

## INTIMATE INTIMIDATION

*When the gynecologist touched her like that, she knew it was wrong, but she didn't know what to do. And she didn't know the same thing had happened many times before.*

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**Gail Greeby stared at the ceiling and waited for it to be over.** She was dressed in a hospital gown, her legs spread, feet raised in stirrups. At the foot of the examining table crouched the gynecologist, his face just visible over the sheet draped from Greeby's knees to her waist.

*Oh God, she thought with an inward groan. How am I gonna face him at work now that he's seen me like this?*

Both worked at Springfield Hospital in Delaware County, Gail Greeby as the cardiology-department manager, Dr. Allan Nachlis as one of the staff's newest obstetrician-gynecologists. A few months before, when Springfield had offered free Pap smears for all female employees, Nachlis had discovered some abnormal cells on Greeby's cervix. He had suggested she consider cryosurgery, in which her cervix would be frozen with nitrous oxide to slough off the abnormality. Greeby had never undergone a procedure quite like this before, and so was feeling more squeamish than she had the first time Nachlis examined her.

He had been wearing strange socks that day, Greeby now recalled — when he sat down, his pants legs had ridden up, revealing pictures of happy faces, dollar signs and peace symbols. Come to think of it, all she really knew about Nachlis was his penchant for odd socks and wild ties. He was tall and gangly, and pretty much kept to himself, with an awkward demeanor more befitting a teenager than a 35-year-old man of medicine. Greeby remembered how, at the Springfield employee picnic, Nachlis had sat and chewed his food in silence as others chatted. A quiet man, Greeby thought. Maybe a little sad.

Now here she was at Nachlis' private office in Chester, a bundle of nerves with her feet in the air, waiting for her procedure to begin. She had seen plenty of other gynecologists in the past — she was 37 years old, after all, and the mother of two — but she was still anxious about the visit. Dr. Nachlis' lack of bedside manner wasn't helping. Greeby looked up at the nurse standing by her shoulder, hoping for a word of comfort, but the nurse seemed lost in her own world, her gaze fixed on some spot on the far wall.

Greeby breathed deeply as Nachlis inserted an instrument into her with his left hand. And then his right hand began... *rubbing* her, slowly. Above the sheet, she could see his upper arm and shoulder moving with the effort. *This couldn't be part of the procedure*, her mind stammered. His fingers paused as his eyes darted up to meet hers, then started rubbing again. It went on for a few seconds. She was too stunned to speak.

Alone in the examining room 45 minutes later, Greeby was overcome with terror. She threw on

her clothes and burst into the hallway. Nachlis was standing down the hall; from a distance, Greeby asked for her post-op instructions.

"Nothing on the inside, everything on the outside," Dr. Nachlis replied, his face blank. "And you can use your imagination for that." Greeby stared at him, grappling with his response. Then she turned and fled.

In her car, she gripped the steering wheel with both hands until her knuckles turned white. "*That was wrong. Oh my God. Oh my God. That was wrong,*" Greeby whispered. The drive home was a blur of traffic lights and missed stop signs. Her husband worked until midnight; he wouldn't be home for another few hours. Greeby let herself into the house, ran straight past her daughters' rooms, and wept in her bed.

What Gail Greeby didn't know about then was the 12 other women who would later surface with nearly identical stories of Dr. Nachlis, or about the doctor's past brushes with the law. She didn't know that just days before, in that very same office, he had assaulted another Delaware County woman in the very same way. All Gail Greeby knew was that she had been invaded in a way she could not explain. And that she felt more alone than she ever had in her life.

**Allan Nachlis' victims** avoid using his name; they say "him" or "he" or sometimes, with venom, "the *doctor*." Their faith in the medical profession has been shattered — one even wonders if she can ever bring herself to see a gynecologist again. Which is one of the many reasons why, even after Nachlis was convicted recently of indecent assault and aggravated indecent assault, and pled guilty to unlawful sexual contact, his victims still do not feel vindicated.

Trust between doctor and patient is never more fragile than in a gynecologist's office. For many women, there is no indignity greater than lying supine and vulnerable, being touched with gloved fingers and cold metal instruments in the most private of places. At best it is an uncomfortable and highly charged situation to begin with — even more so if the gynecologist is male — never mind if something goes wrong.

During the 1995 trial of Allan Nachlis (pronounced KNACK-liss), the invasive nature of a gynecological exam was compared, for the male judge's understanding, to a prostate exam. Prosecutor Heather Mattes sharply disagreed. "I don't want to talk about prostate examinations!" she exclaimed. "the court can't know what it's like all your life to be told to be a lady, to cross your legs, to sit nice, to be quiet — and then to put yourself up on a cold table and spread your naked legs for a relative stranger."

