

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH  
HEALTH REGULATION AND LICENSING ADMINISTRATION  
BOARD OF DENTISTRY**

**IN RE:** :  
 :  
**Mark McClure, D.D.S.** :  
 :  
**License No.: DEN5755** :  
 :  
**RESPONDENT** :

**FINAL ORDER AND DECISION REVOKING LICENSE**

Jurisdiction

This matter comes before the District of Columbia Board of Dentistry (“Board”) pursuant to D.C. Official Code § 3-1201.01 *ff.* (2016 Repl.), otherwise known as the Health Occupations Revision Act (the “HORA”). D.C. Official Code § 3-1202.01(b) (2016 Repl.), authorizes the Board to regulate the practice of dentistry in the District of Columbia and D.C. Official Code § 3-1205.19 authorizes the Board to conduct hearings and to issue final decisions.

Background

On or about July 26, 2022, the Board issued a Notice of Intent to Take Disciplinary Action against Respondent’s District of Columbia dentist license (the “Notice”). The Notice charged Respondent as follows:

- Charge I:** You engaged in sexual contact with a patient concurrent with or by virtue of the practitioner-patient relationship and during the course of the practitioner-patient relationship and engaged in conduct of a sexual nature that a reasonable person would consider lewd or offensive, for which the Board may act under D.C. Code § 3-1205.14(a)(23);
- Charge II:** You performed, offered, or attempted to perform services beyond the scope of those authorized by your license, for which the Board may take disciplinary action Under D.C. Code § 3-1205.14 (a)(21);
- Charge III:** You violated a consent decree you entered with the Board, for which the Board may act under D.C. Code § 3-1205.14 (a)(27).

- Charge IV:** You failed to conform to the standards of acceptable conduct and prevailing practice within a health profession, for which the Board may act under D.C. Code §3-1205.14(a)(26).
- Charge V:** You failed to keep adequate records as determined by a review of the Board, for which the Board may act under D.C. Code § 3-1205.14(a)(37).
- Charge VI:** You failed to maintain a record for a patient which accurately reflects the evaluation and treatment of the patient including (a) the list of the drugs prescribed, administered, dispensed, and the quantity; and (b) the name of the dentist or dental hygienist providing services, in violation of 17 DCMR § 4213.4, for which the Board may act under D.C. Code § 3-1205.14(a)(24); and
- Charge VII:** You made a misrepresentation of your registration to practice naturopathic medicine and your status as a “Doctor of Integrative Medicine” to influence, persuade, or induce patronage, for which the Board may act under D.C. Code § 3-1205.14(a)(38).

Pursuant to Title 17 DCMR § 4105.2(c), the Notice was served via email to the Respondent’s attorney who agreed to accept service via email on behalf of the Respondent. The Respondent, through counsel, submitted an untimely request for a hearing that was one (1) day late. The Respondent thereafter filed a motion requesting that the Board deem the request as timely. The Government did not consent to the request and opposed the request in the interest of judicial economy. Finding that a one-day delay was not sufficient grounds to deny the Respondent of his right to a hearing on the Notice, the Board granted the hearing request.

The hearing was held before the Board on March 21, 2023.<sup>1</sup> Assistant Attorney Generals Anthony P. Celo and Alycia K. Hogenmiller represented the Government. The Respondent did not appear for the hearing and was not represented by counsel at the hearing.

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<sup>1</sup> The hearing was held via videoconference. The Board members present and holding the hearing on this date consisted of John R. Bailey, DDS (chairperson who presided over the hearing); Iris Jeffries-Morton, DDS; Judith Henry, DMD, Michelle LaTortue, DDS, and Dianne Smith, Esq., Consumer Board member. Carla M. Williams, Esq. Senior Assistant General Counsel served as legal counsel to the Board. Pursuant to D.C. Official Code § 3-1204.05(c), the five (5) members present constituted a quorum of the Board and were sufficient to conduct the hearing.

## Evidence

The Board admitted one (1) exhibit into evidence, (BX #1)- which was the Notice of Intent to Take Disciplinary Action issued to Respondent. (Tr. P. 11, L. 10-19).

