

# **Report on the Investigation of Dr. Reginald Archibald**

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May 23, 2019

## **I. Introduction**

This Report summarizes evidence obtained about allegations that Dr. Reginald Archibald (“Archibald” or “Dr. Archibald”), a former professor and senior physician at The Rockefeller University (“RU”) and its Hospital (“RUH” or the “Hospital”), sexually abused patients he saw at the Hospital. Archibald was employed at the Hospital from the 1940s to the early 1980s. He died in 2007.

Most recently, in March 2018, RUH received a complaint from a former patient (the “2018 complainant”) about Archibald’s behavior in the late 1960s and 1970s during examinations of this patient that Archibald conducted at the Hospital as part of an endocrinology growth clinic for children. RUH engaged Debevoise & Plimpton LLP (“Debevoise”) to conduct a review of this complaint. We also early on reviewed the allegations from three other former patients, two of whom were identified with the assistance of the 2018 complainant. Based on this and other information obtained in 2018, Debevoise concluded that Archibald engaged in sexual misconduct and abuse of each of these former patients interviewed in 2018, and likely an unidentified number of other former patients.

As a result, in October of 2018, the Hospital conducted further outreach to as many of Dr. Archibald’s former patients it could identify and locate, asking whether they had information they would like to share regarding their interactions with Archibald and, if so, to contact the investigators. In response to this outreach, over 900 individuals contacted Debevoise to share information about their experiences or to share information

on behalf of others. Based upon all of the information collected, it is clear that Archibald, taking advantage of his position as a trusted and respected physician and researcher, engaged in a widespread pattern of misconduct and sexually abused many children at the Hospital over the course of many years when offering patients medical care and treatment. While many of these former patients did not report any abusive or inappropriate behavior by Dr. Archibald, we are grateful to all of the brave individuals who came forward to share their experiences and memories with us. We are also respectful of those who chose not to speak with us.

## **II. Scope of Review**

RU retained Debevoise in March 2018 to conduct a review of allegations made by the 2018 complainant about the impropriety of certain of Dr. Archibald's examination practices. Debevoise had previously been retained by RU in 2004 to review similar allegations by another former patient (the "2004 complainant"). In 2018, Debevoise interviewed two of three other former patients who the 2018 complainant believed may have had similar experiences, which was confirmed by their interviews. The third declined to be interviewed. In addition, by using information obtained in 2018 from Dr. Archibald's family,<sup>1</sup> RUH was able to identify a large number of Archibald's former patients, who were then located through public records database searches and who were

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<sup>1</sup> The information obtained in 2018 was a large file of index cards that contained the names of patients whom Archibald saw during his years of practice at RUH. Historically, RUH's own records of patients, including those seen during the time period Archibald practiced, were organized alphabetically rather than by doctor.

asked to provide information to investigators on a voluntary basis. From October 2018 to date, over 900 individuals have contacted Debevoise as a result of this outreach, and the majority of them provided relevant information about their experiences or on behalf of others. Many of the witnesses who spoke with us requested anonymity, and Debevoise has honored that request in preparing this Report. Since March 2018, when RU received the complaint prompting the current investigation, Debevoise has also reached out to dozens of former employees and interviewed current and still living former staff members and researchers, who were at the University and Hospital during relevant time periods, and other individuals who had potentially pertinent information. In all, we spoke to over a thousand witnesses during the course of the investigation.

Debevoise has sought to incorporate into this Report information available to the Hospital or University at any time concerning Archibald's conduct, including any prior interviews conducted of patients, Archibald, Hospital and University leaders, lawyers, members of Archibald's laboratory, and others who might have information, as well as available documents. Documents reviewed included Archibald's personnel file and his available correspondence, Archibald's research files that RU could access, Archibald's publications that could be identified, RUH medical records for certain of Archibald's former patients,<sup>2</sup> historic RU and RUH documents, including call logs and meeting minutes, and RUH's current and historic policies relating to its patients.

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<sup>2</sup> In deference to the privacy interests of patients, we did not review medical records of all of Dr. Archibald's patients. As discussed below, patients' hospital records that

The abuse we have found occurred more than four to five decades ago and Dr. Archibald retired from RUH in 1982, over thirty-five years ago. The passage of time has, naturally, impacted the investigation to a degree. While we were able to interview many witnesses and review a range of still available, relevant documents, it is no longer possible to review the vast majority of Archibald's research records, which, as was customary at the time, he retained after he retired, and a number of former patients and other potentially relevant RU and RUH witnesses, including contemporaneous doctors, nurses, researchers, and hospital management, are either no longer alive or without any meaningful recollection of Dr. Archibald or his work at RUH. Nevertheless, we have confidence in our findings.