As the clinical and the intimate swirl together under the fluorescent lighting, at exactly what point rules are broken becomes hard to say. Where, for instance, is the boundary between a thorough breast exam and a copped feel? where is the dividing line between a gentle search for swollen glands in the groin and a doctor's caress? Such questions are more pressing than ever, since medical boards have recently begun disciplining doctors in record numbers. Sex-related complaints in particular are on the rise: Just in the past five years, the number of sexual-misconduct complaints to the Pennsylvania Medical Board has risen nearly 60 percent. This is not necessarily because doctors are misbehaving more, but perhaps thanks to better record-tracking — although as we'll see, it's not nearly good enough — and a more sophisticated public more likely to report incidents. Nachlis' convictions finally brought to a close the medical career of a man who was at the mercy

of his urges — and who was licensed to practice gynecology in three states. He left in his wake a string of women who had walked into his office as patients but left his victims. “It leads you to believe this guy went into the profession for one reason: to molest women,” says Richard Schreffler, whose wife Denise was one of the three victims who testified against Nachlis. “The guy is a nut, and there’s no way he should have made it this far. that’s what makes me sick,” he goes on, spitting out the words. “Nobody knew he’s been doing this? And he’s been doing it for how long?”

No one apart from his victims knew, because of the way Allan Nachlis managed to evade detection; after each scrape with the law, he simply picked up and moved his practice elsewhere. The career path of Nachlis is a glaring example of a tired, lumbering piece of machinery the medical profession’s system of discipline and record-keeping can be. “It’s always discouraging to know how slowly the bureaucracy tends to work,” says Dr. James Winn, executive vice president of the Federation of State Medical Boards, about the Nachlis case. “But it does work. It’s just that part of the system is striking a good balance between the protection of the public and due process.” Occasionally, however, the price of due process puts patients in danger by keeping them in the dark about a doctor’s past.

Nothing in Gail Greeby’s 15-year career working alongside doctors could have prepared her for what she was about to endure. Beginning November 2, 1992, the day of her assault, she became a victim not only of Nachlis (who declined to be interviewed for this article), but of a medical board that ignored her complaint and of a justice system that didn’t believe her voice alone was enough. Which is why all three witnesses for the commonwealth — Gail Greeby, Denise Schreffler and Barbara Martin — are speaking here, their first lengthy comments to the media. Because they need to know how Nachlis slipped through the process — and because they want to be certain that the next time a woman is assaulted, the system does not fail her as well.

**I feel like I’m 90 years old,”** groans Gail Greeby, rubbing her forehead wearily. “I’m just so drained by all this. I must look like I’m 90.” Not by a long shot — Greeby is 41, but is sometimes asked if she and her 21-year old daughter are sisters. Greeby is an energetic, warm wholly unguarded woman with blond bangs arranged in evenly separated wisps.

For a week after the assault in Nachlis’ office, Greeby confided in no one while trying to sort it all out. She couldn’t. “It was always there,” she remembers, her words spilling out in a rush. “Every minute of the day. At work, at home, it was always there. Because I knew he had done something wrong, and I knew it had to be reported.” At work, she was fearful of seeing Nachlis; she tensed up each time she turned a corner. Her dreams were haunted by the image of the neat wave of dark hair over his forehead, his heavy-lidded eyes hovering above her kneecaps, the rest of him hidden behind the sheet. Soon the image was bleeding out of her nightmares and into the daytime, startling her with its suddenness and clarity.

If she was acting strangely, her husband didn’t seem to notice. Gail and Burton Greeby saw little of each other: She got home from work at 3:30, he worked from 3 to midnight. they had kept that schedule the two years they had been married, doing their own cooking and laundry, drifting further and further apart. Their emotional attachment was thin already, and Gail didn’t want to test it. But finally, a week later, when she was at a loss to explain why she just didn’t feel like having sex, she broke down and told him about what had happened in Nachlis’ office. Burton calmly advised her to talk to somebody about it, but couldn’t imagine who.

Greeby filed a report with the Delaware County district attorney's office. It was difficult to find the words to describe the incident, even more difficult to keep back the tears, but she told her story as evenly as she could to Detective Kathryn Smith while a tape recorder hummed. Greeby followed up with a written complaint to the Pennsylvania State Board of Medicine. *No matter what comes of this, I did the right thing*, Greeby reassured herself. *That's what matters*. So why did she feel so hollow? Greeby tried to return to her normal life, but things were not the same: Just the medicinal smell at work was enough to bring back the memory. Four months passed. When she could stand it no longer, Greeby called Detective Smith.

Greeby was in for a shock. Smith related that she had questioned Nachlis with his lawyer by his side. When told the nature of the complaint, Nachlis couldn't even recall who Gail Greeby was. He told Smith he "shouldn't, couldn't, wouldn't" touch a patient in the way Greeby described. When asked about his peculiar post-op instructions, Nachlis admitted he said those words to his patients all the time. All he meant was that they should not have sex or use tampons for a short while. He never dreamed his patients would find it offensive, and promised he would never say it again.