The Government introduced forty-nine (49) exhibits which were marked and admitted into evidence: Government's Exhibit 1 (GX#1)- Respondent's Biography on the NIHA website (Tr. P.37, L. 20-22; P. 38, L. 5-10); Government's Exhibit 2 (GX#2)- Patient A's Dental Records Summary Report. (Tr. P.37, L. 20-22; P. 38, L. 5-10); Government's Exhibit 3 (GX #3)- Patient A's Dental Records Summary Report from the 8/10/22 subpoena (Tr. P.37, L. 20-22; P. 38, L. 5-10); Government's Exhibit 4 (GX #4) Patient A's dental billing records (Tr. P.37, L. 20-22; P. 38, L. 5-10); Government's Exhibit 5 (GX #5) Patient A's dental billing records from the 8/10/22 subpoena (Tr. P.37, L. 20-22; P. 38, L. 5-10); Government's Exhibit 6 (GX#6) Patient A's prescriptions (Tr. P.37, L. 20-22; P. 38, L. 5-10); Government's Exhibit 7 (GX#7) Patient A's prescription from the 8/10/22 subpoena (Tr. P.37, L. 20-22; P. 38, L. 5-10); Government's Exhibit 8 (GX#8) Patient A's Integrated Progress Notes and records from the 8/10/22 subpoena (Tr. P.37, L. 20-22; P. 38, L. 5-10); Government's Exhibit 9 (GX#9) Patient A's colonic records (Tr. P.37, L. 20-22; P. 38, L. 5-10); Government's Exhibit 10 (GX#10) Patient A's colonic outcome system records from the 8/10/22 subpoena (Tr. P.37, L. 20-22; P. 38, L. 5-10); Government's Exhibit 11 (GX#11) D.C. Metropolitan Police Department Public Incident Report (Tr. P.37, L. 20-22; P. 38, L. 5-10); Government's Exhibit 12 (GX#12) Patient A's complaint submitted to D.C. Health (Tr. P.37, L. 20-22; P. 38, L. 5-10); Government's Exhibit 13 (GX#13) Patient A's complaint submitted to the Virginia Department of Health Professions (Tr. P.37, L. 20-22; P. 38, L. 5-10); Government's Exhibit 14 (GX#14) Text messages with S.M. (Tr. P.37, L. 20-22; P. 38, L. 5-10); Government's Exhibit 15 (GX#15) Email from the Respondent (Tr. P.37, L. 20-22; P. 38, L. 5-10); Government's Exhibit 16 (GX#16) Investigative Report (Tr. P.108, L. 21-22; P. 109, L. 1-22; P. 110, L. 1-7); Government's Exhibit 17 (GX#17) Expert Review Report (Tr. P. 113, L. 2-13; P. 118, L. 5-12);

Government's Exhibit 18 (GX#18) 2015 Anonymous patient complaint against Respondent (Tr. P. 113, L. 21-22; P. 114, L. 1-8; P. 118, L. 5-12); Government's Exhibit 19 (GX#19) 2015 subpoena and correspondence (Tr. P. 114, L. 13-22; P. 115, L. 1-8; P. 118, L. 5-12); Government's Exhibit 20 (GX#20) Patient dental records produced pursuant to 2015 subpoena (Tr. P. 115, L. 20-22; P. 116, L. 1-9, P. 118, L. 5-12); Government's Exhibit 21 (GX#21) Letter from Attorney Brown (Tr. P. 116, L. 13-22; P. 118, L. 5-12); Government's Exhibit 22 (GX#22) 2/5/2016 subpoena and correspondence (Tr. P. 117, L. 1-13; P. 118, L. 5-12); Government's Exhibit 23 (GX#23) 3/26/2016 subpoena and correspondence (Tr. P. 117, L. 17-22; P. 118, L. 1-12); Government's Exhibit 24 (GX#24) 2019 Notice of Intent to Take Disciplinary Action (Tr. P. 118, L. 18-22; P. 119, L. 1-3; P. 120, L. 21-22; P. 121, L. 1-10); Government's Exhibit 25 (GX#25) 10/9/2020 subpoena (Tr. P. 158, L. 9-22; P. 159, L. 19-22; P. 160, L. 1-5.); Government's Exhibit 26 (GX#26) 12/9/2021 subpoena (Tr. P. 159, L. 1-22; P. 160, L. 1-5); Government's Exhibit 27 (GX#27) Board of Dentistry 2021 Consent Order (Tr. P. 119, L. 13-22; P. 120, L. 1-9; P. 120, L. 21-22; P. 121, L. 1-10); Government's Exhibit 28 (GX#28) 2022 Notice of Intent to Take Disciplinary Action (Tr. P. 120, L. 10-22; P. 121, L. 1-10); Government's Exhibit 29 (GX#29) 1/26/22 Subpoena (Tr. P. 146, L. 4-14; P. 151, L. 9-17.); Government's Exhibit 30 (GX#30) 8/10/22 Subpoena (Tr. P. 182, L. 9-15.); Government's Exhibit 31 (GX#31) NIHA Dentistry Personnel records (Tr. P. 157, L. 12-22; P. 158, L. 1-6); Government's Exhibit 32 (GX#32) 3/4/22 Email from Attorney Rutledge (Tr. P. 168, L. 4-22; P. 169, L. 1-20.); Government's Exhibit 33 (GX#33) 3/21/22 Email from Attorney Rutledge (Tr. P. 151, L. 18-22; P. 152, L. 1-22; P. 153, L. 1.); Government's Exhibit 34 (GX#34) Investigative memo complaint investigation file (Tr. P. 134, L. 1-22; P. 137, L. 21-22; P. 138, L. 1-11); Government's Exhibit 35 (GX#35) A.A. Email to DC Health (Tr. P. 128, L. 19-21; P. 129, L. 1-3; P. 138); Government's Exhibit 36 (GX#36) A.A. complaint documents reviewer forms (Tr. P. 135, L. 1-14; P. 138); Government's Exhibit 37 (GX#37) A.A. neurological reprogramming email (Tr. P. 135, L. 2-22; P. 136, L. 1-22; P. 137, L. 1-22; P. 138, L. 1-11.); Government's Exhibit 38 (GX#38) K.H.

