

# **EXHIBITS**

**TO**

**STATE SOLICITOR'S**

**REPORT REGARDING**

**DR. EARL BRADLEY**

DATED: May 17, 2010

## EXHIBIT INDEX

Page No.

<u>1</u>	Letter from Delaware BMP to Pennsylvania Bureau of Professional Occupational Affairs ("PBROA") dated July 1, 1994	20
<u>2</u>	Letter from PBROA to Delaware BMP dated April 7, 1995 and Investigation Memo/Complaint	20
<u>3</u>	Letter from BMP to PBROA dated May 8, 1995	20
<u>4</u>	Beebe September 19, 2005 Internal Memo regarding Meeting between VP Medical Staff and President and CEO about Dr. Bradley	21, 23
<u>5</u>	Beebe November, 1996 Complaint regarding Dr. Earl Bradley	22
<u>6</u>	Memorandum of Review of Beebe Hospital's Review of Complaint against Dr. Earl Bradley	22
<u>7</u>	Beebe November 12, 1998 Handwritten notes of Staff Complaint regarding Dr. Bradley	22
<u>8</u>	Beebe September 21, 2005 Letter from VP Medical Staff to Dr. Bradley	24
<u>9</u>	Beebe September 22, 2005 Memo to the File of VP Medical Staff	24
<u>10</u>	Board of Medical Practice and Medical Society Physicians Health Committee Memorandum of Understanding -1999	27
<u>11</u>	Fax from Lynda Barnes to Medical Society of Delaware dated October 21, 2004 regarding Dr. Earl Bradley	28
<u>12</u>	Fax cover sheet from Lynda Barnes to President of Medical Society of Delaware	29
<u>13</u>	Copy of letter from Lynda Barnes to Medical Society produced by Milford Police Department	30
<u>14</u>	Medical Society Physicians' Health Committee Meeting Minutes November 10, 2004	31
<u>15</u>	Milford Police Report	35
<u>16</u>	E-mail dated May 23, 2005 from DAG-Prosecutor to State Prosecutor	39
<u>17</u>	Handwritten note dated May 25, 2005 by DAG-Prosecutor	41
<u>18</u>	Milford Supplemental Police Report dated June 10, 2005	41
<u>19</u>	DOJ Written Guidelines for Section 1731A Reporting	47, 66

# **EXHIBIT 1**

STATE BOARD OF PROFESSIONAL REGULATION  
BOARD OF PLOT COMMISSIONERS  
BOARD OF ACCOUNTANCY  
REGISTRATION FOR PROFESSIONAL LAND SURVEYORS  
BOARD OF EXAMINERS OF ARCHITECTS  
BOARD OF CHIROPRACTIC EXAMINERS  
BOARD OF COSMETOLOGY & BARBERING  
BOARD OF DENTAL EXAMINERS  
BOARD OF MEDICAL PRACTICE  
BOARD OF NURSING  
BOARD OF EXAMINERS IN OPTOMETRY  
BOARD OF PHARMACY  
EXAMINING BOARD OF PHYSICAL THERAPY  
BOARD OF PODIATRY  
BOARD OF ADULT ENTERTAINMENT  
COUNCIL ON REAL ESTATE APPRAISERS  
GOVERNOR'S MAGISTRATE  
SCREENING COMMITTEE



STATE OF DELAWARE  
DIVISION OF PROFESSIONAL REGULATION  
CANNON BUILDING, SUITE 203  
P.O. BOX 1401  
DOVER, DELAWARE 19803

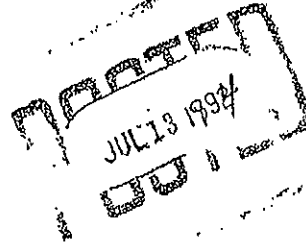
ATHLETIC COMMISSION  
GAMING CONTROL BOARD  
BOARD OF REGISTRATION GEOLOGISTS  
BOARD OF LANDSCAPE ARCHITECTURE  
DEADLY WEAPONS DEALERS  
BOARD OF EXAMINERS OF PSYCHOLOGISTS  
BOARD OF FUNERAL SERVICES  
BOARD OF VETERINARY MEDICINE  
BOARD OF EXAM. OF NURSING HOME ADMIN.  
BOARD OF EXAM. OF SPEECH PATHOLOGY &  
Audiology  
BOARD OF SOCIAL WORK EXAMINERS  
BOARD OF PROFESSIONAL COUNSELORS OF  
MENTAL HEALTH  
BOARD OF OCCUPATIONAL THERAPY  
PHYSICIAN ASSISTANT ADVISORY COUNCIL  
COMMITTEE ON MASSAGE/  
BODYWORK PRACTICE

OFFICE OF THE  
DIRECTOR

TELEPHONE: (302) 739-4522  
FAX: (302) 739-2711

July 1, 1994

Cindy Warner, Administrative Assistant  
Pennsylvania State Board of Medicine  
P. O. Box 2649  
Harrisburg, Pennsylvania 17105-2649



Dear Ms. Warner:

We have received the enclosed complaint, filed by a Pennsylvania resident against Earl Brian Bradley, M.D., a physician licensed in Pennsylvania (031715E) and recently licensed in Delaware. Because of the major problems that would be involved if we were to try to conduct an investigation in your jurisdiction, I am writing to see if you have any complaints, investigations or actions against Dr. Earl Bradley that you can tell us about.

I understand that your operations have recently been disrupted by a fire, and my repeated attempts to telephone you have all failed to get even an answering machine, so I must resort to this written request. If you would care to telephone me at 302-739-4522 ext. 213 I should welcome an opportunity to discuss the matter with you.