### **III. What Happened**

#### *A. Archibald's Background, Employment at RU and RUH, and Research*

Reginald Archibald was born on March 2, 1910. He obtained his medical degree and Ph.D. in 1939 from the University of Toronto and did his internship and residency in Toronto, Canada, from 1939–1940.<sup>3</sup> From 1940–1946, Archibald worked at RUH as an Assistant Resident Physician in the Department of Nephrology and a Special Investigator.<sup>4</sup> He then left RU and RUH and held the position of Professor of

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were examined did not reflect evidence of abuse or record the procedures we have found to constitute sexual misconduct.

<sup>3</sup> Archibald was licensed to practice medicine in Ontario in 1939; this license lapsed in 1957.

<sup>4</sup> He also worked at RU (at the time, The Rockefeller Institute for Medical Research) during this time period, as a Fellow and Visiting Investigator.

Biochemistry at the Johns Hopkins University School of Hygiene from 1946–1948.<sup>5</sup> In 1948, he returned to RU and RUH and became licensed to practice medicine in New York in 1949.<sup>6</sup> He was a professor at RU and senior physician at RUH from 1948–1980, when he became an emeritus professor at RU. He had medical staff privileges at the Hospital until 1982 when he retired, and he was named a physician emeritus at RUH in 1987.<sup>7</sup> He died on May 10, 2007.

While at RU and RUH, Archibald studied childhood growth and maturation, and he conducted a number of related research studies, including on the impact of methyltestosterone on growth and on the relationship between metacarpal length and growth and sexual maturity.<sup>8</sup> Relatedly, Archibald examined and treated pediatric patients at RUH who had growth or other endocrine issues in his endocrine clinic, which began in 1949. In some cases, he examined pediatric and adult patients for issues unrelated to his research studies. Patients were often referred to Archibald, who had a reputation as a prominent physician at the time, by their schools, by other physicians, or by youth organizations where Archibald served as a volunteer. Archibald generally did

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<sup>5</sup> Archibald obtained his license to practice medicine in Maryland in 1947, which, according to an American Medical Association profile, became inactive in 1994.

<sup>6</sup> According to an American Medical Association profile, Archibald's New York license to practice medicine became inactive in 2001.

<sup>7</sup> Both of Archibald's emeritus statuses were revoked by the University in 2018 during the course of this investigation.

<sup>8</sup> Archibald also conducted research on the relationship among hormones, enzymes, and vitamins in children as part of a nutrition study while on staff at Johns Hopkins University from 1946–1948.

not charge a fee in connection with treatment at his endocrine clinic. He typically saw patients once a year, and sometimes more frequently if they were on medication. For comparison purposes, Archibald also sometimes saw siblings who did not have growth or endocrine issues.

Archibald published a few studies based on his research, including a 1950 study on bone age of children that references his endocrine clinic and a 1976 study (with other researchers) on a particular genital condition studied in a family, including a child.<sup>9</sup> A 1959 study, *The Endocrine Significance of Short Metacarpals*, and a few underlying research documents make reference to sexual maturity and fertility and Archibald's endocrine clinic.<sup>10</sup> As early as 1966, Archibald made annual reports on his research to the Hospital Committee, a reviewing committee made up of approximately a dozen RUH

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<sup>9</sup> We have found abstracts of these two studies. Reginald M. Archibald, *Frequency of Retarded Bone Age in a Group of Enuretic Children*, 10 J. CLINICAL ENDOCRINOLOGY AND METABOLISM 833 (1950); James German et al., *An Inherited Pericentric X Chromosome Associated With Male Pseudohermaphroditism*, 397 EXCERPTA MEDICA INT'L CONGRESS SERIES 126 (1976).

<sup>10</sup> The 1959 study references "the 2594 patients who attended the outpatient department of the child growth-study and endocrine clinics of the Rockefeller Hospital during the past ten years" and includes conclusions regarding sterility and fertility based on metacarpal sign. Reginald M. Archibald et al., *Endocrine Significance of Short Metacarpals*, 19 J. Clinical Endocrinology and Metabolism 1312, 1312, 1320 (1959).

Archibald later published an abstract for his study of patients and their siblings seen at his endocrine clinic in a 1977 bulletin containing child research studies either in progress or recently completed. *Study of Roentgenograms of Children with Marked Retardation in Skeletal Maturation*. DOROTHY O'CONNELL ET AL., RESEARCH RELATING TO CHILDREN (BULLETIN 39) 37 (1977). The study apparently covered observations and findings from 1960–1980 from his endocrine clinic. We have not located evidence that this study was ever published.

department heads, its Chief Resident Physician, and its Hospital Superintendent, which approved Archibald's research to continue each year.<sup>11</sup> In 1975, Archibald applied to the National Institutes of Health ("NIH") for a grant to continue his studies on skeletal age and maturation and the effect of anabolic agents on growth, but he did not receive the grant.<sup>12</sup> In 1976, RU received a small private grant in support of Archibald's studies regarding skeletal growth.

