York 12180

If your license or registration certificate is lost, misplaced or its whereabouts is otherwise unknown, you shall submit an affidavit to that effect. If subsequently you locate the requested items, they must then be delivered to the Office of Professional Medical Conduct in the manner noted above.

This exhausts all administrative remedies in this matter [PHL §230-c(5)].

Sincerely,

A handwritten signature in black ink that reads "Sean D. O'Brien". The signature is written in a cursive style with a large initial "S" and "D".

Sean D. O'Brien, Director
Bureau of Adjudication

SDO:cah

Enclosure

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

In the Matter of

Akiva Abraham, M.D. (Respondent)

**A proceeding to review a Determination by a
Committee (Committee) from the Board for
Professional Medical Conduct (BPMC)**

Administrative Review Board (ARB)

Determination and Order No. 05-154

COPY

**Before ARB Members Grossman, Lynch, Pellman, Wagle and Briber
Administrative Law Judge James F. Horan drafted the Determination**

For the Department of Health (Petitioner): Lee A. Davis, Esq.

For the Respondent: James E. Hacker, Esq.

After a hearing below, a BPMC Committee found that the Respondent committed professional misconduct by engaging in a sexual relationship with a patient during treatment, providing care to patients below accepted standards and making repeated and intentional misrepresentations. The Committee voted 2-1 to revoke the Respondent's license to practice medicine in New York State (License). In this proceeding pursuant to N.Y. Pub. Health Law (PHL) § 230-c (4)(a)(McKinney Supp. 2005), the Respondent asks the ARB to reduce that penalty. The Respondent argues that the evidence at hearing failed to support the revocation, that the Committee erred in their judgment on expert opinions, that the Committee erred in factual findings and that the Respondent failed to receive due process. After reviewing the hearing record and the parties' review submissions, the ARB affirms the Committee's penalty in full.

Committee Determination on the Charges

The Committee conducted a hearing pursuant to PHL § 230(10)(e) into charges alleging that the Respondent violated N. Y. Educ. Law (EL) §§ 6530(2-4), 6530(8), 6530(20-21) & 6530(32)(McKinney Supp. 2005) by committing professional misconduct under the following specifications:

- practicing medicine fraudulently,
- practicing medicine with negligence on more than one occasion,
- practicing medicine with gross incompetence,
- suffering from a psychiatric condition which impairs medical practice,
- engaging in conduct in practice that evidences moral unfitness,
- willfully making or filing a false report, and,
- failing to maintain accurate patient records.

The charges related to a sexual relationship that the Respondent engaged in with one patient (Patient A), to the care the Respondent provided or the records that the Respondent maintained for the care to eight persons (Patients A-H), statements on the Respondent's website and the Respondent's psychiatric condition. The record refers to patients by initials to protect privacy.

The Committee conducted a ten-day hearing on the charges and then rendered the Determination now on review.

The only gross negligence charge related to the treatment to Patient F. The Committee dismissed that charge and the charges that the Respondent practiced with negligence on more than one occasion in treating Patients F and H.

The Committee found that the Respondent suffers from a personality disorder, with narcissistic and anti-social features. The Respondent concedes that medical experts for both parties agreed on that diagnosis. The experts disagree on whether the Respondent's condition will respond to treatment. The Committee determined that the Respondent suffers from a

psychiatric condition, which impairs practice, and that the condition makes the Respondent subject to disciplinary action against his License under EL §6530(8).

On the charges concerning the website, the Committee found that the Respondent indicated falsely on his practice's website that the Respondent belonged to the American Association of Gynecological Laparoscopists and the American Medical Association. The Committee found that the Respondent belonged to neither organization and that the information on the website constituted intentional misrepresentations that amounted to fraud in practice and that evidenced moral unfitness in practice.

On the charges relating to records for Patients B and C, the Committee found that the Respondent falsified the records for both Patients. The Committee found the falsifications intentional and determined that the falsifications amounted to practicing fraudulently, engaging in conduct that evidences moral unfitness, filing false reports and failing to maintain accurate records. The Committee found further that the Respondent made the misrepresentation on the medical chart for Patient B with the intention to deceive subsequent treating practitioners. The Committee found that the error in the chart that could effect subsequent treatment constituted negligence in practice.