Sincerely,

E. Wayne Martz, M.D.  
Executive Director  
Delaware Board of Medical Practice

EWM/rsv

408

# **EXHIBIT 2**



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

LEGAL OFFICE  
PROSECUTION DIVISION  
(717) 783-7200  
Fax: (717) 772-1892

124 PINE STREET  
P.O. BOX 2649  
HARRISBURG, PA  
17105-2649

April 7, 1995

E. Wayne Martz, M.D., Executive Director  
Delaware Board of Medical Practice  
Division of Professional Regulation  
P. O. Box 1401  
Dover, DE 19903

Re: Earl B. Bradley, M.D.  
File No. 94-49-01675

Dear Dr. Martz:

The Pennsylvania Medical Board's Administrative Assistant forwarded your July 1, 1994 correspondence regarding Dr. Bradley. The Prosecutions Office of the Bureau of Professional and Occupational Affairs and the Law Enforcement Division conducted an investigation in this matter.

The Bureau's Chief of Law Enforcement, Stephen Cerutti, contacted personnel in your state regarding this matter.

After review and investigation, this office has decided not to proceed with prosecution at this time. Accordingly, the complaint filed by ██████████ against Dr. Bradley is being closed at this time.

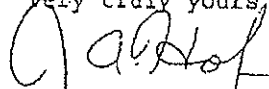
However, as in all cases, we reserve the right to reopen this matter at our discretion if additional information on this case becomes available.

Kindly apprise this office of the outcome of this complaint in Delaware. Please inform me if any disciplinary action is taken against Dr. Bradley regarding this complaint or any other matter.

E. Wayne Martz, M.D.,  
Page 2  
April 7, 1995

Thank you for your cooperation in this matter. If you have any questions regarding this or any other matter, please feel free to contact me.

Very truly yours,



James A. Holzman  
Prosecuting Attorney  
Commonwealth of Pennsylvania  
Bureau of Professional and  
Occupational Affairs

JAH/smd

cc: Stephen R. Cerutti, Chief  
Law Enforcement Division  
Bureau of Professional and Occupational Affairs



had seen occur. Stated that she told him that she was going to report him to police, and they went across the street (diagonally) to the 8th Police District. Stated that she was unaware that [redacted] went back to the doctor's office while she was at the police station, reporting the incident.

Stated that the case was assigned to an Officer [redacted] and after an interview at the Sex Crimes Unit, the three of them were transported to Jefferson Hospital, where [redacted] was to be examined for signs of sexual abuse. Stated that this was about 11 or 11:30PM, and after waiting for a long time, she decided the best thing for the child would be to take her home. She was not examined.

She went on to say that she has suspected Dr. Bradley for some time although she could not point to anything specific that aroused this suspicion, except for the fact that there was never a nurse or receptionist present. At this point, she was asked why they continued to take their child to him if her suspicions were so strong. She answered, "Because he is so good with [redacted] and [redacted] likes him very much".

Stated that they had been aware that he was moving to Delaware and she felt it necessary to contact the Delaware Medical Board and advise them what kind of doctor they were getting. Stated that she spoke with a Dr. Martz.

[redacted] was interviewed 7-13-94, and related the following:

Stated that he did not witness the incident and only heard [redacted] yelling at the doctor, and he immediately ushered her and [redacted] out of the office. Stated the doctor followed them to the parking lot saying something about [redacted] should really think about what she thought she saw. Stated they went across the street to report it at the 8th Police District, and that unknown to [redacted], he went back to the doctor's office to try to find out what happened.

Stated that when he entered, the doctor was on the phone at the receptionist's desk and the doctor's two children were present. Stated that he tried to find out what really happened and told him that [redacted] was reporting him. Stated the doctor denied everything, and began to explain an incident in the past where [redacted] had asked him (Bradley) to examine [redacted] genital area for any signs of abuse, saying that [redacted] told him that [redacted] family was involved in satanism and wanted her checked. Stated that it was about at this point that the doctor grabbed a screwdriver that was on the desk and fearing he might use it as a weapon, [redacted] tried to push the desk up against the doctor. At this point, a man entered the office and he decided to leave and join [redacted] at the police station. He was asked if [redacted] was his biological child. He answered yes, adding that her last name was changed from [redacted] to [redacted] by [redacted] because of a temporary breakup. When asked about [redacted] prior suspicion of Dr. Bradley, he stated he was aware of it,

but they continued to see him for the reasons given by [REDACTED]

[REDACTED] residence [REDACTED] was interviewed on [REDACTED] and stated that about 8:15PM on 6-17-94, she received a phone call from her friend, (Dr.) Earl Bradley, who related the incident to her and was asking her advice. Stated she heard what sounded like a young man shouting at the doctor; she could not hear everything but heard him say something like, You're in big trouble, [REDACTED] going to ruin you. Because of the tone of voice of the man, she asked Dr. Bradley if he wanted her to call police for him, he answered yes. She hung up, told her fiancé, [REDACTED] to run to the doctor's office (five minutes away) to make sure he was all right, and called police to dispatch a car to the office at 10431F Academy Road.

[REDACTED] residence same as above, also interviewed on 7-7-94, stated upon his arrival he observed Dr. Bradley, his two children and a young man [REDACTED] who said to him, "Just stay the hell away from me", and left. He noted that a desk had been separated from the wall and the two children were both crying. He followed the man out the door and watched him cross the street and join a young lady and small child who were apparently waiting for him in the police parking lot. He stated that moments later a police car arrived at the doctor's office and it was at this point he observed the couple and child enter the police station.

Respondent - Dr. Earl Brian Bradley, residence [REDACTED] Although he still maintains this residence, he is currently living at [REDACTED] Lewes, Delaware 19958 and can be contacted at [REDACTED]

He was interviewed on 7-7-94 at his residence and again on 7-15-94, and related the following:

He opened his private pediatric office at 10431F Academy Road almost two years ago on a part time basis and not intended to be a typical profit motivated business, and dependent on his other sources of income. He more or less specialized in welfare and medical assistance patients. He offered this as an explanation why he could not afford an office staff. Stated the office consisted of four (4) rooms, 2 examining, 1 lab and 1 large recreation room, equipped with a large dollhouse, a TV/VCR and countless toys. It was set up in this manner so that his own four children who had to spend a lot of time there, would be amused. This room was also available to patients and their children.