*B. Archibald's Conduct During Patient Examinations*

Archibald saw patients in the RUH clinic and in his office. While nurses appeared to have been present in the clinic when Archibald was seeing patients, many patients reported that Archibald examined them in his office or in the clinic examination room on his own. Some said that the door was locked during examinations. During

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<sup>11</sup> In 1966, the Surgeon General issued a policy directive that institutions conduct independent group review of human subject investigations that received Public Health Service grants, as Archibald's did. The establishment of the Hospital Committee, however, predated both the regulations established in 1974 by the Department of Health, Education, and Welfare ("HEW"), regarding human subjects protections policy, and the statutory requirement of the same year that institutions establish Institutional Review Boards ("IRBs"). 45 C.F.R. § 46, et seq.; National Research Act, Pub. L. No. 93-348, tit. II (1974). Shortly thereafter, RU established an IRB and Archibald began making reports to the IRB, as required by these regulations. HEW did not add specific protections for children until 1983. 45 C.F.R. § 46.401, et seq.

<sup>12</sup> Archibald's 1975 NIH application, which was found in files at the Rockefeller Archive Center, says that his research records "document not only height and weight for different years throughout the course of growth, but also intercurrent illnesses and the degree of sexual maturation . . . at various dates. Serial photographs of patients are also available to back up visually the written data in the patient's medical record." For a discussion of patient photographs, *see infra* Section III.B.; Part IV.

patient visits, Dr. Archibald routinely examined patients for signs of growth and maturity, including sexual maturity. He generally obtained consent forms from each patient, signed by a parent or guardian, both for “routine examination and treatment” steps and, separately, for photographs.

Based on a review of medical textbooks and other sources describing accepted examination practices in the field of pediatric endocrinology at the time Archibald was practicing, and based on interviews with experts who have worked in the field of pediatric endocrinology, many of the examination procedures that Archibald used appear to have been within the range of reasonably accepted practices for the time, given the nature of his practice and the research he was conducting. These included:

- Having X-rays of patients’ hands and wrists taken and read as a measure of skeletal age, which were used to determine a patient’s rate of growth and whether a patient had reached his or her final height.
- Making note of the appearance of breasts and other indicators of sexual development.
- Taking, and noting in patients’ hospital records, measurements related to growth, including height, weight, and genital measurements (*e.g.*, length and circumference of penises, size of testicles).
- Taking photographs of unclothed patients, generally on each visit, to document growth and sexual maturation.<sup>13</sup>

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<sup>13</sup> Archibald took full-body photos and, in some cases, close-up photos of patients’ genitalia. Taking such photographs, while not necessarily unreasonable or inappropriate, was inherently invasive, and some former patients who were interviewed reported that the procedure caused them discomfort and, in certain cases, trauma, given the manner in which photographs were taken.

A number of former patients, however, reported that Archibald, while conducting what otherwise may have been reasonable examination procedures, also engaged in behaviors that, we conclude, constituted sexual misconduct, such as:

- Fondling patients while taking measurements of their genitalia.
- Fondling or paying inappropriate attention to patients' genitalia while posing them for photographs.
- Pulling male patients' genitals when they had erections.
- Touching patients without a medically or scientifically relevant reason when they were nude and sitting on his lap.
- Brushing up against patients' genitals with his face.

Many male former patients also reported that Archibald took semen samples from them during some visits. He did so by having them masturbate while he was present or by physically manipulating them to ejaculation. Although he denied it, it is clear that Archibald frequently took semen samples and did so without sufficient medical or research justification. While such a procedure could have had legitimate medical or research purposes to assess sexual maturity or function, the evidence shows here, and we find, that Archibald's taking of semen samples constituted sexual abuse rather than a legitimate medical or research procedure. We do so for several reasons, including:

- The taking of semen samples is not specifically referenced in: (1) Archibald's research protocols or research records to which RU currently has access; (2) consent forms signed by patients' parents or guardians; or (3) patients' hospital or laboratory records, aside from those of very few patients who were treated in connection with fertility issues. If the taking of semen samples was legitimate, we would expect the procedure to be documented, even when considering the less exacting recordkeeping requirements at the time.

