

# Gynecologist Practiced Medicine for 9 Years, Despite Multiple Rape Allegations From Patients

by Cara on May 4, 2010/ The Curvature

**Trigger Warning for graphic descriptions of rape and other sexual assault.**

The Chicago Tribune recently ran [an extended piece on a gynecologist who is alleged to have raped at least 3 patients and sexually harassed at least 4](#), only to have been allowed to continue practicing medicine for 9 years after the first allegation. Worse yet, once action was finally taken, it was in the form of a mere 9 month license suspension that will allow the doctor/alleged rapist to reapply for his license this summer. The entire while, police have declined to press any charges.

Tameka Stokes was 19 when a pelvic disease diagnosis brought her to the exam table of Bruce Sylvester Smith, a gynecologist at Chicago's Kennedy Medical Service Corp., in May 2000.

According to Stokes' allegations in state records, Smith raped her while her legs were in stirrups.

As she left the exam room, Stokes broke down crying to a nurse, who immediately called police, records show. After submitting to a rape exam at South Shore Hospital, Stokes provided detectives with a description of Smith's actions — allegations later shared with the state agency that polices professional license-holders, the documents show.

"You go into the doctor trusting them, thinking they'll do the right thing for you and you come out feeling humiliated like that's been taken away from you," Stokes, now a married mother and nurse, told authorities during a 2008 state hearing. "And I never want that to happen to my nieces or my sisters or anyone."

But two more of Smith's patients would claim rape and at least four other women would allege sexual misconduct before law enforcement or the Illinois Department of Financial and Professional Regulation would take punitive action, according to state records, raising questions about how the system responded.

State officials say it takes time to build a case, and in the matter of Bruce Smith, it took lots of time: seven years after the first complaint to seek disciplinary action, another two years before punishment

was handed down. He was free to continue practicing the whole nine years.

First of all, I want to pause to give kudos to the nurse to whom Stokes first reported her rape. What she did was very simple: she saw someone in distress, found out why they were in distress, and immediately took appropriate action. Many of us would like to believe that any person would do the same, in the face of a patient alleging rape on behalf of a doctor. But the fact is that many people do not believe their close friends, family members, partners, etc. when an allegation of rape is made, and instead demand to know what the victim was wearing, how drunk she was, etc. This nurse immediately believed a total stranger, and she responded by calling the police on her *boss*. Those actions are ones that people *should* be expected to take, but they're also ones that are all too rare.

Back to the issue at hand, it is utterly appalling that a doctor would not only rape his patients in a moment of vulnerability, but also that these allegations would go completely ignored for so many years. Ignoring rape allegations is always unforgivable, but the lack of action here by both regulators and law enforcement officials also put countless other women at risk — who knows how many victims there are that have not come forward. Especially when there is such a high risk of repeat offenses, there is an absolute *responsibility* for sexual violence allegations to be taken seriously and for a potential predator to be removed from a position where he can do harm.

Instead, it was ruled that there was “not enough evidence,” and further allegations eventually emerged:

Smith continued to practice at Kennedy Medical Service for several more years, according to records.

A woman who was pregnant at the time of her exam alleged in 2002 that the gynecologist grabbed hold of her legs and penetrated her.

“I was afraid when I realized what he was doing, yes. He’s a doctor, and he’s down there with my baby,” the woman, who worked as a teacher assistant for special-needs children, told authorities in 2008 during the administrative hearing, records show.

Immediately after leaving the office, the woman called her sister, who contacted a rape hot line. At a counselor’s urging, the woman underwent a rape exam at the University of Chicago Hospitals and, days later, filed a complaint with Chicago police. The state’s

attorney's office did not press charges, and the investigation was suspended, the records show.

The same thing happened when the third woman made her allegations.

The woman alleged that she heard Smith tear open a condom wrapper and felt him place both arms around her legs and penetrate her, according to state records.

She alleged that she returned to Smith's office to confront him before going to police and that the doctor told her that she wanted it, records show.