On 6-17-94, [REDACTED] visit started out as normally as all her other visits with her requesting to see "Barney". He took her to the other exam room to see the dinosaur, leaving her parents as he always did. He showed her Barney and then she said "ball", obviously referring to a favorite ball that

she always played with. He then took her to the recreation room, which was semi-dark, as his children were viewing a Sleeping Beauty video at the time. He placed her standing in front of him in the doorway with her back to him, holding her for a moment so that she could orientate herself to the partial darkness and be able to see that she could play with his kids. At this point, [REDACTED] appeared in the hall shouting "Excuse me" and accused him of having his hand in her child's pants. He stated he asked her why she would say that and requested that she come into the room to see the situation as it really was, but she refused, grabbed the child and along with the father, walked out. Stated that he followed and asked her to think about what she saw, thinking that if she played it back in her mind, she would realize he did nothing wrong. She just ignored him.

He went back in his office, called his friend [REDACTED] and [REDACTED] returned moments later. He tried to explain to him, but [REDACTED] told him he did not care whether he did it or not, that [REDACTED] was going to ruin him. He related an incident to [REDACTED] in which [REDACTED] had requested him to examine [REDACTED] genital area, because of [REDACTED] family's association with satanism. He said [REDACTED] blew up and shoved the desk at him, separating it from the wall, which scared his children who were already crying. Moments later, his friend [REDACTED] arrived and [REDACTED] stormed out. The police arrived shortly thereafter, and he reported the disturbance to them.

Stated that initially he could not understand why these people would make such a horrendous accusation against him, as he had always been there for them and their child. Now that he has had time to reflect and discuss the incident with his friends, he feels that it may possibly have been an attempt at a shakedown of some sort, with them feeling that he was no longer of any use to them as he was moving his practice to Delaware, which they knew of well in advance. Stated that he cannot accept that [REDACTED] actually believes he did such a thing.

Stated that he would submit a detailed written response along with the child's medical records.

ACTION TAKEN:

Conducted the above interviews as stated and secured a written response from Dr. Bradely and the medical records of [REDACTED]

A physical examination of the Respondent's office at 10431F Academy Road, (now closed and vacant) on 7-7-94, revealed nothing useful to this investigation.

The Complainant was recontacted on 7-13-94, at which time she admitted asking the doctor to check [REDACTED] for signs of sexual abuse shortly after she was one year old. She stated

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that she did not use the term satanism, that she recalls describing [REDACTED] family to the doctor as "weird".

Philadelphia Police - Went to 8th District on 7-7-94 and reviewed both reports: Disturbance at 10431F Academy Road reported on DC#8-23112 and [REDACTED] complaint on DC#8-23113. I was advised in that the prior was a radio call and the latter a walk-in complaint, it can not be determined which was actually reported first.

Contacted Officer [REDACTED] Badge [REDACTED] Sex Crimes Unit, on 7-18-94, and he stated that he has concluded his investigation of the incident. He found the Complainant's statement not credible, her refusal to have the child examined at Jefferson Hospital an issue, and overall insufficient evidence to prosecute.

Contacted Dr. Wayne Martz, Director, Division of Professional Regulation, Dover, Delaware 19903, 302-739-4522, 7-15-94, and advised him of the status of this investigation. He expressed his appreciation in that he was only aware of the Complainant's version of the incident, which could possibly influence the Respondent's employment status.

REMARKS:

The whole complaint breaks down to one person's word against the other with no corroborating evidence. At the Complainant's request, no attempt was made to speak with the child.

It would seem that the Respondent's conclusion that this may have been an attempt at a shakedown is a distinct possibility when the statement of [REDACTED] is considered. His prompt appearance at the doctor's office may have interrupted a solicitation by [REDACTED]. Also his observation that [REDACTED] met [REDACTED] and the child in the police station parking lot and did not enter the building until after they saw the police car at the doctors office, and may have figured they were now forced to go through with it to cover their intent.

Also, it seems very strange that a mother, having made a complaint of sexual abuse against her child, would lack the patience to have the child examined at Jefferson Hospital.

Both [REDACTED] and [REDACTED] statements indicate Bradley's children were in fact present and it is hardly likely that he would molest a child with his own present in the room.

It is my belief that this complaint is totally unfounded.

CASE STATUS:

Investigation Completed.

To whom it may concern:

27 1994

6-20-94

I am writing to inform you about Dr. Carl B. Bradley who is on staff at the Granford Hospitals Tomsdale division and also has his own private office in Phila. Pa. His address is 10431 Academy road, zip code, 19154. Dr. Bradley has been my daughter's pediatrician since birth. On Friday, June 17<sup>th</sup>, 1994, in his office on Academy Rd., I found him molesting my 21 month old daughter. Her name is [REDACTED]. I walked back to check on her after he was done examining her (my daughter), my fiance and I were talking in the examining room after he took her to see Barney in the next office. I stopped him (my fiance) to check on her. I went back to see what she was doing. This was only about 2 minutes after he left with her. Me and my fiance stay in the room and talk while Dr. Bradley plays with my daughter. This time, I left the room, walked down the hallway, and I could see him leaning over in front of the door to the back room. Not the room with Barney the dinosaur. I walked quickly and quietly because the room was dark where he had [REDACTED]. When I approached the doctor was facing and also leaning over my daughter with his right side to the door in the back room. He had his right, with his right hand, had her shorts pulled up, and his hand in her diaper to the front of my little girl's body. He was done examining her.

6-20-94

I stopped for a few seconds, not knowing how long. It was in total shock. I could not explain how I felt, just shock. I had to look for 3 or 4 seconds to make sure it was seeing what it was. It was what I saw. My daughter was holding a piece of paper. The doctor was leaning over her doing this. I yelled, "Excuse me?" His hand jumped as he had done. I yelled things, "bastard", was one thing I said. I called him a sick bastard. I was crying. My fiancée came out of the room where she was examined. He knew something was wrong. We were leaving the office and the doctor said "I was showing her to my kids". I called him a liar. He followed us out to the car and said to think about what I saw. I told him that I knew what I saw and my fiancée told me to get in the car. We reported it to everyone possible. The room where this occurred, the light was off but I could see them from the lights in the hall and the bathroom. The doctor's kids were not in view to me. I hadn't seen them at all. Previous to this, after one of her examinations I found him holding ~~her~~ in the bathroom cradling her as if she was a newborn child. She was 1 year of age at that time. I noticed then he was startled to see me pop up at the doorway of the bathroom.