- Archibald generally took semen samples without providing privacy to the patient.<sup>14</sup>
- Archibald himself physically manipulated some patients until they ejaculated.
- Several patients described Archibald watching them from his desk as they masturbated, or being physically aroused while they masturbated or while he manipulated them.
- In 2004, Archibald denied taking semen samples in his study and pointed to the lack of notation in patients' hospital records as evidence that he did not take them. We do not credit Archibald's denials.

With respect to Archibald's examination practices, Debevoise finds that, even in conducting examinations that otherwise may have been reasonable in the context of his practice and research under the standards at the time, taken as a whole, much of Archibald's behavior must be seen as motivated by improper sexual interests. While we recognize that Archibald did not abuse all of his young patients, his behavior toward many constituted sexual misconduct and abuse. In particular, the taking of semen samples, which we conclude Archibald did frequently, was not justified and constituted abuse and misconduct committed against vulnerable children.

### C. *Archibald's Cabin in Canada*

During the course of Debevoise's work, several of Archibald's former patients reported that, in the 1960s and 1970s, they visited, or were asked by Archibald to visit,

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<sup>14</sup> Under today's standards, medical professionals would have a patient provide a semen sample in a private room or in the privacy of his home. WORLD HEALTH ORGANIZATION, WHO LABORATORY MANUAL FOR THE EXAMINATION AND PROCESSING OF HUMAN SEMEN 10 (5th ed. 2010). These standards were first promulgated in 1980.

his summer cabin in Canada, and more than one of those patients also reported that sexual abuse took place there. Although we have not located any eyewitnesses to these visits, we also have no basis on which to discredit these accounts. Archibald's sexual exploitation of young patients at his cabin would also constitute a clear abuse of his position of power by taking children to a remote island on the pretext given to parents of providing a special summer opportunity for them. The property on which the cabin was located is today owned by Archibald's family.

*D. Timeline of Learning of Allegations of Archibald's Inappropriate Practices, Sexual Misconduct and Abuse*

Based on the information Debevoise has collected, we have confirmed the following chronology of complaints received and reports made regarding allegations of Archibald's improper practices and behavior. Because of Archibald's decades-long association with RU and RUH, the passage of time and dimming of recollections, death of potential witnesses, and outdated and decentralized recordkeeping, we cannot completely rule out the existence of additional complaints or reports of allegations.

Over the years Archibald was practicing at RUH, and as late as 1978, he and the Hospital received letters of gratitude from patients and families about his work. Others at the University and Hospital, including at least two former RU Presidents, were aware of the positive feedback Archibald received. Although Archibald tended to largely work alone, he was highly regarded by colleagues as a researcher of integrity and high standards with apparently very good relationships with his patients and their families. He

was considered to be an expert in the field of growth, and received numerous referrals from other physicians, former patients and their parents, teachers, school nurses and community organizations. We have found no evidence that the University or Hospital received complaints or reports of concern from other physicians to whom Archibald's patients were referred upon his retirement.

From time to time, however, questions and allegations were raised about Archibald's practices. But the very occasional questions or complaints appear to have been evaluated initially in the context of the positive regard in which Archibald was held, his denial of any inappropriate conduct, and the backdrop that Archibald had seen thousands of patients relative to the few questions or complaints made. It was also understood that the intrusiveness and embarrassment of certain of the legitimate procedures Archibald used in his practice would be expected to generate reactions of at least discomfort and could give rise to concerns of perceived impropriety or abuse. While no allegation of inappropriate practices or misconduct was substantiated at the time reported until 2004, RU and RUH nevertheless reported allegations of Archibald's improper behavior and abuse to various authorities in 1996, 2004 and 2018.

1. 1960–61 District Attorney's Office Investigation and Dismissal of Complaint

In late 1960, the New York County District Attorney's Office issued a grand jury subpoena for medical records for two of Archibald's patients, presumably prompted by a complaint. We understand that, in January 1961, the matter was presented to the grand

jury, which did not charge Archibald with any offense, and the matter was dismissed.<sup>15</sup> No witness interviewed in 2004 or 2018–19 reported knowledge of or information about this proceeding. It appears, however, that the then-President of RU was made aware of the investigation, but both he, in 1975, and other potential witnesses are deceased or without any memory of the relevant events.

Because there is no publicly available record of this proceeding, we do not know what information was put before the grand jury or why the grand jury decided not to return any charges. Because of the death and unavailability of witnesses with memory of these events, we also cannot now determine the impact of the dismissal of the matter on past RU and RUH leadership’s assessment of Archibald’s practices.

## 2. Complaints Reported to Former Physician-in-Chief

The physician-in-chief of the Hospital from 1960–1974 reported in 2004 that he had received several complaints, during his tenure, from patients, family members, or staff about Archibald’s examinations of patients’ genitals. The physician-in-chief himself also thought Archibald’s approach to examinations, in taking genital measurements, was questionable. At 93 years old, however, his memory was vague and he did not recall specific details. He did recall that Archibald became difficult and less communicative when asked about the complaints, but there is no evidence that Dr.

