

Episode 6 – Support for Victims of Sexual Misconduct

Intro music: 0:00

Podcast Introduction: 0:09

Hello and thanks for joining me for MedBoard Matters. I'm your host, Jean Fisher Brinkley, Communications Director for the North Carolina Medical Board.

In our last episode we discussed rising awareness among medical boards nationally about the importance of protecting patients from sexual misconduct by a medical professional. We also highlighted some new resources the North Carolina Medical Board has developed to help patients understand what is and is not appropriate during a physical examination. In this episode we are focusing on patients who have experienced sexual misconduct by a provider. As a warning, this topic may be upsetting to some.

In the latter part of our podcast, I'll speak with Wanda Long, the staff member who originated the role of Victim Services Coordinator here at the North Carolina Medical Board. She'll explain the work she does in this innovative program to support patients who are victims of sexual misconduct.

But first, we'll hear from a woman who is a survivor of sexual assault by her physician and is now an active patient advocate speaking out to raise awareness and demand greater accountability.

Interview with Marissa Hoechstetter: 1:20

JFB: I am delighted to welcome Marissa Hoechstetter. Marissa, thank you so much for joining me. I wondered if you might begin by telling some of your own story.

MH: Thank you so much for having me. I...um was a patient of an OBGYN in New York from 2009 to 2012 and was sexually assaulted during that period. The last time of my visit was my one year postpartum checkup with him, and at that time I was undoubtedly assaulted and never returned to his office. My journey really of coming to acknowledge what had happened to me and find the time and energy and spirit really to be able to speak publicly about it has been quite an evolution. But it's something I feel really strongly about and I'm committed to sharing my experience to connect with others who have experienced something similar.

JFB: Can you say a little bit more about why it was so important to speak out about what had happened to you? I know you gave birth to twins, so you had one year old twins. It's an extremely busy time in any parents' life with one baby, let alone two. You had been through a trauma. Certainly, nobody would have faulted you for saying, 'you know what? I need to focus on my family' and...and just move on. But instead, you became a very active public advocate. So why did you feel so strongly about it?

MH: You know it took me some time and obviously having, being a new parent and working full time and all of that, I think meant that I was a little bit delayed in my ability to speak out. What really happened was that I thought that what happened to me was something that only happened to me and I was very alone in my understanding of that and did not share it with people and was embarrassed by it. Questioned it. Questioned myself for not having spoken up. And so, it something really that I held and carried around and overtime as a few other people came forward to report abuse by the same doctor, I realized, kind of slowly, it sort of unfolded before me, but I realized, I wasn't alone, and my

understanding of that experience motivated me to report it to law enforcement. And at that time, I...you know, continued to meet people. Other people were speaking out, and my, I'll say my relationship with the trauma really changed and I became really frustrated about what had happened and that I had been in a position where this person could have harmed me in so many other women. Once that switch sort of flipped in my head and I understood the institutional accountability and the sort of setup in healthcare, that's really unique that allowed this person to have access to my body in that way, I felt really motivated to share my experience to make change and to connect with other women.

JFB: I think that that's probably a very common experience among I was going to say women, but really any patient who has experienced sexual assault is that there is a tendency to think that there's something special about you that it...it...it's just you and to keep it private. So, I commend you certainly for being willing to speak publicly about this, because I do think it must be a great help to other people who have been victims of sexual assault. I wonder if you could share some of the key messages that you have for patients when you do speak out.

MH: Thank you for saying that and I think something that I have just been so fortunate every step of the way with my advocacy as I have spoken out to wider and wider audience, I hear from more and more victims of this kind of assault. And so, I know that unfortunately it is something that many people experience, and that's really what motivates me to keep going. I know that we're speaking about something that a lot of people don't want to talk about, and it's really important to make sure it's part of the conversation. So it's part of the conversation in healthcare settings. It's with providers with patients. It's part of this conversation that you might have with children or people that you care for or bring into health care settings. It should be part of our conversations, not something that we keep sort of separate or...or secret. You know medicine is really unique, in that they are often legitimate reasons for a provider's hands to be on or even in your body, and that can be really confusing. You can think that you did something wrong or that you misunderstood something, and you need to remember to trust your instincts. And if something doesn't feel right or is uncomfortable in anyway, it is well within your right to leave the situation. Ask for other people to be with you. Ask for another opinion. Ask the provider to explain what they're doing right, and so the more that we can normalize these conversations, I think the more we will be able to get at this issue and help prevent it.