6-20-94

About a month ago, Dr Bradley was playing with my daughter in the back room while me and my fiance were talking in the examining room. I heard [REDACTED] yell, I ran back and she was standing in front of him. I picked her up, asked her what was wrong. The doctor said "She was trying to get a ball out of the box". I was suspicious because I could see a ball. I told her we were leaving me left. There was never any nurses. His children were not there when the incident happened. No one is ever there to my knowledge, we are the last ones see by him. We are the very last people see most of the time. No one arrives when he is done. Then, He, Dr Bradley takes my daughter and plays with her. He was always very affectionate towards my daughter. I watched him kiss and hug her several times. We were there up to a half hour some nights after she was seen. I thought he loved kids and was a very caring person. What could you think? I asked myself how this could happen. I want to do everything possible in my power to stop this man. I know what I saw. That is not up to me but up to the police and D.A. handling my case. The evidence is not back yet.

Sincerely, [REDACTED]

# **EXHIBIT 3**

REGISTRATION FOR PROFESSIONAL LAND SURVEYORS  
BOARD OF EXAMINERS OF ARCHITECTS  
BOARD OF CHIROPRACTIC EXAMINERS  
BOARD OF COSMETOLOGY & BARBERING  
BOARD OF DENTAL EXAMINERS  
BOARD OF MEDICAL PRACTICE  
BOARD OF NURSING  
BOARD OF EXAMINERS IN OPTOMETRY  
BOARD OF PHARMACY  
EXAMINING BOARD OF PHYSICAL THERAPY  
BOARD OF PODIATRY  
BOARD OF ADULT ENTERTAINMENT  
COUNCIL ON REAL ESTATE APPRAISERS  
GOVERNOR'S MAGISTRATE  
SCREENING COMMITTEE



STATE OF DELAWARE  
DIVISION OF PROFESSIONAL REGULATION  
CANNON BUILDING, SUITE 203  
P.O. Box 1401  
DOVER, DELAWARE 19903

GAMING CONTROL BOARD  
BOARD OF REGISTRATION GEOLOGISTS  
BOARD OF LANDSCAPE ARCHITECTURE  
DEADLY WEAPONS DEALERS  
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MENTAL HEALTH  
BOARD OF OCCUPATIONAL THERAPY  
PHYSICIAN ASSISTANTS ADVISORY COUNCIL  
COMMITTEE ON MASSAGE  
BODYWORK PRACTICE

OFFICE OF THE  
DIRECTOR

TELEPHONE: (302) 739-4522  
FAX: (302) 739-2711

May 8, 1995

James A. Holzman, Esq  
Prosecution Division  
124 Pine Street  
P.O. Box 2649  
Harrisburg, PA 17105-2649

Dear Mr. Holzman:

Thank you very much for your letter of April 7, 1995 regarding Earl B. Bradley, M.D., File Number 94-49-01675. The Delaware Board of Medical Practice at a regular meeting May 2, 1995 agreed to close the investigation prompted by the complaint of [REDACTED]. No further action is contemplated. Our current practice is that the investigative file will be incorporated into Dr. Bradley's permanent licensure file.

Thank you again for your help and understanding. As you well know, since the alleged infraction occurred in Pennsylvania, we were unable to do our own investigation. We relied on you, and you came through for us.

Sincerely

E. Wayne Mertz, M.D.  
Executive Director  
Board of Medical Practice

# **EXHIBIT 4**

9/19/05

~1500

Meeting with [REDACTED] He reports that Dr. Bradley was a subject of rumors of inappropriate behavior ~ 8 yrs ago. He had Dr. [REDACTED] investigate. No records of the investigation or allegation were kept. Dr. [REDACTED] reportedly found no evidence of wrongdoing.

[REDACTED] was also aware of an allegation of inappropriate behavior prior to Dr. Bradley's coming on staff in Pennsylvania. [REDACTED] believes that this was found to be without substance. [REDACTED] is unaware of any records of the event or the institutional response to the knowledge.

[REDACTED] reported that in March the hospital received a subpoena regarding an investigation of Dr. Bradley. This was discussed with the hospital attorney [REDACTED] [REDACTED] has the records of this. [REDACTED] collects no official institutional response to the substance of the allegation.

I reported to [REDACTED] that I have discussed the rumors with Dr. Bradley and sent him a letter documenting his requirements to inform the hospital of any investigation. I noted that Dr. Bradley states that he has no knowledge of a current investigation, that the events of the past were unsubstantiated and no formal action occurred. He reports that the events were determined to be malicious rumor spread by disgruntled employees and hospital staff and competing physicians. Dr. Bradley suspects similar motivation of this event.

I will seek the records of the past events. I will contact any leads from those records. If there is any legitimate cause for concern of patient safety, we will require a chaperon/witness for Dr. Bradley.

[REDACTED]

# **EXHIBIT 5**

BEBBE MEDICAL CENTER

CONFIDENTIAL

Memorandum

TO: File

FROM: [REDACTED] Physician Services Coordinator

RE: Narrative of November 15 Meeting with [REDACTED]

DATE: November 18, 1996

On Friday, November 15, I received a telephone call from [REDACTED]. She was very concerned in wanting to talk to me as soon as possible. She stated she had issues that she could not and did not want to keep to herself in case something ever came of her concerns. An appointment was made for us to meet on Monday, November 18, at 8:30 AM. [REDACTED] expressed her concern about the number of straight catheterizations that were being performed on females seen in the office. She provided me with a list of names and the number of children that have had this procedure done in September and October of this year. [REDACTED] stated that she felt very uncomfortable in doing these procedures with Dr. Bradley because of her years of experience in working with other physicians who saw children ages infant and up and that these were not done as they are being done now.