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<sup>15</sup> Searches of public databases for law enforcement action against Archibald were negative, but the Hospital discovered a reference to this proceeding in early 2019. Debevoise investigated further and supplemented in 2019 the reports it had previously made to the New York County District Attorney’s Office in 2004 and 2018. *See infra* III.D.6–7.

Archibald ever acknowledged any inappropriate conduct to the physician-in-chief or anyone else. This physician-in-chief passed away in 2005, and aside from information he provided in 2004, Debevoise did not discover information about any specific patient complaints that were made to him about Dr. Archibald.

### 3. 1996 Written Complaint From a Former Patient

In 1996, fourteen years after Archibald had retired from RUH, the Hospital received a letter from a former patient (the “1996 complainant”) who wrote that Archibald engaged in inappropriate sexual conduct during examinations in the late 1960s and early 1970s. The letter was addressed to “Whom It May Concern,” and copied to the then director of medical records, the then physician-in-chief, and the then hospital counsel. The 1996 complainant alleged in his letter that Archibald inappropriately touched his penis during examinations, took semen samples from him by manipulating him, and pushed against the complainant while Archibald had an erection. The 1996 complainant also said that Archibald invited him to visit his cabin for a weekend, which he declined to do.

Archibald was questioned at the time and denied any misconduct or inappropriate practices, and his denials were credited. The physician-in-chief at the time knew Archibald well and thought highly of him. At the suggestion of management, Archibald himself wrote and sent a letter back to the 1996 complainant, who does not appear to have responded. This complainant died sometime prior to 2004.

The 1996 complainant also sent his letter to the New York State Office of Professional Medical Conduct (“OPMC”), which we believe conducted its own investigation. The Hospital, in 1996, also itself made a report to OPMC indicating that the physician-in-chief at the time found the allegations baseless and that Archibald had responded to the patient directly. We did not find a record of OPMC having followed up with RUH.

#### 4. 1998 Oral Complaint by a Former Patient

In 1998, RUH received an oral complaint from a former patient, who called the Hospital requesting medical records and commented that, over twenty years ago when the caller was a patient, Dr. Archibald acted inappropriately sexually toward him and tried to induce him to have an erection during an examination. The caller spoke to RUH’s administrative manager when requesting his records and told her that he would follow up with a letter setting forth his allegations. RUH does not have a record of any such letter, and as far as RUH is aware, nothing more happened at that time.<sup>16</sup>

#### 5. Other Requests for Medical Records Over Time

Over time, the Hospital received a few other requests from Archibald’s patients for their medical records. Most of those were general requests that did not include any complaints or allegations about Archibald’s behavior. In 1999, one former patient requesting his records said he was touched a lot, which would be consistent with the type

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<sup>16</sup> This former patient was located and interviewed in early 2018, and he reported sexual misconduct by Dr. Archibald.

of examinations that Archibald was understood by RUH to have conducted. When the former patient was asked by the Hospital Information Manager at the time if he wanted to make a complaint, he declined.<sup>17</sup>

#### 6. 2004 Oral Complaint by a Former Patient

In 2004, RUH received an oral complaint from a former patient, and RU hired Debevoise to review his allegations that Archibald sexually abused the complainant in the late 1960s and early 1970s when he was a child. The description by the 2004 complainant of the alleged abuse by Archibald changed and was occasionally inconsistent over the course of the investigation. There were also other credibility issues associated with some of his allegations. While the passage of time and unavailability of potential sources of information precluded certainty, the 2004 complainant's allegations that Archibald manipulated him and took his semen were credited during the investigation, as a factual matter, as more likely than not to have occurred, and likely to have constituted sexual misconduct. The 2004 complainant later stopped communicating.<sup>18</sup> The letter from the 1996 complainant was reviewed again during the investigation in 2004, and an effort was made to contact the 1996 complainant, but he had passed away.

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<sup>17</sup> This former patient contacted Debevoise in 2018, and he reported sexual misconduct by Dr. Archibald.

<sup>18</sup> Our understanding is that the 2004 complainant died in approximately 2005.