Investigation Report (Tr. P. 143, L. 9-22; P. 144, L. 1-16.); Government's Exhibit 40 (GX#40) Intake Forms (Tr. P. 197, L. 13-18; P.198, L. 12-20); Government's Exhibit 41 (GX#41) Patient Records (Tr. P. 146, L.15-22; P. 151, L. 4-17.); Government's Exhibit 42 (GX#42) Scheduled Patient Appointments (Tr. P. 153, L. 2-9; P. 156, L. 7-17); Government's Exhibit 43 (GX#43) DC Health Regulations (Tr. P. 127, L. 4-14); Government's Exhibit 45 (GX#45) NIHA Outcome System Description (Tr. P. 181, L. 22; P. 182, L. 1-5); Government's Exhibit 46 (GX#46) Dr. Smith's CV (Tr. P. 185, L. 6-22; P. 186, L. 1-4); Government's Exhibit 47 (GX#47) Respondent's license information (Tr. P. 124, L. 18-22; P. 125, L. 1-22; P. 126, L. 12-22; P. 127, L. 1-2); Government's Exhibit 48 (GX#48) ADA information on amalgam fillings (Tr. P. 193, L. 4-15; P. 194, L. 11-17); Government's Exhibit 49 (GX#49) ADA Information on Amalgam question resolution (Tr. P. 194, L. 1-17); Government's Exhibit 51 (GX#51) Respondent's biography July 2022 (Tr. P. 123, L. 8-15; P. 124, L. 7-16); Government's Exhibit 56 (GX#56) Robert Johnson, DDS Final Order (Tr. P. 211, L. 6-22; P. 214, L. 3-6).

The witnesses for the Government were Board Investigator Rebecca Odrick-Austin, Patient A, and Richard Smith, DDS.

The Respondent did not appear for the hearing and did not present any witnesses.

#### Findings of Fact

Based on the testimony of the witnesses, the Board's evaluation of the witnesses' credibility, the admitted evidence, and the entire record of these proceedings, the Board hereby makes the following findings of fact and conclusions of law:

1. At all times relevant, the Respondent was licensed to practice Dentistry in the District of Columbia.
2. Respondent is a part-owner of National Integrated Health Associates (NIHA) where his dental practice is located in Washington, D.C.

3. On May 24, 2021, Respondent signed a Consent Order with the Board to resolve a February 11, 2019 Notice of Intent to Take Disciplinary Action. Under the terms of the Consent Order, the Respondent's dental license was placed on PROBATION and Respondent agreed to, among other things:
  - a. Have a Board-approved dentist supervise him during his two-year period of probation;
  - b. Not offer or create a treatment plan or perform treatment or service for any part of the body or condition below a patient's collarbone or in a patient's ear or shoulder;
  - c. Not perform neural therapy, ART, AET, or administer DMPS;
  - d. Not perform neuralgia inducing cavitation osteonecrosis removal;
  - e. Not inject any substance into a patient using a stabident injection for any purpose other than to act as an anesthetic to perform dental procedures;
  - f. Not inject gold, silver, ozone, arnica montana, quercetin, bromelain or zell lymphs into patients; and
  - g. Practice within the scope of practice for dentistry.
4. Respondent administered diagnostic tests and treatments beyond the scope of the practice of dentistry both before and continuing after May 24, 2021.
5. In September 2017, Respondent began treating Patient A for dental-related conditions. (Tr. P. 38, L. 8-10).
6. Prior to the fifth or sixth visit, Patient A was receiving dental treatment from the Respondent, but eventually the Respondent branched out into other areas. ((Tr. P. 38, L. 8-10).
7. Over a period of three (3) years, Respondent performed neural therapy injections on Patient A.
8. Respondent injected Patient A's episiotomy scar, which is a scar that is created by a surgical cut at the vaginal opening during childbirth.
9. Respondent also injected Patient A's spine and around her liver and kidneys.

10. On April 7, 2018, Respondent injected areas around Patient A's head, calling the procedure "the crown of thorns."
11. During treatments performed by the Respondent on Patient A between February 2020 and May 2020, Respondent injected Patient A's pelvic bone and vaginal area, claiming that heavy metals were inhibiting her libido.
12. The Respondent placed his fingers in Patient A's vaginal area as he performed muscle testing to determine where to inject her.
13. During a visit, Respondent claimed that he did not have a gown for Patient A to wear during her spinal injections. Respondent then directed Patient A to remove her shirt and hold it in front of her chest during the injections. After Patient A removed her shirt and held it in front of her, Respondent stood in front of Patient A and stared at her.
14. Respondent gave Patient A procaine shots. Patient A described the effects of the shots as making her drowsy, relaxed, and in a trance-like state.
15. During a visit, after administering a procaine shot to Patient A, Respondent told Patient A that despite her body showing no blockages, Respondent still wanted to perform a pelvic block on her and attempted to unbutton and unzip Patient A's pants until Patient A told the Respondent to stop.
16. While treating Patient A, Respondent performed numerous psychokinesiology sessions with her.
17. During the psychokinesiology sessions, Respondent tested Patient A for emotional components to symptoms inhibiting her treatment and asked her questions while the Respondent observed her muscle reactions to identify emotional triggers.
18. Respondent used the psychokinesiology sessions to repeatedly ask Patient A questions that were inappropriate for a dentist to ask a patient, including questions and statements sexual in nature.