The October list included diagnosis and she felt that they do not warrant straight catheterization procedures. I did ask her if she had read the office notes to see if there was justification and she said, "No, she had not". [REDACTED] also expressed that she feels that Dr. Bradley is always intent on checking females for labial adhesions when he feels the hole may be too small and it needs to be opened. He may do this by asking the children to get on their knees and put their elbows and head on the table and checks from that position. This would only be asked of children that would understand the request. When I asked the age range that the stated procedures were being performed on, [REDACTED] stated newborns through age twelve. [REDACTED] added that in catheterizing the children she felt embarrassed and concerned for the Mothers and the children because she would have to hold the child's legs apart and some would be screaming and most always crying. She stated that [REDACTED] August of 1996 stated to her that children should not be put through this kind of trauma and that she would not do this procedure.

CONFIDENTIAL

Physician Billing Department, in October of 1996 (just questioned [redacted] as to the number of cath's that were being done because she had not seen this in any other of our physician practices.

In November of this year, [redacted] of Dr. [redacted] office blurted out in a staff meeting to [redacted] and to [redacted] that she had heard about our doctor, meaning Dr. Bradley; that Dr. [redacted] and [redacted] were seeing new patients that were previously seen by Dr. Bradley; and that the Mothers were complaining that they would take their child in to be seen for a cold and they would have to have a catheterization done.

Other concerns that [redacted] stated were that for physicals and even sports physicals Dr. Bradley requested that he wants them undressed. I asked [redacted] if all children were requested to be undressed and she said, "No, the females." Other concerns mentioned by [redacted] were that Dr. Bradley openly admits that he likes spending more time with the children if the Mother is good-looking. [redacted] concedes that he does spend more time in the room depending on the Mother's appearance. She recently recalls the patient that was seen for a cold. Dr. Bradley heard some wheezes, he then performed a peak-flow on the child and then stated that the child has asthma. The Mother stated that they had never had any problems before and had asked if this couldn't be just a cold. [redacted] stated that Dr. Bradley made the comment to [redacted] in the next room, that isn't it a shame that the child has asthma and the Mom's good-looking.

[redacted] also believes that he has made one Mother very uncomfortable by his actions and she no longer comes into the office without her husband. [redacted] stated that after the exam, Dr. Bradley would just stay in the room and watch her. I asked [redacted] to explain more and she said, "Dr. Bradley would not leave the room, he would just stay and watch her dress and prepare the child to exit the office and, yes, the Mother was attractive."

[redacted] admitted that she does not want to jump to any conclusion but she is very concerned over his behavior with little girls. He picks them up and squeezes them and kisses them and she says, "sometimes excessively" and in this day and age she felt this was not right.

He has three little girls of his own and they are extremely withdrawn and that his wife is away most of the time. [redacted] says, "I just don't know what to think but knew that I could not keep this all to myself any more."

I thanked [redacted] for coming to me and I told her that I would go to [redacted] with these concerns:

CONFIDENTIAL

At about 10:00 AM on November 18, I met with [REDACTED] and went over the concerns that were mentioned to me by [REDACTED]. [REDACTED] suggested that these concerns go higher and we made an appointment with [REDACTED]. We were able to see [REDACTED] at approximately 10:30 AM on November 18. [REDACTED] and myself discussed the stated issues over with [REDACTED]. [REDACTED] then went to Human Resources and spoke with [REDACTED] on the very same day of November 18. Documentation was to be started by me, [REDACTED] to contact the American Academy of Pediatrics and another out of state pediatric practice or just another pediatric practice for guidelines pertaining to catheterizations and two other out the top twenty diagnosis for appearance sake. [REDACTED] was also going to speak with [REDACTED]. We all agreed that this was a highly sensitive and confidential matter.

[REDACTED]

attachments

c: [REDACTED] Vice President of Operations  
[REDACTED] Physician Services Manager

# **EXHIBIT 6**

BEEBE MEDICAL CENTER  
MEMORANDUM

January 20, 1987

TO: FILE/Dr. Earl Bradley

FROM: [REDACTED] VP  
Professional Affairs/Quality Commitment.

SUBJECT: INVESTIGATION AND RESOLUTION OF CONCERNS

On November 18, 1986, concerns were received concerning Dr. Bradley's practice in catheterizing children and alleged comments on his behalf which could be misinterpreted as sexist in nature.

In view of the small size of the Pediatric Service, the matter was referred to Dr. [REDACTED] Chief of Staff. [REDACTED] researched the issue of catheterization and found bodies of medical knowledge and opinion both positive and negative with reference to the merits of these procedures.

On January 15, 1987, Dr. [REDACTED] met with Dr. Bradley and discussed the procedures, reviewing Dr. Bradley's clinical opinions and found them to be well substantiated in literature. Dr. [REDACTED] did suggest to Dr. Bradley that he have his nurse perform these procedures as opposed to himself.

With respect to the issue of the alleged comments, Dr. Bradley was concerned that he was being misunderstood and Dr. [REDACTED] and he agreed that Dr. Bradley will be more cautious concerning any comments in the future.

Dr. [REDACTED] found there to be no quality issue in this incident.

# **EXHIBIT 7**

Dr. [REDACTED]

11/12/98

✓ Staff allegations; [REDACTED] [REDACTED]

\* catheter & valves  
banding on knees  
but in air

[REDACTED] had → \* Taking pictures of kids  
in computer cart in waiting  
room) digital camera  
[REDACTED] make  
her eat separate  
during interview

✓ ~~Staff~~ Staff did discuss  
some

Some have  
✓ 1 P/B 1 perceived [REDACTED] to [REDACTED]  
2 pediatricians but not [REDACTED]

✓ Patients switched to [REDACTED]  
[REDACTED] commented that Dr. B  
cracked pts too much. (newborns)

[redacted] party of [redacted]  
of [redacted]  
of Earl & [redacted]

[redacted] alone  
Earl alone

[redacted] showed concern  
@ future taking  
of Earl & [redacted]

Cathy was not discussed  
with the group.