On the care for Patient A, the Committee found that the Patient treated the Respondent for routine care and for pregnancy termination. The Committee determined that the Respondent provided the Patient with Methotrexate for the termination without obtaining a contemporary analysis to identify negative complications and the Committee determined that the Respondent delivered pain medication to the Patient at her apartment without recording the medication in the Patient's chart. The Committee found further that the Respondent engaged in a sexual relationship with Patient A while serving as the Patient's Gynecologist, that the Respondent began the relationship at the visit when the Respondent delivered the pain medication to the Patient's apartment and after the Patient ingested the pain medication, that the Respondent compelled the Patient to engage in sexual intercourse on May 5, 2002 and that the Respondent stated falsely, in an interview with the State Department of Health, that the Respondent engaged in no relationship with the Patient. The Committee concluded that the Respondent conduct's

constituted practicing with fraud and negligence, engaging in conduct that evidenced moral unfitness, filing a false report and failing to maintain an accurate patient record.

On the care for Patient D, the Committee found that the Respondent faxed an admission, to St. Peter's Hospital in Albany, which indicated that the Patient complained of headaches and visual disturbances and required an induction of labor. The Committee found that the Patient never indicated that she was suffering visual disturbances and headaches and that the Respondent never made an entry in the Patient's medical record to document such complaints. The Committee also found that the Respondent denied, in a Health Department interview, that the Respondent told the Patient that he was inducing her labor to accommodate his vacation plans. The Committee found that statement false. The Committee also determined that the Respondent diagnosed the Patient with pre-eclampsia inappropriately. The Committee concluded that the Respondent's conduct in treating Patient D amounted to practicing with fraud and negligence, engaging in conduct that evidenced moral unfitness, filing a false report and failing to maintain an accurate patient record.

On the charges relating to Patient E, the Committee determined that, while attending the Patient in delivery, the Respondent attempted a forceps delivery inappropriately, failed to perform a caesarean section after two failed attempts at forceps delivery, failed to correct inaccuracies in the operative note for the delivery and made false statements in a Health Department interview about the baby's position during the attempts at forceps delivery. The Committee determined that the Respondent's conduct in treating the Patient amounted to practicing with fraud and negligence, engaging in conduct that evidenced moral unfitness, filing a false report and failing to maintain an accurate patient record.

On the charges relating to Patient G, the Committee found that the Respondent failed to provide appropriate counseling to the Patient, who faced the onset of menopause from surgery. The Committee also found that the Respondent prepared a pre-surgical report that listed a procedure that the Respondent never performed. The Committee found that the Respondent deviated from the proper standard of care by failing to record in the Patient's chart that the

procedure never occurred and the reason why. The Committee also found that the Respondent made untruthful statements concerning the case in an interview with the Department of Health.

In making their determination on contested factual issues, the Committee found testimony by Patients A and D credible and the Committee rejected testimony by the Respondent. In a conflict over the conclusions by expert witnesses, the Committee found credible the testimony by the Petitioner's experts Drs. Reade and Medoff and rejected testimony by the Respondent's expert Dr. Irvin. All three physicians performed assessments on the Respondent for the Committee on Physician's Health (CHP). The Department's witnesses found the Respondent at risk to repeat his sexual boundary violations. Dr. Irvin found that the Respondent could return to practice safely. The Committee also found credible testimony by the Respondent's treating therapist, Dr. Peretz, that the Respondent enrolled in CPH and underwent the assessments to save the Respondent's License rather than to make cognitive change.

The Committee voted 2-1 to revoke the Respondent's License. The Committee majority found that the Respondent abused the public trust concerning Patients A, B, C, D and G and that the Respondent abused his position. The Committee found further that although the Respondent's psychiatric diagnosis might explain the Respondent's conduct, the diagnosis provides no defense for the conduct. The Committee majority found the Respondent resistant to change and likely to continue his egregious conduct for the remainder of his life. The majority also noted that the Respondent committed numerous acts of dishonesty throughout his professional life.

The member in the minority voted to suspend the Respondent's License for two months, to suspend the Respondent's surgical activities for two years, to monitor the Respondent's records for two years and to order the Respondent to obtain psychiatric therapy. The dissenting member voted to send the Respondent for eight weeks initial therapy as outlined by Dr. Irvin, followed by monthly sessions for twenty-four months.