19. Respondent developed his relationship with Patient A by requesting favors, which included asking Patient A to drive him to the train station after her appointments with him.
20. Once, while Patient A was driving Respondent to the train station, Respondent informed Patient A that he badly needed to go to the bathroom. While Patient A looked for an exit, the Respondent urinated into a water bottle in view of Patient A.
21. Respondent told Patient A that [REDACTED] he has to masturbate every night.
22. [REDACTED] contacted Patient A and told Patient A that Respondent had engaged in a similar patten with other women.
23. Patient A reported Respondent's conduct to her primary care physician, (PCP), who is the Respondent's mentee. (GX #16 at 384).
24. PCP and the Respondent met with Patient A at the PCP's office, where PCP told Patient A not to report the Respondent because the Respondent could pursue a civil suit against her and Patient A would lose everything.
25. The Respondent prescribed numerous medications to Patient A, including Xanax and Zolpidem (Ambien). The Respondent failed to record his prescribing of these medications to Patient A in his dental records for Patient A.
26. Pharmacy records confirmed that Respondent prescribed Xanax, Zolpidem (Ambien), and other medications to Patient A which he did not document in his dental records for Patient A.
27. Respondent prescribed the following drugs for Patient A:
  - a. 6/24/18: Nizonide 500 for the treatment of "general parasites in the gut..."
  - b. 9/7/18: Artesun 60 mg Injectable for the treatment of "parasites."
  - c. 11/2/18: Daraprim 50mg.
  - d. 12/27/18: Pyrimetlamine 25 mg.



28. According to Patient A, the Respondent prescribed these medications due to Patient A's history of Lyme disease and that she had liver flukes and was treated for babesia and toxoplasmosis.
29. The Respondent is not a medical doctor and has never been licensed to practice medicine in the District of Columbia or any other state.
30. The Respondent held himself out to the public and Patient A as a Doctor of Integrated Medicine capable of treating medical conditions.
31. The District of Columbia does not recognize or license the title or practice of "Doctor of Integrated Medicine."
32. The Respondent performed or practiced psychokinesiology, which the Respondent alleged to be a form of psychological and emotional treatment or counseling in which Respondent tested Patient A for emotional components to symptoms allegedly inhibiting her treatment. The Respondent is not licensed to practice psychology or professional counseling in the District of Columbia or any other state.
33. After the Respondent's registration to practice naturopathic medicine expired in 2004, the Respondent continued to misrepresent himself to the public as a Doctor of Naturopathy.
34. In 2011, the District of Columbia repealed the registration to practice naturopathic medicine and replaced it with a licensure requirement that required certain education and qualifications.
35. After the District of Columbia abolished the naturopathic registration and created a new legal requirement for licensure to practice naturopathic medicine, the Respondent continued to misrepresent himself to the public as a Doctor of Naturopathy even though he did not hold a naturopathic license and was not qualified to receive a naturopathic license.
36. On or about July 15, 2021, the Board received a complaint from a NIHA employee, Employee A. Employee A informed the Board of Respondent's ongoing practice outside the scope of

dentistry, and that the Respondent hides his conduct by not documenting the procedures in the patient records.

37. Employee A informed the Board that the Respondent maintained separate handwritten notes called “outcome cards” to conceal the unauthorized procedures.
38. The Board issued a subpoena to the Respondent for the “outcome cards” and records. The Respondent and his staff failed to produce the records and denied knowing what the records were.
39. On or about December 13, 2021, the Board received a complaint from one of Respondent’s former employees. Employee K advised the Board that Employee K worked at Respondent’s practice, National Integrated Health Associates (NIHA) for thirteen (13) years until December 13, 2021.
40. Employee K’s complaint alleged, and the Board’s subsequent investigation revealed, that Respondent continued to perform muscle testing, AET, and ART after entering into the May 24, 2021 Consent Order with the Board.
41. Employee K informed the Board that Respondent would have the patients hold instruments (vials/tubes) in their hands; the tubes will indicate any allergic reactions.
42. Employee K informed the Board that Respondent still injected patients with ozone.
43. Employee K informed the Board that Respondent listed AET and ART as dental office visits in the patient charts and that the code for these procedures is listed as “neurological reprogramming,”
44. Employee K informed the Board of twenty-one (21) patients who received these treatments.
45. Employee K informed the Board that the Respondent kept handwritten notes in a separate cabinet, which the Respondent excludes from the patient’s electronic medical records.
46. Employee K informed the Board that the NIHA staff had been removing information from the patient dental records and shredding patient documents since November 2021.

47. Respondent's dental records show that on May 25, 2021, the Respondent is listed as the provider of record for allergy elimination testing on patient N.S.
48. Respondent's appointment book shows that on July 8th and 28th, 2021, the Respondent saw patient K.L., for "MT."
49. Respondent's appointment book show that on July 13, 2021, the Respondent saw patient T.M. for "MT."
50. Respondent's appointment book show that on August 3, 2021, the Respondent saw patient R.P. for "MT."
51. Respondent's appointment book show that on October 2, 2021, the Respondent saw patient A.L. for "NR."
52. Respondent's appointment book show that on October 14, 2021, October 27, 2021, November 6, 2021, November 12, 2021, December 8, 2021, and January 24, 2022, the Respondent performed neurological reprogramming on patient A.N.
53. Neurological reprogramming is the new term the Respondent used for AET. (GX #37).
54. The patient records produced in response to the Board's subpoena do not identify the provider of the neurological reprogramming and instead only state "NIHA Provider."
55. Respondent claimed that the term "NIHA Provider" referred to someone so low-level that the identity of the person was not recorded.
56. Respondent falsely represented himself to the public as a Doctor of Integrative Medicine.
57. The title "Doctor of Integrative Medicine" is not a recognized or authorized health care professional title in the District of Columbia.
58. The Respondent used the fictitious title "Doctor of Integrative Medicine" to purport to Patient A that it authorized him to perform medical treatments, such as diagnosing and treating allergies, heavy metal toxicity, and parasites; performing psychological or counseling services and

prescribing medication to treat psychological conditions; and performing non-dental injections outside of the mouth.