[redacted] did discuss her 3 yrs of A.B.  
Dr. B. killed  
attractive woman  
had crushes on  
PTs. PTs. mother  
killed when PTs <sup>mothers</sup> come  
short shorts

~ M. B. refused to file  
sexual abuse case  
from ED as to no payment,  
told [redacted] to go home,  
since he does  
the patients

~ changes in treatments of  
cases; missed orbital  
abcess - pt. need of  
CT. sent up to  
Chap next day for  
surgery

From prior case of  
P/O. Dr. B did  
not go to ED and  
~~\_\_\_\_\_~~ top. [unclear] &  
D

~ Orbital cellulitis

→ aware that  
staff were talking  
esp. at staffing

open discussion of  
picture taking  
among staff

presented @ staff  
w/ Dr. B as  
picture taking time

~~\_\_\_\_\_~~ suggested  
office policy: pt/p  
get a meal

Comments @ appearance  
blood on shirt from  
hair on shirt from cutting back

Not aware  
~~\_\_\_\_\_~~ that  
shared info @ "crushes/shots"  
with anyone but \_\_\_\_\_

~~\_\_\_\_\_~~ aware of  
Cash loan when ~~\_\_\_\_\_~~  
Come ~~up~~ ~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~  
When 13 year old

transferred to you  
after Carl left  
practice

because mother  
upset Dr. B  
I did

your exam  
against ~~\_\_\_\_\_~~  
& mother's wishes

~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~

Mother called for  
appt & told  
~~\_\_\_\_\_~~ story upon  
making appt per  
phone ~~\_\_\_\_\_~~ told ~~\_\_\_\_\_~~  
at ~~\_\_\_\_\_~~ to ~~\_\_\_\_\_~~

Put in dark  $\frac{1}{2}$  hour,  
may have  
not always responded

approp.

But no specifics  
recollection of  
ever making any  
neg. comments  
to the or community

B.G. Did not make effort  
to tell the  
we know  
it's hard to ~~share~~ ~~share~~  
relationships  
has the very private  
damages,  
Did, state B.G. left machine

Me [redacted] - Confidential

what happened in practice  
or staff related to Dr. Q  
anything inappropriate?

overhead?

not personal feelings

Spoke to [redacted] privately

Spoke w/ lawyer @ law school

Blind as meeting @  
level - Dr. [redacted]  
approached from Dr. [redacted];  
said [redacted] [redacted]  
[redacted] threatened

not [redacted] w/ [redacted] later  
[redacted] thinking over suit

# **EXHIBIT 8**



Beebe Medical Center

CONFIDENTIAL

September 21, 2005

Earl Bradley, MD  
BayBees Pediatrics  
3446 Kings Street Row, Unit 2  
Lewes, DE 19958

Certified Mail 7003 1010 0003 4169 4678

Dear Dr. Bradley,

As you will recall, we recently discussed that if the hospital were to become aware of any substantial support that an evaluation of your practice were ongoing, we would need to act accordingly.

We have discovered that the Attorney General of the State of Delaware is or has recently been conducting such an investigation.

While aware that an investigation is not a conviction, and attempting to preserve your rights while protecting our patients, this organization must insist that pending completion of the investigation, you are responsible to have a nurse/chaperone with you at all times when you are with a patient at any facility of Beebe Medical Center. If you have any difficulty finding a nurse/chaperone, please contact the nursing supervisor.

Failure to comply with this requirement may result in suspension of your privileges at Beebe Medical Center. If you have any questions, please do not hesitate to contact me.

Sincerely,


Vice President Medical Staff

cc: President & CEO  
 MD, Chief of Staff

# **EXHIBIT 9**

9/22/2005  
11:12 AM

Phone conversation with Dr. Bradley. Informed him of my discovery of the subpoena from April. As were awaiting a response from the Attorney General's office and the police force, is the policy of the hospital to mandate that all patient contacts by hand must be in the presence of another witness. He understands this and is very comfortable with this requirement.

  
Vice President Medical Affairs

# **EXHIBIT 10**

MEMORANDUM OF UNDERSTANDING

AND NOW, this 27<sup>th</sup> day of October, 1999, this Memorandum of Understanding is entered into by and between the Board of Medical Practice of the State of Delaware (hereinafter "Board") and the Physicians' Health Committee of the Medical Society of Delaware (hereinafter "Committee") in order to delineate in general terms the manner in which each entity will operate and interact with respect to physicians in need of evaluation or treatment for a physical or mental impairment and who the committee or the Board has reason to believe may pose a danger to the public health, safety, or welfare or who the committee or the Board has reason to believe may have committed unprofessional conduct. (The "subject physician") This Memorandum of Understanding supersedes and replaces all prior agreements between the Board and the Committee on this subject.

REFERRALS BY THE BOARD TO THE COMMITTEE

1. The Board recognizes that in many instances referrals to the Committee will come from a physician's family, friends and colleagues, or from self-referral. The Board, acting through the Executive Director also may refer physicians to the Committee for evaluation and may require examination to determine whether the physician is fit to practice medicine with reasonable skill and safety either on a restricted or unrestricted basis and whether there is a medical or psychiatric condition requiring rehabilitative services. Such referrals may be oral and informal or they may be formal by written Order of the Executive Director under the authority of 24 Del. C. § 1732(c).

2. Upon receipt of a case, the Committee shall promptly determine whether the case involves a subject physician.

3. Prior to making a formal referral by Order, the Executive Director will, in consultation with the Board President or his or her designee, appoint and consult with at least one (1) unbiased Physician Board Member to assist in the investigation who will be advised of the identity of the physician under investigation.

A.G.Inv000993

4. In cases where a formal referral of a physician by Order of the Executive Director for examination to determine the fitness to practice medicine with reasonable skill and safety is contemplated, the Chairperson of the Committee shall accept such referral either orally or in writing prior to any formal referral Order by the Executive Director to the Committee.