Review History and Issues

The Committee rendered their Determination on July 26, 2005. This proceeding commenced on August 10, 2005, when the ARB received the Respondent's Notice requesting a Review. The record for review contained the Committee's Determination, the hearing record, the Respondent's brief and the Petitioner's brief and reply brief. Both parties requested and received extensions in the time frame for filing briefs. The record closed when the ARB received the Department's reply brief on October 24, 2005.

The Respondent asks the ARB to overturn the Committee majority and reduce the penalty. The Respondent argues that the Committee denied the Respondent due process by allowing the hearing to proceed with one member absent on the first hearing day. The Respondent also alleges error by the Committee's Administrative Officer in allowing Drs. Reade and Medoff to testify. The Respondent argues that such testimony violated the Respondent's rights under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Respondent also argued that the Committee erred in rejecting the testimony by Dr. Irvin, in crediting the testimony by Patients A and D and by ignoring evidence in the medical record that contradicted the Committee's findings on Patient E.

In reply, the Petitioner argues that the Respondent's brief raised matters from outside the record and that the Respondent raised legal issues improperly before the ARB. The Petitioner argues that no violation occurred to the Respondent's rights under HIPAA because the Respondent waived HIPAA privacy as to the reports by Drs. Reade and Medoff. The Petitioner argues further that the record supports License revocation as the penalty in this case, because overwhelming evidence demonstrates that the Respondent presents as no candidate for therapy and that separate grounds exist for revocation due to the Committee's findings on the

Respondent's fraudulent conduct, which the Respondent either admitted or left uncontested on review.

ARB Authority

Under PHL §§ 230(10)(i), 230-c(1) and 230-c(4)(b), the ARB may review Determinations by Hearing Committees to determine whether the Determination and Penalty are consistent with the Committee's findings of fact and conclusions of law and whether the Penalty is appropriate and within the scope of penalties which PHL §230-a permits. The ARB may substitute our judgment for that of the Committee, in deciding upon a penalty Matter of Bezar v. Med. Conduct Bd. 195 A.D.2d 86, 606 N.Y.S.2d 381 (3rd Dept. 1993); in determining guilt on the charges, Matter of Spartalis v. State Bd. for Prof. Med. Conduct 205 A.D.2d 940, 613 NYS 2d 759 (3rd Dept. 1994); and in determining credibility, Matter of Minielly v. Comm. of Health. 222 A.D.2d 750, 634 N.Y.S.2d 856 (3rd Dept. 1995). The ARB may choose to substitute our judgment and impose a more severe sanction than the Committee on our own motion, even without one party requesting the sanction that the ARB finds appropriate, Matter of Kabnick v. Chassin, 89 N.Y.2d 828 (1996). In determining the appropriate penalty in a case, the ARB may consider both aggravating and mitigating circumstances, as well as considering the protection of society, rehabilitation and deterrence, Matter of Brigham v. DeBuono, 228 A.D.2d 870, 644 N.Y.S.2d 413 (1996).

The statute provides no rules as to the form for briefs, but the statute limits the review to only the record below and the briefs [PHL § 230-c(4)(a)], so the ARB will consider no evidence

from outside the hearing record, Matter of Ramos v. DeBuono, 243 A.D.2d 847, 663 N.Y.S.2d 361 (3rd Dept. 1997).

A party aggrieved by an administrative decision holds no inherent right to an administrative appeal from that decision, and that party may seek administrative review only pursuant to statute or agency rules, Rooney v. New York State Department of Civil Service, 124 Misc. 2d 866, 477 N.Y.S.2d 939 (Westchester Co. Sup. Ct. 1984). The provisions in PHL §230-c provide the only rules on ARB reviews.