59. The Respondent's false advertisement and use of this fictitious title induced Patient A to consent to him performing non-dental procedures on her.

### Conclusions of Law

D.C. Code § 3-1205.14 provides, in pertinent part:

(a) Each board subject to the right of a hearing as provided by this subchapter, on an affirmative vote of a majority of its members then serving, may take one (1) or more of the disciplinary actions provided in subsection (c) of this section against any applicant, licensee, or person permitted by this subchapter to practice the health occupation regulated by the board in the District who: (23) Engages in sexual contact with a patient concurrent with or by virtue of the practitioner-patient relationship and during the course of the practitioner-patient relationship and engages in conduct of a sexual nature that a reasonable person would consider lewd or offensive; (21) Performed, offered, or attempted to perform services beyond the scope of those authorized by your license; (27) Violates a consent decree entered into with the Board; (26) Failed to conform to the standards of acceptable conduct and prevailing practice within a health profession; (37) Failed to keep adequate records as determined by a review of the Board; (24) Failed to maintain a record for a patient that accurately reflects the evaluation and treatment of the patient; (38) Misrepresented his registration status to influence, persuade, or induce patronage.

(c) Upon determination by the board that an applicant, licensee, or person permitted by this subchapter to practice in the District has committed any of the acts described in subsection (a) of this section, the board may:

(1) Deny a license, registration, or certification to any application or an application to establish a school of nursing or nursing program;

(2) Revoke or suspend the license, registration, or certification of any licensee, registrant, or person certified or withdraw approval of a school of nursing or nursing program;

(3) Revoke or suspend the privilege to practice in the District of any person permitted by this subchapter to practice in the District;

(4) Reprimand any licensee, registrant, person certified, or person permitted by this subchapter to practice in the District;

(5) Impose a civil fine not to exceed \$5,000 for each violation by an applicant, licensee, registrant, person certified, or person permitted by this subchapter to practice in the District;

(6) Require a course of remediation, approved by the board, which may include:

(A) Therapy or treatment;

(B) Retraining;

(C) Reexamination, in the discretion of and in the manner prescribed by the board, after the completion of the course of remediation; and

(D) Require participation in continuing education and professional mentoring.

(7) Require a period of probation; or

(8) Issue a cease and desist order pursuant to § 3-1205.16.

D.C. Mun. Reg. tit. 17, § 4115.1 provides:

“In a hearing resulting from a proposed disciplinary action taken under DCMR § 17-4102.1, the District shall have the burden of proving by a preponderance of the evidence that the action should be taken.”

**Charge I: Engaged in sexual contact with a patient and engaged in conduct of a sexual nature that a reasonable person would consider lewd or offensive**

The Government’s witness, Patient A, testified that she began seeing the Respondent because she had a lot of jaw pain. (Tr. P. 25, L. 17-21). She further testified that, “I had had like upper shoulder pain and different things, and you know, did all these different bite guards and stuff like that.” (Tr. P. 25, L. 21-22; P. 26, L. 1-2). She testified, “And it was through a conversation not with someone that I know well, but they were saying, you know, it could be – it could have something to do with your mercury fillings. And they –and he said, ‘You have to get it out by a biological dentist because regular dentists don’t take them out the proper way. So I found Dr. McClure online and I went to go see him, partially for that, and then also, just to figure out my bite...” (Tr. P. 26, L. 3-12).

Regarding Patient A’s beliefs and understanding of the Respondent’s title and the treatment he was authorized to perform, Patient A testified as follows:

“Q: [Patient A], I’d purport to you that this is [Respondent’s] bio from his web page. So you recognize this bio?

“A: I do.

“Q: At any point, did you see this bio during your treatment with him?”

“A: Yes.

“Q: Under his specialty, it lists ‘Integrative Medical Dentistry.’ Did he talk to you about what an integrative medical dentist was?”

“A: No, not that I can remember, no.

“Q: Okay. And then, under his degrees, it lists ‘Degree of Integrated Medical Doctor- Dentist,’ and he received – formal education lists ‘Capital University of Integrated Medicine, Doctor of Integrated Medicine.’ Were you aware, when you were seeing him, that he held himself to be a Doctor of Integrative Medicine.”

“A: Yes. That’s what he implied, yes.”

“Q: And at the time, did you think that Doctor of Integrated Medicine was a recognized title?”

“A: Yes. I thought—I thought he was a medical doctor as well. I thought he was Board-certified in both.

“Q: Did you, therefore, believe that he was licensed and qualified to treat you outside of your mouth?”

“A: Yes.

“Q: And did he encourage that belief with you?”

“A: Yes.

“Q: At any point, did you learn that he was not licensed to perform procedures outside of your mouth?”

“A: I did.

“Q: By the time you learned that, he had already earned your trust and started treatments on you?”

“A: Yes.” (Tr. P. 26, L. 20-22; P. 27, L. 1-22; P. 28, L. 1-17).