On the phone, Smith then paused before dropping a bombshell: Nachlis had a criminal record. In 1987, he was convicted of simple assault in Pittsburgh — a sexual assault. Smith continued, gently: Perhaps if the details from that assault had more closely matched Greeby's report, there might have been grounds to go forward with the prosecution. But there simply wasn't enough evidence to prove Nachlis' intent. The testimony of one woman would not suffice, and the investigation was closed. Meanwhile, Greeby's letter to the medical board had gone unanswered.

"And that was it," Greeby says, nervously smoothing a lock of her hair. "It was his word against mine, so they took his. But I figured, it's the system, and you can't fight the system."

*At least I reported it*, she comforted herself. *It'll be on his record if he does it again*. Little did she know, he already had.

**For all appearances**, the Nachlis family was the picture of suburban bliss. Allan, his wife Marian and their two sons lived in Havertown; Allan spent his days shuttling between his private practices in Chester and Claymont, Delaware, as well as working as an OB-GYN at Springfield Hospital. Despite his busy schedule, Nachlis always found the time to do the things he loved, like exercising, being active in his synagogue and playing golf. He spent a great deal of time with his sons, taking them to carnivals and coaching his older son's baseball games — although he frequently left games early, exhausted from delivering babies the night before.

Nachlis seemed to be taking pains to ensure that his sons' upbringing was different than his. Growing up in Wilkes-Barre, the oldest of three boys, Nachlis had been the recipient of what his parents, in a character letter to a judge, now call "tough love": Nachlis later told a psychologist that he received little guidance from his father and his mother was abusive. Allan responded by becoming a model child — an eagle scout, a bookworm, an athlete, an honor student, an obedient son. He was bright and creative, and grew into a gentle man, as well as a gentleman; as an adult, he supposedly was never heard to utter a word of profanity in public. Because he had become deaf in his right ear, he had a way of leaning in, making him seem like an unusually attentive listener. When company came to call, the Nachlises were ideal hosts: After dusting off the liquor bottles (they themselves rarely drank), Allan and Marian would stay side by side, serving the guests and attending to their boys.

Marian was a slim, attractive woman with direct hazel eyes and dark, wiry hair. She had married Allan in 1978, while he still had two years left in his six-year bachelor's/medical program with Wilkes University and Hahnemann University. She had shuttled to wherever Allan's medical career took them. After he graduated in 1980, the couple took off to Detroit for Allan's residency, then to Pittsburgh and finally, in 1988, to Philadelphia.

Under the surface, though, their marriage was problematic. In order to keep up appearances for the neighbors, they struggled to maintain a veneer of social grace and community involvement — a hardship for Allan and Marian, since neither was naturally social. No one seemed to know Allan well: When his best friends wrote letters on his behalf to a Delaware county judge in 1995, many misspelled his name. Certainly no one knew him better than Marian, who in early 1995 filed a police report to stop her husband from stalking her. In it, she described Nachlis as “volatile.”

She also knew something the friends and neighbors didn't: that their move to Havertown was more than a step toward the perfect future. It was a step away from Nachlis' past.

First, there had been the matter in Detroit. Marian and Allan had lived there from 1980 to 1984, while Allan served his residency and internship at the Wayne State University hospital. During his first year, he was accused of “improper sexual contact” with a patient during her medical treatment. An examiner decided in favor of the patient, and the matter was settled out of court for \$20,000. Nachlis went ahead with his OB-GYN residency and received his license to practice in Pennsylvania in 1984. It's unclear whether the Pennsylvania medical board ever found out about the Pittsburgh charges, or if they launched an investigation. In any case, no punitive action was taken.

Allan and Marian moved to Pittsburgh, where Nachlis became a clinical instructor at the University of Pittsburgh's Magee-Women's Hospital. He opened his own private practice, and entered into a contract with Health America HMO. However, *Philadelphia Magazine* has learned that in 1986, Nachlis was asked to leave the HMO, told by the then-director to “get help.” (Since such information is strictly confidential, Health America declined to comment.)

Undeterred, June 1987 found Allan Nachlis climbing the ladder to the American dream. He was 30 years old and a father now; his private practice was close enough to home for him to visit his wife and infant son during lunch breaks. Nachlis took on a 21-year-old extern named Joann Heatherington, a student at the nearby Western School of Health and Business. According to her police report, she had been working for Nachlis for one week when, with no one else in the office, Nachlis groped her breasts. When Heatherington rebuffed him, Nachlis locked the office's outer door, smeared his hands with K-Y jelly, and tried again. Again she shook him off. A short while later, Nachlis asked Heatherington to come into the examining room so that he could show her where to put supplies. As she entered the room, Nachlis pushed her up against the supply cabinet. Heatherington struggled free and left.

Heatherington reported the incident to her instructors, then to the police. An instructor told police that a previous extern of Nachlis' had made a similar complaint, but had refused to press charges. When questioned again two years later, Heatherington told investigators that even after her incident, the school sent yet another female student to work for Nachlis. (When reached for comment, the school's current externship coordinator said their records don't date back that far.)