Determination

The ARB has considered the record and the parties' briefs. We affirm the Committee's Determination to dismiss the charges concerning Patients F and H. The Petitioner made no challenge to those findings. We affirm the Committee's Determination that the Respondent suffers a psychiatric condition that impairs his practice. The Respondent conceded his diagnosis, although he contested whether he can benefit from therapy to be able to return to practice safely. We affirm the Committee's Determination concerning the false entries on the Respondent's website and in the records for Patients B and C. We also affirm the Committee's findings on the failure to provide counseling to Patient G, the record keeping deficiencies in the Patient's record and the false statements to the Department of Health concerning these issues. The Respondent's brief made no challenge to the findings on the website or on the findings concerning Patients B, C and G. We affirm the Committee's Determination that the Respondent engaged in a sexual relationship with Patient A and that the Respondent's care for the Patient fell below accepted professional standards. The Respondent admitted the sexual relationship, but contested the Patient's testimony that the Respondent forced the Patient to have sex on May 5, 2002. Even a

consensual sexual relationship with a patient during treatment constitutes a deviation from accepted care standards and violates the moral standards of the profession. The conduct to which the Respondent admitted and the findings by the Committee that the Respondent leaves unchallenged on this review establish that the Respondent practiced fraudulently and with negligence on more than one occasion, engaged in conduct that evidenced moral unfitness, filed false reports and failed to maintain accurate records.

We find no grounds to overturn the Committee's Determination on the two legal issues the Respondent raised. We affirm over the Respondent's challenge the Committee's findings concerning Patients A, D and E. We also affirm the Committee's Determination to reject the expert testimony by Dr. Irvin that the Respondent could return to practice safely following therapy. We affirm the Committee's Determination to revoke the Respondent's License. The conduct to which the Respondent admitted and the findings by the Committee that the Respondent leaves unchallenged on this review, standing alone, provide sufficient grounds to revoke the Respondent's License.

Legal Issues: In a footnote at page 7 of his brief, the Respondent alleged due process violations due to the split vote on the penalty and to a Committee member's absence on the initial hearing day. We find no violation on either ground. Under PHL § 230(10)(g), the Committee may make a decision on penalty on the votes of two members. The statute makes no exception when the penalty is revocation and the Respondent cites to no case in which the courts ruled that revocation required a unanimous vote. Under PHL § 230(10)(f), when a Committee member misses any hearing days, the Committee member may make up for the lost day by reading the hearing transcript. Nothing in the statute makes any exception for the initial hearing day. In support for his point on the initial hearing day, the Respondent cited Finelli v. Chassin,

206 A.D.2d 717 614 N.Y.S.2d 634 (3rd Dept. 1994). That case deals with the ARB process rather than with BPMC hearings. The case also permits the ARB to make Determinations without all members present.

The Respondent also argued that the hearing testimony by Drs. Reade and Medoff violated the Respondent's rights under HIPAA, even though the Respondent provided consent to Drs. Reade and Medoff to release reports about the Respondent to the Health Department through the CPH process and even though the Committee's Administrative Officer authorized the testimony by Subpoena and Order. The Petitioner argues that HIPAA has no application here and that the issue falls outside the ARB's authority.

First, the ARB has held previously that we can rule on legal issues the parties raise, but that we do so rarely, Herberman v. Novello, 280 A.D.2d 814, 720 N.Y.S.2d 626 (3rd Dept. 2001). In this case, the Respondent asks that the ARB reduce the penalty, so we assume that the Respondent requests the reduction on the HIPAA issue either on the grounds that the error in allowing HIPAA protected information into the record constitutes an error that merits a reduction in itself, or on the grounds that without the HIPAA protected information, the record fails to support revocation as a penalty. We hold that the Respondent has failed to demonstrate that allowing the testimony by Drs. Reade and Medoff constituted an error. The Respondent introduced his medical condition into the record and presented information in records and in testimony by Drs. Irvin. The Respondent also consented to the release of information by Drs. Reade and Medoff. The Respondent argued that the right to revoke a consent under HIPAA barred the Read and Medoff testimony. The Respondent presented no court decisions to support that issue and no decisions to support the argument that the Administrative Officer's Order failed to satisfy HIPAA.

Factual Findings: The Respondent challenged the Committee's Determination on factual issues concerning Patients A, D and E.

The Respondent alleged that the Committee erred in finding Patient A credible in her accusation that the Respondent compelled the Patient to have sex in May 2002. The Respondent argued that the Committee ignored the Patient's incentive to lie, the Patient's mental condition that made her unreliable and the lack of mention of the compelled sex in her psychological record or in a police complaint. The ARB rejects the Respondent's suggestion that we substitute our judgment on credibility for the Committee. The Committee went into great detail at their conclusions at pages 26-29 in their Determination as to the reasons for crediting the Patient's testimony. The Committee noted that in large part the Respondent's testimony or statements corroborated the testimony by Patient A. In instances in which the Patient and the Respondent's versions disagreed, the record of the Respondent's continued dishonesty provided the Committee ample grounds to credit Patient A rather than the Respondent.