JFB: OK, one of the medical board's major interests, or are our goals in talking about this and highlighting this issue so much, is that we want patients to know that the medical board is here and that we may be a resource for them. Is that something that in...in your situation did it ever cross your mind or did you know that there was a medical regulatory board that you might turn to, to report this individual?

MH: Yeah, you know it was not until much later in my dealing with my situation that that occurred to me. My husband is in not healthcare but a different profession that's licensed and it did occur to me that there are boards that are responsible for licensing and disciplining medical providers. And I think you know what's so great about what your state has been doing and some other states that are really trying to lead on this issue is making sure the public sees you as a resource. And what I often encourage patients to do. You know there may be reasons why someone doesn't want to approach law enforcement or wants to seek other kinds of help or support for a situation with a provider and the

medical board is an amazing resource to turn to because of your responsibility, your ability to investigate, to you know, to broker these conversations and I think you know informing the public that exists as a resource to them is incredibly important.

JFB: And I think that we have found that anytime we are asked to speak about this issue, that we say yes because we want people to know that the medical board is here for them, and then if they report something to us, it will be taken seriously. It will be investigated. We of course can't guarantee the outcome because the outcome of the case depends on the quality of the evidence that the investigators are able to gather in the case. But I do know that when we are featured in the media, we typically do hear from more patients, so we...we definitely see that the more we talk about this, the more we get out there and let people know that the medical board is here. We do hear unfortunately, you know, from additional patients who have experienced sexual trauma or some sort of sexual misconduct.

MH: You know it's the same with me. Anytime that my story is in the media, I hear from...more women come forward to report assault by the same doctor. We're over 150 women have now reported assault by him.

JFB: Wow.

MH: And also, I hear from people really across the country and so you know, hearing from people who so many women have and it is has been women primarily who've shared stories with me, of assaults going back decades, and many people share things with me, you know, and they'll say, I've never told anyone about this. But I read your story and I now know what happened to me was not right, and it's hard to take in to hear those stories. But again, it reaffirms for me that we're on, you know, we're in the right direction. We're talking about something that matters.

JFB: Right.

MH: One of the things that I find troubling is when you read coverage of you know, a story about Larry Nassar, for example, or the doctor at UCLA or USC, who was abusing students, people tend to hear that and sort of put it into a category as being an aberration. And of course, there are many wonderful providers who are not doing this, but there are people who are taking advantage of their position of power just like they do in many types of sex crimes. And so, the more that we can talk about it and make people feel comfortable in coming forward to report to you, to law enforcement the better.

JFB: Yes, definitely. I think we really just truly don't know the incidents of sexual misconduct in medicine. Because we do know, I mean, sexual...sexual assault is generally under reported and we certainly believe that to be true in medicine as well. So, the best we can say is we simply don't know how frequently this occurs. When it does, it's very, very serious and it is a terrible betrayal of the clinician patient relationship for sure.

MH: We need to know more about the scope of the problem to be able to address it and reporting and talking about it and surfacing these things, we're hopefully will be able to in time see more trends. See more similarities, you know, be able to as a both the healthcare community and a patient advocate community, be able to look at that data really that information and try to address the problem more

specifically. So, reporting is really helpful both for the individual. For the for the system, but also to make bigger changes overtime.