By the time Nachlis showed up at the police station to tell his side of the story, a warrant had been issued for his arrest; he was taken directly to a cell block and charged with indecent assault, but pled guilty to simple assault, a charge bearing less of a stigma. He was sentenced to two years' probation. Because of his guilty plea, Nachlis' staff privileges at Magee-Women's Hospital were suspended, but correspondence from Nachlis' lawyer suggests that Magee agreed to put him back on staff shortly thereafter. (Calls to Magee were not returned.) No matter: within months, the Nachlises left for Philadelphia. Allan Nachlis was ordered simply to maintain contact with his probation officer and to continue seeing a therapist.

And Dr. Allan Nachlis began to slip through the cracks of the medical tracking system. Surprisingly, the public's first line of defense against deviant doctors — letters of reference — did not keep Nachlis from landing a job in Philly. By the summer of '88, with a year and a half of probation left, Nachlis was working at Roxborough Memorial Hospital and at the Medical College of Pennsylvania. The following April, he was an instructor at Temple University School of Medicine and was building his own private practice. In December 1990, he joined the practice of Levin-Rech Associates, who have offices in Chester and Claymont, Delaware. Later, members of the Claymont staff told police they knew of Nachlis' Pittsburgh incident, but one staffer says she was told by the practice's owner, Dr. Frank Rech — who refused to be interviewed for this article — that Nachlis had been "totally exonerated."

In order to practice in the Claymont office, Nachlis had to apply for a medical license in Delaware. Here again the doctor's past should have caught up with him: Upon calling up his licensing records, the Delaware licensing board should have discovered his pleading guilty to simple assault. However, the Pennsylvania licensing board, for some unexplained reason, never took action against Nachlis — in fact, the Pittsburgh incident doesn't even appear on his record. Nachlis' license in Delaware was granted without a hitch.

Stranger still, word of the Pittsburgh felony made it to the medical licensing board of New York State, where Nachlis had held a license but had never practiced. The board did its own investigation, which ended in a reprimand, or formal warning, on Nachlis' New York license in 1991. It's unclear whether Pennsylvania or Delaware ever heard about it.

It's not supposed to work this way. Ideally, once a doctor is convicted of a crime, the courts immediately notify that state's medical-licensing board, which follows up with its own swift investigation and appropriate punishment. The results are rushed to the national licensing databank which, in turn, sends out monthly updates to all medical-licensing boards. If the doctor in question were to hold a license in any other state, those states begin *their* investigation. This ideal databank would also be accessed by all hospitals, medical staffs and managed-care companies, thereby ensuring that the public is protected on a local level.

Which is all fine, in theory. Reality is something different. To begin with, the courts don't always hold up their half of the bargain and occasionally neglect to report a conviction. The board may find out in other ways — by stumbling across it in the newspaper or by fielding a complaint from a patient — or, as may have happened in the case of Allan Nachlis' Pittsburgh assault, it may never find out at all.

Once a licensing board does hear of a complaint or a conviction, it conducts its own investigation and hearing. Any action it takes against the doctor's license is almost always an indelible stain

on his record. If he works in a hospital, it will come up every two years, when checks are run on every staff member; it can come up when his medical license is up for renewal (every two years in Pennsylvania, Jersey and Delaware); it will come up if he wants a medical license in another state; it will most likely come up if he tries to land a contract with a managed-care company. And so the medical board's investigation and hearing process is a serious undertaking, often taking months or even years to complete. During this time, a doctor is usually allowed to continue practicing, although sometimes under certain restrictions, such as having a chaperone in the room during examinations.

Arthur Caplan, the director of Penn's Center for Bioethics, also has worked on licensing boards in Minnesota and New York. Often, he says, the investigative/hearing process only wastes precious time, putting patients in danger and allowing "white-coat flight" — a doctor resolving his state licensing difficulties simply by disappearing from that state. "If you've just been convicted of sexual molestation, why does the licensing board have to prove it all over again?" he asks. "It should be automatic cause for loss of license, rather than going through yet another hearing process." A simple solution, he feels, would be for certain convictions to be followed up automatically by certain licensing penalties, and if a license is suspended or revoked in one state, it should automatically be handled likewise in all states.

When a licensing action is complete at last, it is reported to the Federation of State Medical Boards, which maintains a licensing databank in Euless, Texas. All reporting to the federation is voluntary. Even so, executive vice president Winn doesn't feel that underreporting is a problem, since effective record-keeping is in the licensing boards' best interest. Caplan, however, calls current record-keeping "flimsy," pointing out that between the voluntary reporting and the fact that few medical institutions are even required to query the databank, many reports either will never make it to the databank or, once there, will never be checked.

Right now, there is no way for the public to find out a doctor's history. The concept of a public-access databank has been discussed by the American Medical Association, but might create a major problem — at least from the doctors' viewpoint. Without a doctor's date of birth, year of med school graduation and social security number, a patient can never be 100 percent sure she's looking up the right person — and confusion could lead to a plethora of faulty lawsuits. Meanwhile, all a patient can do is rely on the erratic pinballing of the reporting process.