She said detectives told her there wasn't anything they could do.

"They were like, 'Yeah, we know about him,' " said the woman, who was a social worker at the time and now works as a nurse. "I said, 'You all should have done something.' ... They said they needed more proof."

Frankly, I'm surprised that there is not a regulation *requiring* medical professionals who are examining the genitals of a patient of a different sex to have a third party present in the room. Perhaps it's only a regulation in NY; maybe it's not a regulation at all, and whenever I have seen a male gynecologist, a female third party was present during the pelvic exam simply because the doctor was both ethical and concerned about patient comfort. I don't know. I do know that I don't personally feel comfortable, especially as a rape survivor, being examined by a male doctor, and that those female nurses present during the exam have always been a comfort to me. I also know that I'm inherently distrustful of a male gynecologist who wouldn't work similarly, regulation or no regulation. And I'm beyond distrustful of a male gynecologist who would continue to conduct pelvic exams on women unsupervised *after allegations of rape had already been made*.

Smith's actual defense against the allegations is also pretty choice:

During his state hearing, which stretched from December 2008 to May 2009, Smith said he made a point of being affectionate with the thousands of female patients he had treated but never did anything inappropriate to them.

“I’m competing against women in the same field or similar fields, and one of the complaints against male doctors is that we’re cold and distant, and I have seen my female colleagues hug and kiss people and it’s conceived as emotionally related or caring about their patients,” Smith said, according to a transcript.

Personally, I would be highly uncomfortable if any doctor of mine tried to hug or kiss me. But I would also be even more uncomfortable if that doctor was male. Not every woman would have the same reaction, of course, but the fact is that Dr. Smith is attempting to construe *women’s personal boundaries* regarding intimate touch as *discrimination* against him, a male in a position of authority over those women, in a world where women are faced with the threat and/or reality of sexual harassment and sexual assault at the hands of men on a daily basis. That is appalling and unnerving no matter what the man has been accused of; in light of the accusations, it’s downright disgusting and terrifying.

Also, what is alleged is far more severe than a friendly hug or peck on the cheek. In addition to the alleged rapes, the accusations look like this:

- In December 2003, the Department of Financial and Professional Regulation received a complaint alleging that Smith had touched his private area on the outside of his pants in front of a patient, asked her if she liked the pelvic exam, caressed her back and touched her buttocks, according to documents.
- In 2005, the department began investigating a complaint regarding Smith’s conduct toward a teenage girl who was a ward of the state Department of Children and Family Services. While at Michael Reese, Smith allegedly ripped a sheet off the girl’s half-naked body, hugged her, tried to kiss her, sent her a text message and proclaimed that he loved her, according to state documents.
- In 2006, the department began investigating a complaint regarding a patient who alleged Smith hugged her tight, tried to solicit an affair from her, talked to her about sex toys and drew a picture of a vibrator on the sheet covering her at Cameo Women’s Healthcare.
- In 2007, the department began investigating allegations by a patient who said that at Michael Reese he gave her hugs that made her uncomfortable, including one that was given while she was on the exam table and he was close in between her legs.

Yes, that certainly sounds like women misinterpreting platonic expressions of concern to me.

I remain appalled and disgusted that officials did not act after the very first allegation was made; I'm even more nauseous and furious at the fact that action was not taken after several women came forward, independently and without knowing of the others' allegations. Smith's employers also failed to act, and are therefore among the culpable.

But perhaps the most atrocious thing of all — and granted, with a doctor raping and harassing patients and no one caring, it's a rather difficult call — is the fact that Smith will be eligible to reapply for his license this summer. I know that he hasn't been convicted of anything — another reason why it was so important for police to act — but the fact is that this many independent allegations should be more than enough to convince anyone to keep the man away from patients. There is no way that someone can convince me that it is right to send this man back into exam rooms, allow him to keep committing abuse, and wait until he actually leaves a semen stain behind.