JFB: Right. You mentioned a little while ago. You complemented North Carolina and thank you for that, but I wanted just to sort of quickly review. I mean that you're certainly aware that sexual misconduct has been an active topic of discussion among medical boards nationally in recent years, in part because of the Larry Nassar case. In North Carolina, we have done quite a bit in recent years. Our Board members and staff have completed training in the effects of trauma on the brain. And our investigators have been trained in trauma informed investigation techniques. In addition, our Board successfully lobbied for stronger laws in North Carolina to protect patients from licensed medical professionals who are convicted sex offenders. We now also have a law that requires our licensees to report to the Board if they are aware or they believe that another licensee is engaged in sexual misconduct with patients. So, I know that we have been active in North Carolina and then also on the national level, the Federation of State Medical Boards recently did overhaul its policy on physician sexual misconduct. So, from inside the medical regulatory board world, it does seem like we're making progress, or at least we're moving in the right direction. Does it seem that way to you? As someone who has who is a survivor of sexual assault?

MH: Yes, again, the more that we can talk about it and raise the issue and state in no circumstance is this behavior is ok. That's the best, right? We need to keep calling it out. We need to empower people both who are colleagues and peers of these individuals who are offenders. We need to empower them and offer them tools and resources to be able to be safe and comfortable reporting and encouraged to do so. So, it does feel to me that there's been a lot more movement. I think you know, Me Too obviously has...has...has motivated people across many industries to address the problem of sexual harassment and sexual assault. You saw the launch of Times Up Healthcare for example, right? There...there are many people who are really specifically looking at harassment and assault in medicine. So, I would really, you know, encourage boards and you know people in positions of authority. Both you know, hospital administrators. Other people from within the industry to look at the good resources that boards are putting out that are really taking an active stand. To look at the recommendations of the FSMB's Working Group on this issue and see you know what are changes that we need to make either in our board or legislatively, right? A lot of things vary state by state, but there are some great resources being developed now and I think the more that colleagues, professionals within the industry can work together to learn from each other to share these resources, patients will benefit. And ultimately the providers will benefit too. You know, everyone deserves to work in a safe environment where they feel comfortable and safe and patients deserve to go to an environment where the people working there feel comfortable and safe, and so it benefits everyone really.

JFB: Well, is...is there anything else that I have not asked you about that you would like to share with our listeners?

MH: Yeah, you know, I would just say it would want to reiterate the point for patients listening that if you find yourself in a situation where a health care provider is acting inappropriate or acting overtly inappropriate, it's not your fault. It's not something you did. And there are many things that lead people to offend and harm people in this way and it is not about you, the victim who's experienced this

behavior. And I hear from a lot of people who say, oh, it's so amazing that you're able to speak out on this. You know, I understand that not everybody is able to, nor...nor do you have to. You know what you do with your life and your experiences is you. But I would encourage you to know that if you want to speak out, there are people out there who want to help you. We're working to make change. And to really reach out and turn to those people who are helpers. Medical board, other patient advocates...we're here to support you.

JFB: Great, well thank you so very much for your time. I greatly appreciate you joining us for this important topic.

MH: Thank you, thank you for...for dedicating time and attention to the issue, and I look forward to sharing your resources with others, and I think you're really a wonderful example for others to turn to. So, thank you.

Two minute drill – 15:53

In the previous segment you may have noticed that both our guest and I mentioned the importance of reporting an inappropriate or concerning experience with a medical provider. I want to say just a bit more about that, especially about reporting to the medical board.

First, it's important to understand that it's possible, maybe even advisable in some situations, to report an incident both to local law enforcement and to the medical board. Whether you do this is going to depend on the circumstances and it is up to you...it's your choice.

I want to emphasize that the medical board only has the opportunity to hold a provider accountable and, hopefully, protect other patients from similar conduct if it knows that a problem has occurred. So, again, if you believe that a medical professional has behaved inappropriately, please report it to the medical board so the matter can be investigated.

A couple of things:

There is no statute of limitations for reporting an incident to the North Carolina Medical Board. In general, however, the sooner you report the better. Anyone was involved in or who witnessed the incident will simply be more likely to recall the details of what happened.

Speaking of recalling details, it's very common for people who have experienced trauma to have difficulties or differences in how they remember what happened. It's entirely possible that a sound, a smell, or some other random detail may trigger a memory. If this happens, please reach out to the Board to let us know. You can always add to your statement.