And erratic it is. Certainly Marsha Ryan would have wanted to know of her new gynecologist's criminal record before going to him for a biopsy. According to her police report, the 41-year-old Wilmington woman arrived at Nachlis' office in January 1994 with her husband, but was told it was against office policy to allow him into the examining room. (A nurse later told police that there was no such policy.) It was a painful and bloody procedure, during which a nurse stood by her shoulder, holding her hand. In the midst of all this, Ryan felt Nachlis' fingers touching her in a distinctly sexual way. But despite her gut instinct, Ryan said nothing and, thinking she might have been mistaken, went back for cryosurgery, the procedure Gail Greeby had undergone. And with a nurse by Ryan's shoulder, Nachlis proceeded to rub her, a constant pressure she later said felt "like he was trying to turn me on," and she heard him moan from behind the sheet. (The nurse later claimed she heard nothing.)

Afterward, when Ryan asked for her post-op instructions, Nachlis responded — a year after promising Detective Smith he'd never say it again — "Nothing in or around, no tampons, no intercourse. The rest I'll leave to your imagination." Ryan called Levin-Rech Associates to complain. Ryan said

that Frank Rech promised he'd look into it, then grumbled something about how he didn't have time for this.

Ryan went to the police. After learning from the Delaware licensing board that Nachlis was also licensed in Pennsylvania, Delaware investigator Mark Seifert got in touch with the Pennsylvania State Department. They remembered the letter of complaint Gail Greeby had sent in 1992, and directed Seifert to the Delaware County D.A.'s office. One conversation with Kathryn Smith was enough for Seifert. On April 22, 1994, one year after the Delaware County case had been closed, a warrant was issued in Delaware for the arrest of Allan David Nachlis.

**At 6 o'clock one evening** that week, Gail Greeby saw the face of Allan Nachlis on the news. The photo had obviously been taken during happier times: He was smiling widely, revealing a row of even teeth. He was arrested in Delaware for sexual assault, the reporter said.

First thing the next morning, Greeby called Detective Smith, who told her that the details from the Delaware case were almost identical to hers. Greeby was overcome with relief. *So I'm not crazy*, she thought, almost giddily. Her next feeling was disgust — both for Nachlis and for the system that was designed to protect her but wouldn't act on her word alone. Dialing the Delaware County D.A.'s main office number, she couldn't contain herself anymore. "Now, what does it take?" she raved at whoever answered. "Are you gonna do something about it now?" The next call was to Crozer-Chester Medical Center. "You have a criminal on your staff!" she yelled, her voice a piercing scream. "Why are you letting this man practice?"

**An hour later**, 30-year old school-bus driver Denise Schreffler was on her way to a Linwood pharmacy for some medicine for her son when her father pulled up in his car. "Denise, we believe you," he said. "Read today's paper." Schreffler burst into tears as she opened the Delaware County Daily Times. There was Dr. Allan Nachlis, smiling under the headline DOC ACCUSED OF SEX CHARGE.

Schreffler could never forget that face. Six months earlier, when she thought she was pregnant, she had been to his office. He had subjected her to a ten-minute breast exam, asking all the while, "Do you like having sex?... Does it feel good? How good does it feel?" During her pelvic exam, he had rubbed her in a sexual way, massaged her inner thigh, telling her to relax and that everything would be fine. Schreffler was shocked and bewildered, but kept quiet — after all, he was the *doctor*. And then, as she lay there with her feet in stirrups, he had stood at the foot of the examining table staring between her legs for what felt like a couple of minutes. Afterward, as if to explain the exam's inordinate length, Nachlis told Schreffler she had no chance of getting pregnant due to cysts he had found on her ovaries. Schreffler rushed to the hospital for an ultrasound; there were no cysts.

Right away, Schreffler had told her loved ones what had happened in the office. No one except her mother believed her.

Now, clutching the newspaper, Schreffler called her husband at work. "Read the paper," she told him in a fit of sobs. "Now do you believe me?"

**At midday in Media**, 40-year old paralegal Barbara Martin walked into Dunkin' Donuts with a coworker to buy soup for lunch. As she waited for her order, Martin opened up the local paper and was stunned. She pointed at Nachlis' picture immediately and said, voice shaking with rage, "He did this." Did what? her friend asked. "He molested a woman," Martin answered. "He did the same thing to me."



It was the first time Martin had breathed a word about it to anyone. Her appointment with Nachlis had been just days before Gail Greeby's. While a nurse stood at Martin's shoulder, Nachlis had touched Martin in such a way that her whole body recoiled in revulsion. The nurse, thinking Martin had jumped back in pain, reached out to comfort her. Nachlis had chuckled and told Martin to slide back down the table; he couldn't very well examine her up there. Martin knew she had been violated, but still second-guessed herself. After a moment's hesitation, she slid back down. The rubbing continued for a few seconds more before Nachlis went on with the examination.