RU made reports in 2004 about Archibald and the allegations of the 2004 complainant to the federal Office of Human Research Protections (“OHRP”), OPMC, and to the New York County District Attorney’s Office. By 2004, RU and RUH had significantly enhanced many patient and research protocols and safeguards, including the establishment of a research ethics committee, which reviews all research studies and any related patient complaints; more comprehensive informed consent procedures; an assent process for minors involved in research studies; a written policy and enhanced procedures for investigating patient complaints; and the creation of a research subject advocate position. Later that year, RUH adopted a written policy that a chaperone, meaning an independent observer other than a patient’s family member, should routinely be offered to pediatric patients and their families to be present at their examinations. This policy specifically recommends that a chaperone should be present for genital and female breast examinations of adolescents and young adults, and states that either a parent or guardian or a chaperone should be present for examinations, generally, of younger children.<sup>19</sup>

#### 7. 2018–19 Complaints by Former Patients

As noted, in 2018, RU received a complaint from another former patient of sexual misconduct against Archibald and re-engaged Debevoise. Through that person, Debevoise learned of three additional former patients with potentially similar information. Debevoise spoke with the original complainant and two of the additional individuals; the third person identified declined to be interviewed. Debevoise also

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<sup>19</sup> See *infra* Part V.

located and interviewed the person who had, in 1998, sought his records and made negative comments about Archibald's examinations, about which he provided additional information in 2018. In 2018, Debevoise also learned that, some years earlier, beginning in about 1989, the 2018 complainant had spoken to law enforcement, including the New York City Police Department ("NYPD"), the Federal Bureau of Investigation ("FBI"), the Pelham Police Department, and the Westchester County District Attorney's Office.<sup>20</sup> The 2018 complainant did not then contact RU or RUH, and there is no record of these law enforcement agencies ever reaching out to RU or RUH.

The reports of sexual abuse from the four individuals interviewed in early 2018 were credible. The Hospital, consistent with today's emerging view of best practices,<sup>21</sup> sent outreach letters in early October 2018 to as many of Archibald's former patients as it could identify and locate, and received responses from over 900 individuals, including former patients or individuals calling on behalf of former patients. A handful of these former patients said they had made oral or written complaints to the Hospital or University years earlier about Dr. Archibald's inappropriate conduct, but none indicated they did so while Archibald was still practicing. Of these former patients, only one

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<sup>20</sup> Debevoise understands that the complaints to the NYPD and the FBI were made in approximately 1989–1990 and that the complaints to the Pelham Police and Westchester County District Attorney's Office were made in approximately 1999.

<sup>21</sup> A review of publicly available communications and reports of other investigations into allegations of sexual misconduct and/or assault indicate that, in a number since 2012 and increasingly since 2016, other institutions also conducted proactive outreach to affected communities, informing them of the investigation and related steps the institution was taking.

person recalled to whom they made a complaint (in the 1990s) – the then-current President of RU – who did not recall any complaints made to him about Archibald, and we did not discover any other evidence of this complaint. Debevoise found only one record of a written complaint about Archibald sent to the Hospital from a former patient: the letter from the 1996 complainant.

Some patients reported making written requests for medical records or requests to speak with Archibald over the years, some of which were recorded by RUH, but neither those patients nor any records of those requests kept by RUH indicated that they were making complaints about Archibald’s conduct. Other patients who said they made complaints did not recall to whom those complaints were made, but they would have been made during time periods in which those who were in leadership positions have either passed away or have no recollection of any complaints about Archibald.

At various points during the 2018–19 investigation, RU and RUH again made reports to federal and state medical authorities and law enforcement. To date, reports have been made to OPMC, OHRP, the New York County District Attorney’s Office, the U.S. Attorney’s Office for the Southern District of New York, the New York State Attorney General’s Office, and the Ontario Provincial Police.

#### **IV. Records of Photographs Archibald Took of His Patients**

Many of Archibald’s former patients reported that they felt that the nude photographs Archibald took of them as children were extremely invasive and traumatizing, and they have raised concerns about the present whereabouts of any

remaining photographs. It has therefore been a central focus of this investigation to determine what happened to them. It is undisputed that Archibald, in fact, took nude photographs of his patients, as noted in patient information cards, his research, notes to his secretaries, the written consent forms contained in former patients' hospital records, and the interviews of a large number of former patients. To date, neither Debevoise nor RU has located any repository of these photographs. While it cannot be concluded with certainty, there is reason to believe that nearly all of the photographs were destroyed, based on statements made by Archibald and others and based on the results of RU's thorough search for these photographs, as described below:

- ***Searches of University campus buildings, including the Hospital, have not revealed any photographs.*** From September 2018 to March 2019, University personnel have conducted a thorough search of every campus building to identify rooms that could contain photographs related to Archibald. Any such room was searched, and no nude photographs were found.<sup>22</sup>
- ***Searching off-site archive facilities revealed one photograph.*** Some of Archibald's files were found at the Rockefeller Archive Center ("Archive Center") in Sleepy Hollow, NY, which contains records associated with Rockefeller-related institutions. A donation form Archibald filled out in 1978 stated that he personally planned to donate some photographic negative and print records of former patients to the Archive Center, and that they were to be destroyed after he became incapacitated.<sup>23</sup> In approximately 2008 or 2009 after Archibald died, his wife donated some boxes of his research records to the Archive Center. A review of all available Archibald-related files at the

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<sup>22</sup> At the Hospital, there were about a dozen such rooms identified, and, as mentioned, no nude photographs were found.