Patient A testified that about the fifth or sixth time she went to see the Respondent, he told her that she was, “having a lot of response to heavy metals, certain foods, certain allergens, and he did— it’s called an ART, Autonomic Response Testing, and also allergy elimination therapy. Through applied kinesiology, he found what he believed I was showing a response to. And then he went through doing the allergy response to what the ART said, which is basically applied kinesiology.” (Tr. P. 37, L. 19-22; P. 38, L. 1-7). Patient A testified that prior to the fifth or sixth visit, she was just receiving dental treatment from the Respondent, and that eventually he branched out into the other areas. (Tr. P. 38, L. 8-10).

Patient A testified regarding how the Respondent gained her trust and shifted her treatment from dentistry to the non-dental procedures he performed on her. She stated, “He was very professional in the beginning. His explanations about things were very thorough because I was very skeptical of some of the things he was doing, but he had kind of this kind confidence when he would explain it. Even though he was doing things like that – he hadn’t gotten into any of the emotional stuff yet. In the beginning, it was just like the ART, and that didn’t bother me much. You know, he’s old, and I thought he was just like this cute, old man. My kids thought he was funny. So yes, it was definitely a long period of time or a fair amount of time that I didn’t even ever think it was even possible for him to choose to do any harm.” (Tr. P. 48, L. 10-22; P. 49, L. 1-3).

Patient A testified that the Respondent started by injecting her tonsils and treating cavitations, and also diagnosed her with heavy metal toxicity and treated her for that, and removed an amalgam tooth she had. She testified that he also diagnosed and treated her for parasites and allergies. (Tr. P. 49, L. 4-17).

Patient A testified, “So because he said I was showing a major response to heavy metals, specifically mercury, he wanted to perform neural therapy, which is DMPS and procaine mixed together.” (Tr. P. 50, L. 10-13). Patient A testified that the Respondent injected her with the mix of

DMPS and Procaine in different areas of her body. She stated, “It was different every time. In the beginning, my tonsils, the cavitations, which is like where the wisdom teeth were taken out...then he went down my spine. And then it was a franken Hauser block, which is basically like right above the pubic bone. He did it to my episiotomy scars...He would treat any scars that you had because he said that scars messed up the electrical flow of the body...he did my head. It was called a crown of thorns. He would do little –all the way around my head, he would do injections. He’d do vagus nerve, stellate ganglion block, my feet, my legs. Basically, everywhere.” (Tr. P. 50, L. 19-22; P. 51, L. 1-12).

Patient A also testified that the Respondent injected her organs including her spine, kidneys, liver, gut, stomach, and spleen. (Tr. P. 51, L. 13-16).

Patient A testified that, “In the beginning, he was just doing the DMPS and procaine trigger point injections. Then he said he kind of had this new technique. He wanted to change something up. Before he did DMPS, he would give me a fast push of procaine. He would put it in the veins of my arm, and he would push it really fast. It was supposed to calm the nervous system. From then on, he did that, and then he would do the DMPS after that.” (Tr. P. 52, L. 1-10). Patient A testified regarding the effect of the fast push of procaine, and stated that, “You just feel incredibly relaxed. You can’t really move. You just feel really relaxed. You can hear things, you can see what’s going on, but it feels like you’re in slow motion. I couldn’t talk or move or stand up or anything like that after having it done.” (Tr. P. 52, L. 13-18). Patient A testified that the treatments were supposed to be for chronic pain. (Tr. P. 52, L. 19-22). Patient A testified that the treatments relieved her pain. Regarding how long the relief lasted, Patient A testified, “In the beginning, probably like a week. And then it was down at the end, it was like two days.” (Tr. P. 53, L. 1-10). Patient A testified that she felt dependent upon the treatments, the Respondent never provided her with a plan to wean her off of the injections, and she felt like she had to keep returning to the Respondent to receive the treatment for pain management. (Tr. P. 53, L. 11-20).



In response to being asked if at any point she and the Respondent began performing favors for each other, Patient A testified, “Yes...if pain was really bad, I’d either text him or call [the employee] who did all the scheduling. The favors was like if I could fit in that day, he said, you can, I can see you, but I’ll miss my train. Because he took the train into work. He said, I’ll miss my train, so can you just drive me to the train station where my car is parked afterwards? And I said yes.” (Tr. P. 53, L. 21-22; P. 54, L. 1-13). Patient A testified that at a point the Respondent started offering her free treatments. (Tr. P. 54, L. 20-22).

Patient A testified regarding the first time the Respondent performed neural therapy on her, which was at her February 22, 2018 appointment. Patient A described what happened as, “I shook. It was like I was having convulsions. It’s a hard way to describe it, but...I just would shake. I shook for, like, I don’t know, ten minutes or something. It kind of felt like something was gone...It was a very odd reaction...I had a visceral reaction to it.” (Tr. P. 56, L. 2-15). Patient A testified as to the specifics of that appointment as follows:

“Q: During this visit, did he have you and him place your hands over your episiotomy scar?

“A: Yes.

“Q: Did he say that he would do injections at that point?

“A: Yes.

“Q: [March 8<sup>th</sup>, 2018], was this the first time that he did inject that scar?

“A: Yes.

“Q: Again, can you please tell us in your own words how this impacted you? What happened at this session?

“A: I would shake again, and I would just start crying. I don’t fully understand what that was, but it almost felt like this –I don’t know. It was like this deep emotion came over me. And he was

like, oh, that's normal... Things are coming up for you, and you're feeling it, but then it's gone. But, yes, it was kind of this overwhelming shaking and crying." (Tr. P. 56, L. 16-22; P. 57, L. 1-15).