After the exam, Nachlis tickled Martin's palm with his middle finger as he helped her down from the table. Later, while the two were speaking in his office, he went clumsily out of his way to touch Martin's breast, pretending it was an accident as he reached for her file. Nachlis told her casually that she was one of the most well-proportioned women he had ever seen.

Martin still has the canceled check from that appointment, her handwriting barely legible in her haste as she dashed past the receptionist. After leaving, she drove around for an hour, convincing herself not to go to the police — she worked in the Media courts and knew too well the humiliation she would face. Besides, who would believe her? And so she told no one, not even her husband, for a year and a half.

But standing there in Dunkin' Donuts that day, April 27, 1994, Martin realized for the first time that she was not the only victim, and knew she would come forward. She, Greeby and Schreffler were about to become the key witnesses in *Commonwealth v. Allan Nachlis*.

**In the following days**, Detective Smith was deluged with calls, ten in all including Greeby's, from former patients of Nachlis'. The women were calling to report incidents as far back as May 1991 — just five months after Nachlis had joined Levin-Rech Associates — each story more stomach-turning than the last. The women shared the same reasons for their silence: because of the overwhelming shame, because they feared not being believed and, despite their gut reactions, because many shared the insecurity that perhaps it was all in their imaginations, a product of the extreme vulnerability any woman feels on the gynecologist's table. A visit to the gynecologist is intimidating, particularly when the doctor is a man; in surveys done by Women's Healthcare Consultants, anywhere from 30 to 60 percent of women prefer to be seen by a female obstetrician-gynecologist. Today, the supply is finally catching up to the demand: Although currently 72 percent of OB-GYNs are men, women accounted for 60 percent of all OB-GYN residents last year.

The increasing number of female doctors is only the latest change in a field trying to become more sensitive to patients. For instance, male gynecologists are more frequently taking a female chaperone — usually a nurse — into the examining room in order to reassure the patient and as a witness in the event of a lawsuit. In fact, chaperones were present in many of the alleged incidents involving Nachlis' however, they had stood by the patient's shoulder, presumably at Nachlis' instruction. From their vantage point, anything Nachlis was doing was blocked by the sheet draped over the patient's knees (the use of the drape is a common practice, creating a barrier of privacy). The chaperones had detected nothing unusual and, in the cases where the patients seemed to be in distress, had tried to comfort them, assuming they were in pain.

As more and more details came to light, life began falling apart for Allan Nachlis. When the very first newspaper article came out, Crozer-Chester Medical Center asked Nachlis to examine patients only with a chaperone present and to see their Impaired Physician Committee, an ad hoc team of

doctors who evaluate a staff member's behavior, then decide if therapy is needed. Nachlis resigned from Levin-Rech Associates, who announced his departure with a faxed statement to the press; in the coming months, Nachlis would officially resign from Crozer as well and go on unemployment and disability.

Nachlis was charged with two counts of unlawful sexual contact in Delaware. The Pennsylvania medical-licensing board launched an investigation, in addition to the one reopened in Delaware County. He was served with three civil suits: one from Gail Greeby, another from a woman who hadn't even been one of the ten who called Smith and a third from a Jane Doe, filed "on behalf of all other similarly situated."

Everyone Nachlis knew was being questioned by investigators. His former office personnel were describing him as "a weirdo, eccentric and goofy," recalling Nachlis as an immature and paranoid man who constantly needed to know what other staff members were talking about. In addition, they added, there had been a steady stream of complaints from patients that he had been "a little rough."

Nachlis and his wife separated; Nachlis was hospitalized for depression and eventually put on Prozac. As their divorce proceedings began, Marian (who declined to speak for this article) became increasingly fearful of her estranged husband. Nachlis was legally barred from the property — he was to pick up and drop off the children, now ages seven and ten, *outside* Marian's house. She filed for an order of protection to stop the incessant anonymous phone calls later traced to him, then obtained another to make him stop following her and the children in his blue Chevy Beretta. Nachlis violated the order almost immediately, and was charged with indirect criminal contempt.

The charges were only the latest addition to Nachlis' growing police record; it was about to get much, much longer. On September 29, 1994, he was arrested yet again — this time for sexual assault in Delaware County.

**The trial began** in Media on February 14, 1995. Valentine's Day. Nachlis wore a red tie. It was an uneasy reunion for Gail Greeby, Barbara Martin and Denise Schreffler. They had seen each other just once before, the day of the preliminary hearing, when they were three strangers united by what they were about to testify had happened to them. They had sat in the waiting room in silence, watching each other return from the witness stand awash in tears and fury. Two had even vomited — one from anxiety, the other simply at the sight of Nachlis striding into the courthouse. Now, four months later, the women regarded each other with trepidation, their terror and anger clearly visible through their attempts at poker faces.