<sup>23</sup> The form also notes that certain other photographic records had been deposited at RUH. As noted above, no photographs have been found in storage locations at RUH.

Archive Center revealed only one photonegative of a nude male patient.<sup>24</sup> The Archive Center's files also indicated that an outside archive storage facility may have been used to store files at one point, but that facility has now been shut down.<sup>25</sup>

- ***Witnesses have indicated they are not aware of any photographs.*** RUH's former Hospital Information Manager and its Director of Medical Records both did not recall seeing any photographs in Archibald's former patients' hospital records. The Hospital Information Manager was responsible for archiving Archibald's old records, during which process she did not locate any photographs of Archibald's former patients. A few photographs were found in late 2018–19 through the process of digitizing all of Archibald's former patients' hospital records.<sup>26</sup>
- ***Correspondence reflects that Archibald may have destroyed the photos.*** Archibald's correspondence showed a statement to a former patient stating that, shortly after he retired in the early 1980s, he began destroying photographs of nearly all of his patients that he had taken. He suggested a few remained on hand for evaluating whether they should be included in an article that would possibly be published. He wrote that, thereafter, those photos would also be destroyed. We have not identified any articles that Archibald published after he retired.
- ***Efforts to obtain photographs from Archibald's family and the Mayo Clinic have not located any photographs or any information as to their current location, if any still exist.*** Statements made by Archibald's family and the family's attorneys during Debevoise's investigations suggest that Archibald was asked by RU to dispose of his collection of X-rays, which were provided to the Mayo Clinic and destroyed thereafter, and that other old records they found had been destroyed or provided to RUH or to the Archive Center.<sup>27</sup> Debevoise contacted the Mayo Clinic in 2018 and was told that multiple individuals were contacted and no one had information about X-rays or any

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<sup>24</sup> We have not been able to identify the photographed patient and do not know why this one photonegative was contained in the donated records.

<sup>25</sup> Individuals who had items stored at this facility were asked to discard or relocate those items in 1990.

<sup>26</sup> *See infra.*

<sup>27</sup> The results of searches of RU locations, including RUH, and the Archive Center are discussed above.

other Archibald records. In 2018, Debevoise asked Archibald's family for and received research records, including index cards containing patient information, which did not contain any photographs.

In late 2018, RU began reviewing all of Archibald's former patients' hospital records that had been archived and stored on microfiche and microfilm, or cards and rolls, respectively, of miniaturized printed records, and digitizing those records that were stored on microfilm.<sup>28</sup> Some photographs have been found during this process in the records of a relatively few patients. None of the records of any former patients who have requested their records have contained any photographs.

In 2019, Debevoise contacted the Canadian authorities about Archibald and informed them that we wanted to rule out that there could be nude photographs of children at Archibald's Canadian property. We asked the Canadian authorities whether they could search the property to determine if there were photographs there, which they declined to do in the absence of consent from the current owners or specific reports from victims indicating that, for example, they had been photographed or had seen photographs at the cabin. We are informed that, through their attorneys, Archibald's

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<sup>28</sup> Microfilm, microfiche, and digitized microfilm records are stored in locations accessible only by Hospital Information Services personnel, the RUH Medical Director, the RUH Administrative Director, and, on a need-to-access basis, operations, facilities and security personnel. Access to any records with photographs is limited to Hospital Information Services personnel and others only on a need-to-access basis. Digitized records have been stored on password-protected hard drives, and Internet access is disabled on any computer used to access digitized records on the secure hard drives.

children, who now own the property where the cabin was, have declined to contact the Canadian authorities to give them consent to perform a search.