The Committee also credited Patient D when she denied that she suffered headaches or visual disturbances during her pregnancy. The Committee found corroboration for Patient D's testimony in the Respondent's failure to document complaints about headaches in his record for the Patient and in the Patient's record at St. Peter's Hospital, which recorded no complaints of headaches or visual disturbances during her hospitalization. The Committee also found inconsistencies in the Respondent's testimony about Patient D. The ARB finds the record supports the Committee's Determination to credit the testimony by Patient D.

The ARB disagrees with the Respondent's contention that the Committee ignored the hospital records in making the findings related to Patient E's delivery. The Committee found that the Respondent's Operative Note and the Labor and Delivery Flow Sheets provided support for

the Committee's conclusion that the Respondent delayed inappropriately in performing a caesarean section on Patient D. Those records showed an arrest of descent, thick meconium fluid and prolonged late decelerations. The Committee concluded that such evidence proved fetal distress and the Committee faulted the Respondent for allowing a fetus in distress to be subjected to continued labor for a prolonged period. The Respondent's brief faulted the Committee for dismissing a nurse's record notation on dilation as subjective, but the Respondent agreed previously that the measurement was subjective.

In all the Respondent's challenges on the findings about Patients A, D and E, the Respondent faults the "majority" for making the findings. The ARB finds that the Respondent misstates the record by stating that the Committee's members split in their factual findings. Although the Committee clearly split in their ruling on the penalty, the Committee made their determinations on findings and the charges unanimously [See Committee Determination, page 3, first paragraph, second sentence].

Expert Credibility: The split in the Committee over the penalty centered on whether therapy could address the Respondent's sexual misconduct and allow the Respondent to return to practice safely. The Respondent's expert, Dr. Irvin, found the Respondent could respond to therapy and the Committee member in dissent credited that testimony and voted against revoking the Respondent's License and for a less severe penalty that included therapy. The Committee's majority rejected Dr. Irvin's opinion and found credible the opinions by Drs. Reade and Medoff that little chance existed that therapy could change the Respondent. The Respondent alleged error by the Committee for rejecting Dr. Irvin.

The ARB finds no grounds to overturn the Committee's Determination on expert credibility. Even without the conflicting opinions in the record by Drs. Reade and Medoff,

grounds existed in this record for the Committee to reject the opinion by Dr. Irvin. Dr. Irvin acknowledged that success in therapy depends on an individual's openness, honesty and motivation to succeed. The Committee found the record replete with a record of deceit by the Respondent and the Committee found the Respondent unlikely to become more truthful. The Respondent's treating therapist, Dr. Peretz, also testified that the Respondent engages in therapy only with a crisis looming rather than to achieve cognitive change. Dr. Peretz indicated that the Respondent's only motivation for participating in CPH was to save his License rather than to achieve cognitive change. The record indicates that CPH notified the Respondent in July 2004 to cease practice until he received treatment and until he received clearance from CPH to return to practice. The Respondent failed to cease practice and failed to seek treatment to treat his personality disorder. The ARB concludes that this evidence from the record demonstrates that the Respondent lacks the honesty or motivation to benefit from therapy. The ARB also notes that Dr. Irvin testified that therapy would address the Respondent's sexual misconduct only. Dr. Irvin offered no indication that therapy would address the Respondent's pattern of dishonesty or his failure to practice by accepted standards.

Penalty: The Respondent argued that the Committee majority based the revocation penalty solely on the Respondent's relationship with Patient A. The ARB finds no support for that argument in the record. The Committee majority made clear at page 41 in their Determination that they based their Determination on the Respondent's violation of the public trust concerning Patients A, B, C, D and G, the misrepresentations on the Respondent's website and the numerous acts of dishonesty in the Respondent's life. The Respondent's brief, at a footnote on page 4, criticizes the "majority" for bias against the Respondent. The ARB rejects that argument as well. To establish bias, a party must both prove the claim by a showing of facts,

rather than mere allegations, and the party must show that the proceeding's outcome flowed from the alleged bias, Moss v. Chassin, 209 A.D.2d 889, 618 N.Y.S.2d 931 (3rd Dept. 1994). In this case, many of the Committee's findings came from the Respondent's admissions and other findings went unchallenged by the Respondent on this review. The ARB has also found support in the record for the findings that the Respondent did dispute and we hold that the record also supports the determination to revoke the Respondent's License.