Sitting in the courtroom in a show of support was Marsha Ryan, the Delaware victim whose case was scheduled to go to trial soon, as well as three other alleged victims who had wanted to testify, but whose two-year statute of limitations had expired. One was a young woman whom Denise Schreffler recognized: She had been a regular on Schreffler's school-bus route.

No jury was present; Nachlis had waived his rights to one. Experts say a defendant usually does so if he thinks a jury would convict him; instead, he opts for a lone judge less likely to be swayed by emotion and more likely to stick to facts and legal issues. Nachlis was being charged with three counts each of indecent assault and aggravated indecent assault. Indecent assault is defined as touching without consent, with the intent of arousal or sexual gratification. Aggravated indecent assault has the added element of penetration — in this case, digital.

The argument of Nachlis' lawyer, former Philadelphia D.A. F. Emmett Fitzpatrick, hinged on two elements: first, that there was no evidence of Nachlis' intentions. Second, that by agreeing to a gynecological exam, the witnesses had, in effect, *consented* to being penetrated. "Let me ask you this," Judge Frank Hazel challenged Fitzpatrick. "If I knock on your door and tell you I want to fix your plumbing, and then I rob you, have I committed a burglary?"

The questioning, particularly the cross-examination, was brutal. "He had the right to face his accusers, but we had no rights," Martin says now, fuming. "The only right we had was to go in there, be torn down by both sides, and then walk out and pray that somebody realized we were telling the truth." Martin suspected what she was in for; as her testimony began, she asked her husband to leave; she had never told him exactly what had happened, and knew the images she was about to describe would stay with him forever.

Most of the women's testimony was tearful, their voices rising with rage and humiliation. Denise Schreffler was three months pregnant and had a bad cold; she could barely hear through her clogged ears, and Fitzpatrick's yelling at her made her cry harder. All three were asked to describe their examinations in excruciating detail, and to explain how their lives had deteriorated since. They were asked about their medical histories, about their yeast infections. Greeby was asked to describe how sex with her husband had changed since the incident. Schreffler, who had been given the ten-minute breast exam, was asked to disclose her bra size for a discussion on whether a woman's breast size should have any significant impact on the length of an exam (it shouldn't). And all three were asked a question they had besieged themselves with over and over: If they were so sure they were being violated at the time, why did they say nothing?

Dr. Luigi Mastroianni, director of Penn Medical Center's division of human reproduction and an expert witness for the prosecution, cited each woman's testimony in explaining how Nachlis hadn't acted within the bounds of good-faith medical practice. For instance, he testified that Schreffler's breast exam shouldn't have taken more than a minute or so, and that Nachlis' method of performing a breast exam — with his hands cupped — is not an accepted technique, since it is difficult to feel any abnormalities with anything but the fingertips.

The real star of the show, however, was what Barbara Martin bashfully calls the "C-word": the clitoris. Through her expert witness, prosecutor Heather Mattes hoped to prove that touching a woman's clitoris is, in and of itself, an example of a medical procedure not conducted in good faith. Fitzpatrick first countered by suggesting that because of the sheet draped over their knees, none of the women could actually see their clitorises being rubbed, making it impossible for them to assess the situation with certainty. However, when witness and expert testimony assured him that a woman does not need to see her clitoris to know if it is being manipulated, Fitzpatrick changed his tack, now maintaining that occasionally during the course of a gynecological exam, contact with the clitoris is unavoidable and sometimes even necessary.

Mastroianni testified to the opposite: that even casual contact is not in good faith. But Fitzpatrick called his own expert, Dr. Francis Hutchins, a gynecologist who arrived directly after testifying at a trial in Atlanta (and who is currently on staff at Lankenau, Hahnemann and Thomas Jefferson) to say otherwise: that the more thorough the pelvic exam, the more likely a doctor will be to accidentally touch the clitoris.

Hutchins was asked if, through inadvertent contact, it is possible to provoke feelings in a woman that, as Martin described in her testimony, are “like something that happens between my husband and I.” Hutchins drew gasps from the courtroom with his reply. “I have over the course of my career actually seen women experience orgasms during pelvic examinations,” he answered levelly. “That is embarrassing, shocking to all of us, and it is certainly unintentional when it occurs. But . . . certainly the pelvic examination and the proper individual under the proper circumstances can be construed as an amorous situation.”

Allan Nachlis sat stonefaced throughout, hunched over the defense table with his hands clasped, staring straight ahead with the impenetrable look of a man in utter denial. He testified he could not remember having examined any of the women before. Even their medical records in his own handwriting did not jog his memory.

Nachlis was pronounced guilty on all counts. He was required to undergo a psychosexual evaluation, a psychological evaluation with an emphasis on sexual history and behavior. The results, obtained by *Philadelphia Magazine*, shed further light on Nachlis' personality. It concluded that his problems with the law could be attributed to a “strong voyeuristic component to his imaginativeness and his fantasy.” It revealed sexual confusion in Nachlis' past: that growing up, his experiences had been mostly homosexual, with neighborhood boys. The evaluation also came to perhaps the most troubling finding there could be of a gynecologist: that Nachlis had a great deal of trouble relating to women.