Patient A testified, "So there was one time that he was going to do my spine and my neck, and I had on a sweater... It's not a turtleneck, but it was kind of like a mock... I wanted to pull it down. He goes... I can't get your neck, and we're out of gowns. He said, could you just slip your sweater off, and I'll be real quick. And I just remember freezing because it was I felt so incredibly uncomfortable, but at the same time I'm like, he's this sweet, old man. Obviously, he's not—I just started rationalizing it and thinking, you'll hurt his feelings if you—I just kind of froze, and I did it. I took it off, but held it right in front of me..." (Tr. P.63, L. 1-17).

Patient A testified, "There was one other time where he gave me the fast push of procaine where I'm kind of just in this really calm state, and you can't-- for me in my experience, I couldn't really move or talk. It was just I could see and hear everything that was going on. I just couldn't participate. So there was one time that he did that, and then he was asking my body questions. He's like, I'm so sorry... He just kept saying that over and over. And then he picked me up off of the chair like a baby. Again, I couldn't move. It was another kind of a freeze situation." (Tr. P. 63, L. 18-22; P. 64, L. 1-16). Patient A testified, "Again, you just put it in this compartment... because I really need these treatments." (Tr. P. 64, L. 17-19).

Patient A testified regarding another incident that occurred when the Respondent had administered a Procaine push to her. She testified, "So he did all this testing first with [female employee] in the room. The Franken Hauser, none of that was testing for that day. So he had [female employee] go out, and he goes, I still have like 2cc's of DMPS left. And again, you're under that influence of – that relaxation. But [he] unbuttoned my pants and went to unzip, and I was able – I just said, no, no. And he did. He stopped." (Tr. P. 64, L. 20-22; P. 65, L. 1-10).

Patient A was asked whether when the Respondent performed injections around her pelvic bone and her episiotomy scar she felt him touching her genital area. She testified, “Yes, He said, ‘I’m just going to muscle test to see where exactly’ – this part’s hard for me -. Just he’s going to be muscle testing to see where he would do the injections.” (Tr. P. 65, L. 11-18).

Patient A was asked whether there were other times that the Respondent engaged in conversations or comments that were inappropriate for a doctor-patient relationship. She testified, “Yes. He would comment, but it would always be kind of in jest or [just] joking. My friend [name omitted] came with me to one of the appointments, and he’s like, ‘gosh, if I only knew this morning that two hot blondes were going to be in my office.’” (Tr. P. 65, L. 19-22; P. 66, L. 1-7). Patient A testified that the Respondent said, “[M]an, your husband is one lucky son of a b\*tch. And he’s like, I’m so jealous of him.” (Tr. P. 66, L. 13-15). Patient A testified that “This was at the point where I’m like, I’ve got to get out. It was so blatant. But, yes, he did make that comment.” (Tr. P. 66, L. 15-18). Patient A testified that “There was one time where he said, he’s like, [REDACTED] he has to masturbate every night. He told me this – that was one of the Procaine pushes, so I didn’t respond to it. I just was sitting there.” (Tr. P. 66, L. 19-22; P. 67, L. 1-5).

Patient A was asked whether the Respondent exposed himself to her. Patient A testified, “Yes. It was one of the times when I came in at the end of the day for pain treatment. He said, well, you got to drive me to the train station. I was like, fine. I drove him home. And on the way, he goes, oh, no, no, I have to go to the bathroom so bad. I was like, okay, I’ll just take the next exit. And he pulled a bottle out of his briefcase and just started urinating in it.” (Tr. P. 67, L. 6-19).

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Patient A was asked if [REDACTED] told her that he had done this with other patients. Patient A testified, “Yes. [REDACTED] he does PK work. This is his MO, and he gets them to trust him, and then they’re so hooked that they don’t know how to walk away. This [isn’t] the first time this has happened.” (Tr. P. 69, L. 17-22; P. 70, L. 1). [REDACTED]

[REDACTED]

[REDACTED]

Patient A testified that the Respondent acknowledged in an email to Patient A’s father that he had stepped over the professional boundaries of a doctor-patient relationship. (Tr. P. 36, L. 21-22; P. 37, L. 1-10), (GX #15).

Government’s Exhibit #15 contains the Respondent’s July 19, 2020 email to Patient A’s father. In the email, the Respondent writes in pertinent part, “Truth and Integrity is all one has at the end of the day- and my lesson has been harsh. I stepped over my professional boundaries in my Doctor-

Patient relationship. I now understand that the relationship I had formed with [Patient A] was very much based on my own unresolved life issues and I am deeply sorry for this. [REDACTED]

”

Charge I of the Notice charges the Respondent with engaging in sexual contact with a patient and engaging in conduct of a sexual nature that a reasonable person would consider lewd or offensive. Patient A testified that the Respondent’s performance of these sexual, lewd, or offensive actions occurred between in or about February 2018 and May 2020. The Board finds at the outset that the Respondent’s sexual contact with Patient A and conduct of a sexual nature with Patient A does not fall under the purview of the Respondent’s May 24, 2021 Consent Order with the Board. Neither the alleged code violation nor the alleged conduct was included in the charges set forth in the 2019 Notice of Intent To Take Disciplinary Action or the Consent Order. (GX #24 and GX #27).