So how do you file a complaint? The preferred way is in writing, using the North Carolina Medical Board's online complaint form. Get started by visiting www.ncmedboard.org/complaints. That's c-o-m-p-l-a-i-n-t-s, or you can always call the Board and ask to speak to a complaint representative.

Interview with Wanda Long: 17:58

In late 2017, the North Carolina Medical Board launched its Victim Services Program. The program is based on similar services offered by the US Army and other branches of the military to soldiers and family members who are victims of sexual or domestic abuse.

The concept is pretty simple. The Victim Services Program offers support and assistance to patients who have experienced some type of sexual misconduct by a medical provider. Assistance is available at no charge and regardless of whether the North Carolina Board determines that it has sufficient evidence to take action against the licensee in question. The North Carolina Medical Board is currently the only medical regulatory body that is actively providing this service to victims of sexual misconduct.

I've asked Wanda Long who works in the Board's legal department to talk with me about the work that she does with patients as the Board's Victim Services Coordinator.

JFB: Wanda, thank you so much for your time.

WL: Oh, you're welcome.

JFB: Um, I wanted to start just by asking you did you have any idea what you were signing up for when you agreed to serve as the Victim Services Coordinator?

WL: I did not. I just knew that that I would be helping people and I was very excited about that, but I had no idea what...what to expect.

JFB: OK, OK, so tell me then, you know, how did you prepare to step into the role? I know there was some training and even a certification involved. But talk to me about that process.

WL: So yes, I went to a weeklong course through the Victims Assistance Network and it was very intense and to be honest I was a little traumatized when I came out of the program.

JFB: When you say you were traumatized, say a little bit more about that. I mean...just by the types of things that people have been through?

WL: Exactly.

JFB: Ok.

WL: Exactly. That's just not something I was familiar with. So, to hear the stories, when I came home, I had to put all my literature and stuff away for a while. I just had to put it in the closet and come back to it a little later after I could just soak it all in.

JFB: Did it change how you felt about the role that you were getting ready to assume? Or did you feel more determined that yes people need my help?

WL: I did. I became very passionate about helping victims.

JFB: Well, let's get right down to basics then. I mean, how do you actually identify people who may need assistance? And how do you get in touch with them?

WL: So, for the most part, complaints are filed and the...they are assigned to Investigators who then let me know that there's a victim out there and they let the victim know about me. They provide them with our Victim Services Guide, and it has my contact information, so usually...well every case is different, but usually I give the victim of a little bit of time to read the Victims Guide and to decide if they want to reach out to me. If within a week or so I don't hear from them, I go ahead and contact them, and it just

depends. Everyone's different. I usually email right away after that week. I'll email them and introduce myself, but I really, really want to talk to them. I want 'em...I want them to hear my voice on the phone. I want them to know that there is a big building here in Raleigh. But there's a person in that building that knows them, and that cares about them and wants to help them through this process. To make it as easy as possible.

JFB: I wondered if you could share, you know, some of the reactions that patients have had once you explain the Victim Services Program to them and you explain what you're offering to them that you're offering help.

WL: Most of them are grateful, but...now I have some who don't want to speak to me at all. They're totally comfortable in their situation and...and are getting the support they need from somewhere else. I'm not a counselor. I'm...I'm just an employee at the Board who can help them through our process so, but most of them are grateful and most of them are anxious to understand the process. Sometimes it's a little slower than they expected because we're very thorough. But for the most part they're receptive of me and grateful that I'm there to answer questions.

JFB: OK. And what are some of the issues that you have worked with people to resolve?

WL: Quite often, I've had victims who didn't understand that they might need some support in their local community. There are, free of charge, you know, usually there are support groups or people who have been through the same kind of stuff and it helps to reach out to them. I'll reach out in the communities and try to find them support and let them know what's available to them. I've had victims who were scared to leave home they...they...they were just that traumatized. And I've been able to contact the centers close to them and get, in great detail, what they...what they can expect, what they'll see when they walk through the door, what they're gonna need to tell the person who answers the phone.

JFB: Um...hm. And I know we've had some issues where language has...has been a barrier. Can you talk a little bit about that?