He was sentenced on April 7, 1995. Nachlis faced a maximum of 36 years in prison and a fine of up to \$90,000. “I would imagine there is no more trusting relationship than between a doctor and a patient,” Judge Hazel thundered in his ruling. “It's one that the law has considered to be inviolate, so strong is it, and in an examination such as this, the trust that a woman gives to a doctor is supreme. And to have that trust violated is not only a crime, in my view, under the laws of the Commonwealth of Pennsylvania, but a violation of almost everything that's sacred and decent.”

But in spite of his damning lecture, Judge Hazel gave Nachlis only two and a half to ten years in prison. With parole, he could be out in a year.

“We understood that he was found guilty, but then we expected him to be handcuffed and carried away,” remembers Greeby. “On TV, they handcuff you and escort you off.” As they realized how little time Nachlis would serve, a profound disappointment took over the witnesses. They filed out in disbelief. It was over.

“The thing I resent the most is that he put us all through this,” Barbara Martin says now with exasperation. “We'll never be cured. We have suffered drastically . . . for what?” But something did come out of it: The Pennsylvania medical board revoked Allan Nachlis' license. Nachlis also surrendered his licenses in New York and Delaware, halting whatever investigations were underway.

The saga should have ended there. But it didn't.

**In Delaware, Nachlis** pled not guilty to two charges of unlawful sexual contact, one count for each of Marsha Ryan's two visits. Later, he was able to plea bargain down to one charge, admitting his guilt of unlawful sexual contact during the second office visit.

The ultimate irony is that had the matter gone to trial in Delaware, Nachlis may have gotten off entirely. Because there is a prohibition against introducing prior or subsequent acts to illustrate that the acts in question conform to the defendant's character, it would have been put to the judge whether to allow the testimony of the victims from Pennsylvania. And their testimony would have been crucial, since, echoing Delaware County's initial reluctance, Delaware state prosecutor Bob Goff wasn't sure a jury would convict Nachlis after hearing the testimony of just one victim. "When you're dealing with a gynecologist, who is touching genitalia anyway, the major issue that you have to prove is intent," Goff explains. "In that light, it's helpful to have other victims of the same gynecologist testify."

Unlawful sexual contact, third degree, is a misdemeanor in Delaware, falling under the same category as theft of property of under \$1000 in value and carrying a maximum jail term of one year. Nachlis' sentence is due out any day now, but according to his attorney, Joseph Hurley, he will most likely receive a year's probation, which the defense had worked out in the plea bargain. In addition, he's appealing the Pennsylvania decision. Should that case be retried, it's up to the judge whether the events in Delaware can be used against him.

Between his criminal cases and civil suits, Nachlis has had to retain at least four attorneys, and his financial situation is dire. He has little left: no medical license, no marriage, no foreseeable future. He has found work as a security guard. With his criminal convictions; the reprimands on and suspension, revocation and surrenders of his licenses; and the fact that potential employers (and licensing boards) do not commonly accept the prospect of rehabilitation for sexual offenders, it is unlikely Nachlis will ever practice as a doctor again. However, if he were to take up a specialty with little patient contact, he might have a future in medicine. In his psychiatric evaluation, Nachlis listed under future goals a desire to "continue on with my life in medicine if I can retain my license in radiology or pathology."

As for the three Delaware County witnesses, they haven't seen each other since the sentencing, and hope, for their own sakes, never to again. Denise and Rich Schreffler recently had a baby girl, and have filed a civil suit against Nachlis. Barbara Martin remains a legal secretary and paralegal in Delaware County — but no longer in the Media courts, where everyone, from the judges to the guards, knows who she is. She and her husband have never discussed what happened that day in Nachlis' office; most of her family still doesn't even know she was a victim. Martin has chosen not to file a civil suit. She has also decided never to see another gynecologist again, male or female.

And Gail Greeby is slowly putting her life back together. She is a single parent now — when her sex life with Burton fell apart in the wake of the assault, it was the last straw for them. Gail tried therapy, but just the thought of her appointments would get her so worked up she abandoned it altogether. "So I have to just deal with this on my own," she concludes. In a lock box at home, Greeby keeps a pink folder filled with newspaper articles about the case, and a copy of her own testimony, which she has never read. She has no idea what the testimonies of the other two women were, nor does she want to know. She just wants to move on, leaving all traces of the assault behind her. And that means getting out of the medical field entirely.

So today, Gail Greeby gave her two-week notice to her current employer. She is celebrating at happy hour at a restaurant in Bala Cynwyd, still wearing her medical whites from work, sipping a Bay Breeze through a straw. She'll be starting her new life in sales soon. Greeby hopes that maybe, once her new job begins — her voice cracks — she'll be able to sleep again. Her eyes fill with tears. Gail Greeby gives a little laugh of embarrassment and knocks the middle of her forehead with a knuckle.

"Get over it!" she tells herself, but she knows she will not. ■