## **V. Relevant Policies and Procedures**

Debevoise, as part of its work, reviewed RU and RUH patient and research subject policies, procedures and standards, in place over time and currently. We find that RU and RUH today, as compared to when Dr. Archibald was practicing, have much more exacting standards in place for research studies that prioritize the rights and welfare of patients, particularly children, and, if followed, should eliminate or at least significantly mitigate the risks of such abuse ever taking place in the future. We also find that RU and RUH have been responsive to enhancing patient and research subject safeguards as issues have arisen over time, including in 2004. Current safeguards to protect patients and research participants are robust and include:

- Since at least 1979, an annual review by RU's research ethics committee, the IRB, of each research study, including all patient complaints and their resolution.
- Since 1999, and most recently revised in 2016, a written patient complaint policy that describes how the Hospital investigates oral and written complaints from patients and provides for recordkeeping in a manner that regulatory and oversight entities can access information about complaints and investigations.
- Since 2001, a research subject advocate, whose job is to enhance protections for research participants at RU and RUH.
- Since 2001, a non-mandatory periodic review by Association for the Accreditation of Human Research Protections Programs, (AAHRPP), an

independent accrediting agency established in 2001, of the University's policies and procedures for protecting research patients.<sup>29</sup>

- Since at least 2002, an informed consent form that is much more comprehensive than in the 1960s and 1970s, including listing the benefits and risks of a study, identifying a point of contact for questions or concerns, and informing patients that they can leave a study at any time without having to give a reason.
- Since at least 2002, an assent process for minors involved in research studies that includes explaining to the child what will happen in the study, answering questions from the child, and asking the child if he or she is willing to participate.
- Since approximately 2004, a pediatric chaperone policy for studies in which an examination of a pediatric patient will be conducted, which provides notice of the availability of an independent observer for pediatric examinations and provides that nurses should document in the medical record who was present during pediatric examinations.
- Since at least 2004, various publications informing patients of their rights, including handbooks, notices, and brochures that are distributed and/or made available.
- Since at least 2004, protocols for complaints that can be lodged anonymously by nurses or other staff members if they are concerned about the actions of a physician, including an avenue for complaints to be made to the IRB.
- Since 2012, a Research Participant Perception Survey that is offered to every research patient after their participation in a study to assess their experiences.<sup>30</sup>

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<sup>29</sup> The University, which includes RU campus laboratories and the Hospital, has been accredited by AAHRPP since 2011 and was most recently re-accredited in March 2019.

<sup>30</sup> An earlier iteration of the patient perception survey was offered to research participants beginning in 2003.

## **VI. Cooperation and Actions Taken by RU and RUH During the Investigation**

Throughout this process, RU and RUH management have fully cooperated and evidenced a deep commitment to the welfare of Dr. Archibald's former patients. In 2018, RU and RUH leadership revoked Archibald's emeritus faculty status and his senior physician emeritus status because of his conduct toward former patients. RUH has removed from its website: Archibald's obituary; his name from the list of RUH investigators from the Hospital Centennial listing; and a photograph of a research tool he created.<sup>31</sup>

RUH has also partnered with the Rape, Abuse & Incest National Network ("RAINN"), a national non-profit organization that supports survivors of sexual assault, to provide financial assistance to former patients of Dr. Archibald who are seeking therapy. RAINN has set up a dedicated hotline for these former patients and administers an intake process that keeps the identity of former patients anonymous to RU and RUH.

## **VII. Conclusion**

It is clear that Dr. Reginald Archibald engaged in acts of sexual misconduct and sexual abuse toward many of his pediatric patients while employed by RUH. Each patient's experience was different and not all former patients reported abuse or experienced inappropriate conduct. But many did, and Debevoise credits the memories of those who have reported sexual misconduct or abuse they suffered while seeking

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<sup>31</sup> The tool was a blender that was used for chemical analysis in enzyme studies. The instrument itself has been removed from RU's public display of historical laboratory equipment on campus.

medical treatment and care from Archibald. The volume of patients who have now come forward with accounts of being subjected to sexual misconduct and abuse by Archibald also shows that his misconduct was pervasive.

In addition to the complaints discussed made to RU and RUH long after Archibald retired, there was, while Archibald was still practicing, some information available to RU and RUH management suggesting that Archibald may have been engaged in misconduct and inappropriate and unnecessarily intrusive examinations of at least some of his patients. There is also extensive evidence that management understood at the time that Archibald was a respected physician and researcher, that his work called for inherently intrusive procedures, that he saw a large number of patients with very few complaints, that a number of patients and their parents regarded – and some patients still do regard – him quite positively, and that on the few occasions when complaints arose, Archibald never acknowledged any inappropriate practices, and he denied any wrongdoing.

We cannot now know with certainty how all of the relevant information available at the time was interpreted, as many witnesses are deceased or have failing memories. With the benefit of hindsight, however, and viewed in light of today's greater knowledge of sexual abuse and current standards of appropriate practices and procedures for studies and treatment of children, there were warning signs that could have been seen, appreciated or further pursued earlier.

This Report was delivered to a select committee of the University's Board of Trustees and RU's senior leadership on May 18, 2019, and to the full Board of Trustees including Life Trustees on May 22, 2019. It is to be made public, without change, on May 23, 2019.