REPORTS BY THE COMMITTEE TO THE BOARD - CONFIDENTIALITY

1. The Board and the Committee recognize that confidentiality is not an absolute in that there are circumstances where the individual welfare of the physician or the public health/and safety are paramount. Pursuant to 24 Del. C § 1768(b), the records, reports, and proceedings of the Committee are deemed by the Board to be confidential and not public records. Any such documents and the information contained therein provided to the Board pursuant to this Memorandum of Understanding will be treated by the Board as confidential, non-public material under the Delaware Freedom of Information Act (29 Del. C. Ch. 100).<sup>1</sup> However, such information may be discussed with the subject physician and used by the Board in non-public executive sessions as and to the extent necessary to protect the public health, welfare, and safety and to permit the Board to perform the statutorily mandated responsibilities under Chapter 17 of Title 24 Del. C.

2. In order for the Committee to maintain confidentiality of its proceedings, reports, and records while fulfilling its statutory reporting responsibility under 24 Del. C. § 1751A, the following procedure will be observed:

a. Each case involving a subject physician which is accepted by the Committee without regard to the source of the case, will be assigned an identifying number and a record of the name which corresponds to the identifying number will be provided within five (5) days to the Executive Director of the Board. All such information will be kept in a secure location in the office of the Chairperson of the Committee or of the Executive Director of the Medical Society

<sup>1</sup>The information reported may in limited instances be used in proceedings before the Board hearing panel and, therefore, may ultimately become public information if the hearing panel finds that the allegations are supported by the evidence and so reports to the full Board. See § 1734 of Title 24.

of Delaware and in the office of the Executive Director of the Board.

b. As each new case involving a subject physician is accepted by the Committee, it will prepare a summary of the case and within five (5) days, forward that summary to the Executive Director of the Board. The summary shall include a statement of the history of the subject physician, and a reasonably detailed statement of the physician's present physical, emotional, and mental conditions; a statement of the procedures expected to be employed in handling the case and a prognosis; and a copy of the Committee-Physician contract.

c. A report at least semi-annually of the status of all active cases involving subject physicians which have been accepted by the Committee will be presented to the Board in executive session and will be treated by each Board member as confidential, non-public information. Such reports to the full Board will identify each case by number only. On a semi-annual basis, the Executive Director or other representative of the Board will meet with the Committee to discuss in general terms the activities of the Board over the preceding six months.

d. The reports required by subsection (c) shall continue only as long as the subject physician may pose a danger to the public health, safety or welfare. Upon a determination by the Committee that a subject physician no longer may pose such a danger, the Committee will promptly notify the Board of that fact. Any documented or verified violations of the contract between the subject physician and the Committee shall be promptly reported to the Executive Director of the Board.

e. Immediately upon determination that a physician constitutes a clear and imminent danger to himself or to the public health, the Committee shall report by telephone and in writing to the Board through the Executive Director, the name and address of such physician and the circumstances giving rise to such determination. This includes those situations where the physician refuses to cooperate with the program, refuses to submit to treatment, or is still impaired after treatment constituting a risk to the public or exhibits professional incompetence or unprofessional conduct under 24 Del. C. § 1781 or the regulations of the Board. The Committee

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A.G.Inv000995

and the Board shall cooperate fully in taking such immediate action as may be necessary to protect the public and where possible, the physician.

f. The Committee, through its Chairperson, shall also report immediately to the Executive Director of the Board the name and address of any physician where there are grounds for reasonable belief that criminal or unprofessional conduct as defined under § 1731 of the Medical Practices Act has or is about to occur. This shall include but not be limited to:

- 1. Mental or physical (including sexual) abuse of patients.
- 2. Use, distribution, or prescription for use of dangerous or narcotic drugs other than for therapeutic or diagnostic purposes.
- 3. Physical (including sexual) abuse of others.
- 4. Commission of or participation in criminal activities.

g. Upon receipt of a written report made under subsections (e) and (f) 1-4 above by the Committee, the Executive Director of the Board will immediately confer with the Board President and the assigned Board member and take appropriate action which may include instituting a proceeding for the temporary suspension of a Certificate to Practice Medicine and Surgery under 24 Del. C. § 1738 pending hearing, or seeking the authorization of the Board in executive session for the filing of a Formal Complaint by the Executive Director for hearing by a Board hearing panel in non-public executive session under 24 Del. C. § 1734. Only after non-public hearings<sup>2</sup> where the hearing panel determines that the allegations of the formal complaint are supported by the evidence will the Board proceed to formal public hearing in accordance with the provisions of § 10004 of Title 29.

DISCIPLINARY ACTION BY THE BOARD

The existence of a contract between the Physicians' Health Committee and a physician shall not be construed to preclude or in any way restrict the ability of the Board of Medical

Panel hearings will be conducted in non-public executive session unless the physician requests an open public hearing under 24 Del. C. § 1734(b).


Practice to take such disciplinary action as it may deem appropriate for any violation of 24 Del. C. § 1731 (Unprofessional conduct and inability to practice medicine and surgery), § 1731A, (Duty to Report), or any Regulation of the Board.


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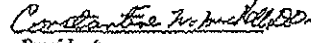
A.G.Inv00997

This Memorandum is intended to give general guidance and to promote uniformity in the relationship between the Board of Medical Practice and the Physicians' Health Committee of the Medical Society of Delaware and is to be used for no other purpose. It does not and is not intended to create any rights, duties, or obligations.

IT IS SO UNDERSTOOD AND AGREED:

  
Chairman  
Physicians' Health Committee  
Medical Society of Delaware

  
Executive Director  
Medical Society of Delaware

  
President  
Board of Medical Practice

  
Executive Director  
Board of Medical Practice

# **EXHIBIT 11**

Lynda Bruce

ATTN: [REDACTED]

Wa. Forensic Translation  
(303) [REDACTED]

Re: Dr. Ned Brian Bradley  
Owner, Baybess Pediatrics  
24416 King St. Row  
Lewes, DE 19958

**OBJECTIVE**

To obtain psychiatric and medical evaluation and treatment for Dr. Bradley in an attempt to keep him from destroying his practice and his life. The examinations should be done by professionals not acquainted with Dr. Bradley, so that he cannot influence the outcomes in any way.

**SUMMARY**

Dr. Bradley is a well-known pediatrician in Lewes, having been in practice there for ten years. He began his own practice in January of 2001. It is known for being a child-friendly atmosphere; he gives gifts to the children, has games and a video cabinet in his waiting room. His exam rooms are decorated with Disney characters.