WL: I have had a few victims who English was their second language. So, they've had friends who help them communicate with me. So, I've been able to reach out and find them resources for whatever language they speak. And help them be comfortable in knowing that there's someone who can communicate directly with them and get them the help they need support wise for counseling.

JFB: Great and I wondered...you've mentioned a couple of times that one of the roles that you play, in addition to helping connect them with resources and services in their area, is to sort of help them understand and walk them through the Medical Board's process. Could you say a little bit more about the types of questions or the types of information you provide relative to the Medical Board's process?

WL: So, the victim, why would they have any reason to understand what we do and how it works. It is a slow process. So, I help them understand that the investigators are interviewing lots of people, not just them, not just the doctor. There may be other witnesses or other people that play a part in the investigation. Also, that there's not always going to be a public action. It's not always going to be resolved by everybody knowing what's happened or a public document being out for...for consumption

by the general public. And that's...that's hard for them to swallow sometimes. Sometimes there's not going to be a public action. There's going to be a...not even an action. We just have to acknowledge that the complaint was filed, and we do what we call 'Accept as Information'. It's gonna be in the doctor's file where it will know what happened, but it's not necessarily going to result in a public action.

JFB: Right.

WL: It's difficult sometimes.

JFB: Yeah, I can certainly imagine. I mean, I, I think we have that problem generally with complainants. Is that anybody who files a complaint is upset enough that they are seeking some type of action against the provider that they're upset with and it's hard for them to understand that whether or not it results in action really depends on the evidence that we're able to gather and the legal process. So, yeah, well, that's great. So, you sort of translate for them in a way. Here's what's going on. Here's how the process works, but in the meantime, you're also working with them to make sure they're getting with they need.

WL: Right.

JFB: Another question that I had for you is whether any people that you've worked with stay in touch? You know, do they check in and let you know how they're doing?

WL: I have had a few that I still communicate with and I keep him on my list, so since 2017, we've had 80 cases as of today.

JFB: Wow.

WL: Which is yeah, a big deal, so I have had a few who continue to keep up with me.

JFB: Yeah, well...What are some key things that you would like someone who perhaps is a victim of sexual misconduct by a medical provider to know about the Victim Services Program?

WL: So, filing a complaint is not easy, and it's a very brave thing you're doing. I am here for the victims. I will do everything in my power to get them the resources they need. I'm not a counselor. I'm...I'm just here to support them and help them understand our process. It's not an easy process. It's not a fast process, but it is very deliberate and yeah, I'm just here to support them and help them through this process anyway I can.

JFB: OK, well, let me go back to something you said at the very beginning of our conversation, which is you said when you completed the training, you initially were traumatized. Do you still feel that way?

WL: I do not. I do not, as a matter of fact, once I became certified, all I have to do is do continuing education to keep that certification. I chose in 2019 to take the course again. I wanted to go through it one more time and I may do it again in three years. I may take it again. It is an amazing program. And no, I do not feel traumatized now.

JFB: OK.

WL: I feel a very much a part of the system. And I um, I have contacts across all over the state that I keep in touch with. I feel very fortunate to be a part of that system.

JFB: And it sounds like you really feel like you're offering something of value to the patients that you've worked with. Is that true?

WL: It is very true. It is very true. I get goosebumps just talking about it.

JFB: Well, is there anything else that you would like to add that I have not asked you about?

WL: Yeah, it's just if a patient feels like something's not right, if they feel...if they just get that tingle in their spine, or there that gut feeling when they leave a doctor's office. Consider filing a complaint. We're here to help you. We're here to support. We don't know what we don't know.

JFB: Right.

WL: But this victims assistance that we do is very special and I'm here to help.

JFB: Great, well Wanda, thank you so very much for your time. I really appreciate it.

WL: Oh, you're welcome.

Closing: 28:16

That brings us to the end of this episode of MedBoard Matters. As always, your questions, comments and ideas are always welcome. Email us at podcast@ncmedboard.org

Thank you for listening and do join us again.

Outro: 28:31

This podcast is produced by the North Carolina Medical Board.

The North Carolina Medical Board exists for the benefit and protection of the people of North Carolina.