The Respondent's admissions about and the Committee's findings about the Respondent's fraudulent conduct throughout his career, standing alone, provide the grounds to revoke the Respondent's License, Bezar v. DeBuono, 240 A.D.2d 978, 659 N.Y.S.2d 547 (3rd Dept. 1997); Glassman v. Comm. of Health, 208 A.D.2d 1060, 617 N.Y.S.2d 413 (3rd Dept. 1994). As we noted above, no testimony at the hearing indicated that the Respondent's lack of integrity could improve from therapy. The record demonstrated that Albany Medical College placed the Respondent on probation as a resident for falsifying a medical record. That disciplinary action failed to deter the Respondent from similar conduct four years later.

In addition to his dishonesty, the Respondent failed to practice according to accepted care standards in treating Patients A, D, E and G. We find that the Respondent's failure to provide care at accepted levels to Patients A and D showed a disregard for those Patients. The Respondent's sexual relationship with Patient A violated the moral standards of the medical profession and violated the trust of a vulnerable Patient. The Respondent has disregarded prior disciplinary actions or orders at Albany Medical College and by CPH. The ARB sees no reason to believe that any disciplinary sanction less severe than revocation would deter future misconduct by the Respondent. We vote unanimously to revoke the Respondent's License.

ORDER

NOW, with this Determination as our basis, the ARB renders the following **ORDER**:

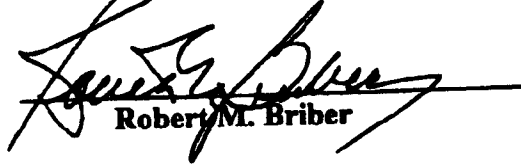
1. The ARB affirms the Committee's Determination that the Respondent committed professional misconduct.
2. The ARB affirms the Committee's Determination to revoke the Respondent's License.

Robert M. Briber
Thea Graves Pellman
Datta G. Wagle, M.D.
Stanley L. Grossman, M.D.
Therese G. Lynch, M.D.

In the Matter of Akiva Abraham, M.D.

Robert M. Briber, an ARB Member, concurs in the Determination and Order in the Matter of Dr. Abraham.

Dated: November 11, 2005


Robert M. Briber

In the Matter of Akiva Abraham, M.D.

Thea Graves Pellman, an ARB Member concurs in the Determination and Order in the Matter of Dr. Abraham.

Dated: 11-11, 2005

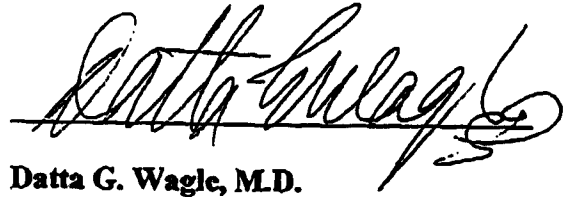
A handwritten signature in cursive script, appearing to read 'Thea Graves Pellman', written in black ink.

Thea Graves Pellman

In the Matter of Akiva Abraham, M.D.

Datta G. Wagle, M.D., an ARB Member concurs in the Determination and Order in the
Matter of Dr. Abraham.

Dated: 11/12/, 2005



Datta G. Wagle, M.D.

In the Matter of Akiva Abraham, M.D.

Stanley L. Grossman, an ARB Member concurs in the Determination and Order in the
Matter of Dr. Abraham.

Dated: November 11, 2005

Stanley L. Grossman M.D.

Stanley L Grossman, M.D.

In the Matter of Aliva Abraham, M.D.

Therese G. Lynch, M.D., an ARB Member concurs in the Determination and Order in
the Matter of Dr. Abraham.

Dated: November 11, 2005

Therese G. Lynch M.D.

Therese G. Lynch, M.D.