Since he has been in his own practice, however, there has been a noticeable deterioration in Dr. Bradley's ability to handle his affairs both personal and professional. Small things such as his frequent absence to personal hygiene (e.g. unwashed clothing, greasy wrinkled shorts torn and stained from the hospital, his undershirt and chest hair showing) and unorganized and messy non-completion of patient charts and billing slips (not signing or making them readable). He delays details such as having no regard for time (arriving consistently at least 1/2 hour past his stated appointment, keeping patients waiting for an hour and a half while he plays on the computer) and erratic behavior showing no regard for anyone other than himself (buying his children things for Christmas that he would like to have himself, rather than something they would like). Larger issues such as financial over-spending (he is over \$200,000 in credit card debt at present) and lack of control in spending for his practice (expenditures of over \$10,000 per month on things that do not benefit the practice). None of these things have been of concern of his immediate family or friends.

mood swings. He also tells the staff and his children that he thinks he has five years to live. He is 51 years old.

He is like a junkie with a huge habit - not drugs, but spending. Like most addicts, he reacts with extreme uncontrolled outburst when he can't spend or have what he wants. He hides his receipts. He hides what he buys. The house in which he lives and the property he owns are both literally stacked to the rooftops with junk that he has purchased and for which he has no use. His house is filthy - dog屎 and months worth of dust or constant. His children have no place to eat or study except their bedrooms. They have no friends and each bring friends home because of their parents. They are very bright children who he controls absolutely - his interruptions with them when they are not at school. The eldest two are in college and want him to do with him. His oldest is 20 years old and he will not let her drive her car on Route One; she must drive only in Lewes under 25 mph. She has had her license since she was 16.

...agencies of his lawyer, banker and accountants determined that he needed to make significant changes if he wanted to develop his practice and go forward. A list of things he was to do was presented to him. It included cutting up his credit cards, using only one for his wife and paying it off monthly, using another for office expenses, and living on his income (a not insignificant total of \$15,000 per month plus draw). He ignored it all. The practice has paid off his debts several times and his spending gets worse each time he has a credit limit available.

He will likely not be cooperative with any attempts to examine him or go to counseling. He went to a psychiatrist once - for one visit - at the demands of his wife and dismissed it. He checks his own "check" a psychiatrist into agreeing that he has no problems, because he is smarter than they are.

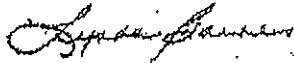
I am concerned that intervention be done before he explodes and further harms his family (a very public collapse or prosecution by parents) or the children in his practice. We have tried family intervention but he refuses to discuss his problem or listen to anyone's counsel.

**BACKGROUND**

Dr. Bradley is the youngest of three children. His parents were extremely dysfunctional - his mother was an alcoholic of Olympic proportions, was hospitalized regularly and at one time incarcerated for drunk and disorderly conduct in a public place. His mother separated from his father and they lived in poverty in a very rough part of Philadelphia. When his father regained custody, he spoiled the child and demanded nothing from him. Both parents died six weeks apart in 1967 when he was 14. He came to live with me (I am the adopted oldest child, 9 years senior). He was a straight D student. I managed to turn him around with encouragement and disciplined study habits. When he went to college and medical school we were living in New England and saw him often. When he married and his children we were able to visit more often, as we lived then in Virginia. When his wife was leaving him we tried to counsel them (my husband is a clergyman who specializes in addictions) but the situation was not very total. My husband was his part to acknowledge any responsibility. Everything is always someone else's fault.

His spending has cost him his marriage, the respect of his children, and threatens to cost him his practice. I sincerely hope that you will be able to intervene in this situation.

Lynnda B. Burt



To: ACNT: 9169 PAGE: 1

From: SHORE ANSWER, LLC

9-21-2004 2:38pm p. 1 of 1

\*\*\*\*\* ACCOUNT 9169 PAGE: 1 \*\*\*\*\*

>> MSG: 1 IN:RXE 9/21 14:35

FOR: NON-URGENT

NAME: LINDA BARNES

PHONE NO: [REDACTED]

ADDRESS:

REF: NEEDS TO SPEAK WITH SOMEONE ABOUT A OR SHE WORKS FOR WHO IS GOING OFF THE DEEP END/SHE DOES NOT THINK HE WILL KILL HIMSELF/SHE MAYBE PUT HIMSELF OUT OF BUSINESS

\*\*\*\*\* ACCOUNT 9169 Complete \*\*\*\*\*

*left msg to call Dr. Lewis left office 9/23/04*

*on staff  
BeBe*

*Sister  
and OOB  
m gm.*

*Sire Bradley  
Pediatric in Lewis*

*Manic depressive  
Diabet 400  
In Debt*

*Not treated*

	<input type="checkbox"/> URGENT	DATE	TIME
	FOR DOCTOR		AREA CODE
	PATIENT		NO.
	Reminder		
	Call Linda Barnes		
	M: Lewis Doctor		
	[Signature]		
For permanent record in chart		Medi-Messages™	
No. 309			

# **EXHIBIT 12**

# FAX - CONFIDENTIAL

## Page 1 of 3

Att: [REDACTED]

TO: [REDACTED]

FROM: LYNDA BARNES

The following is a copy of the fax I sent to Dr. Towani regarding getting help for my brother. We are estranged.

Dr. Towani suggested that you might be able to help persuade Dr. Bradley to voluntarily participate in the Impaired Physician Program, or otherwise that you may wish to receive yourself because you know him. He holds you in the highest regard and respect.

In either case, I have been advised to notify his lawyer that he should contact Dr. Towani within the next two weeks for voluntary participation or I will contact the Board of Medical Practices to have his participation requested. Dr. Towani tells me that under Delaware State Law I am required to report him and that his name should have reported him as well. His lawyer also has knowledge of his problems and is so required.

I look forward to speaking with you.

*Calling on advice  
of Dr. Towani  
Linda Barnes*

[REDACTED]

*Re: concerns in  
request to a physician*

*10/20/04*