Patient A testified in great detail regarding the Respondent’s conduct. Notably, she testified that the Respondent, who is only licensed to practice *dentistry* in any state of the union, convinced her that he was some sort of Doctor of Integrative Medicine, and that she took that to mean that he was a Board-certified medical doctor as well. Patient A testified that under this belief, the Respondent convinced her that he was authorized to perform non-dental procedures. These pseudo-scientific non-dental procedures progressed from allegedly treating Patient A’s tonsils and “cavitations” to allegedly diagnosing and treating her for parasites and allergies to injecting DMPS and Procaine in her spine, around her head, in her feet and legs, into her organs, and ultimately to injecting these substances into Patient A’s vagina and vaginal area.

Patient A testified that the Respondent, (a dentist) then began performing what he called a new technique. She testified that he then started giving her a fast push of Procaine before he did the DMPS injections. She described the effect as “You just feel incredibly relaxed. You can’t really move. You

just feel really relaxed. You can hear things, you can see what's going on, but it feels like you're in slow motion." (Tr. P. 52, L. 13-18).

Patient A testified as to what occurred during her February 22, 2018 appointment. She testified that during this visit the Respondent had her put one of her hands over her episiotomy scar. Patient A testified that at her next appointment, on March 8, 2018, the Respondent performed a neural therapy injection into her episiotomy scar. She wrote about this experience in her journal/diary as follows: "I also reluctantly let physician treat the episiotomy scar, but just the fact that I allowed him to do that was huge...When vaginal scar was treated, I immediately became emotional. (and I rarely cry). I felt emotional and also scared at the same time." (GX #10 at 329).

Patient A wrote about her May 25, 2018 appointment as follows: "Neural therapy spine, kidneys, stomach, both sides above pelvic bone. When the left side of pelvic region was injected, I became clearly upset." (GX #10 at 332). Patient A testified that when the Respondent performed injections around her pelvic bone and her episiotomy scar she felt him touching her genital area. She testified that he stated, "I'm just going to muscle test to see where exactly to do the injections." (Tr. P. 65, L. 11-18).

Patient A testified that the respondent had her remove her sweater in order for him to perform an injection in her neck and then stared at her as she held the sweater in front of her chest. Patient A testified that she offered to pull down the collar of her mock turtleneck, but the Respondent insisted that she completely remove her sweater and then didn't provide her with a gown, claiming to not have one available, but instead told her to just hold her sweater in front of her. Patient A testified that she felt "incredibly uncomfortable" by the request, but that she rationalized it as him being an old, sweet man, and she didn't want to hurt his feelings, so she just froze and took off her sweater and held it in front of her. (Tr. P. 63, L. 1-17).

Patient A testified regarding another incident that occurred where after the Respondent had administered a Procaine push to her, which she previously testified made her unable to move. Patient A testified that after the female employee left the room, the Respondent said he had some extra DMPS left, and then the Respondent unbuttoned her pants. She testified that when he started to unzip her pants, she said “no, no,” and the Respondent stopped. (Tr. P. 64, L. 20-22; P. 65, L. 1-10).

Patient A testified of inappropriate remarks that the Respondent made such as referring to her and her friend as “two hot blondes,” calling Patient A’s husband, “one lucky son of a b\*tch” and stating that he was so jealous of her husband. Patient A testified that the Respondent further stated to her, “[REDACTED] he has to masturbate every night.”

Patient A testified that one of the evenings when she had agreed to drive the Respondent to the train station, the Respondent exposed himself to her. She testified that he suddenly stated that he had to go to the bathroom badly and that before she could pull off the road at the next exit, he pulled a bottle out of his briefcase and started urinating in it.

Patient A testified, “[A]fter being out of the situation, that toxic situation...I started to realize there was no caring. This was purely sexual, and it was kind of like a groomer.” (Tr. P. 81, L. 17-21).

The Government’s expert witness, Richard Duff Smith, DDS, MS, testified that he has been a practicing general dentist since 1977, and that he has been doing forensic evaluations since approximately 1998. Dr. Smith testified that he served on the West Virginia Board of Dentistry for ten (10) years, and was the Board’s Executive Director for three (3) years thereafter. (Tr. P. 186, L. 6-15). The Government tendered Dr. Smith as a qualified expert witness in the field of Dentistry. Without objection, the Board accepted Dr. Smith as a qualified expert witness in the field of Dentistry. (Tr. P. 186, L. 16-20).

Dr. Smith testified that he reviewed about 1200 pages of the patient records and billing records that were provided to him by the Government, and the Respondent’s licensure and biography documents and the Respondent’s disciplinary history. (Tr. P. 187, L. 2-19). Dr. Smith testified that he conducted his

own external research into biological dentistry and integrative dentistry claims. (Tr. P. 187, L. 20-22; P. 188, L. 1). Dr. Smith testified that his opinions would be given to a reasonable degree of dental and professional certainty. (Tr. P. 188, L. 2-6).

Dr. Smith testified, “The peritoneum is not the area of practice for a dentist.” (Tr. P. 208, L. 14-22; P. 209, L. 1-10). Dr. Smith opined that the Respondent engaged in inappropriate patient contact. (Tr. P. 213, L. 9-11).

The Board agrees. The Board finds that the Respondent is a dentist. He is not a gynecologist, is not an obstetrician, and is not a medical doctor. The Board further finds that there is no legally recognized integrated medicine profession or license in the District of Columbia. As a dentist, which is the only valid license the Respondent holds, the Respondent did not have any valid reason or purpose for causing Patient A to disrobe, and certainly not for touching her vaginal area and pelvic bone, and certainly not for injecting any substance into Patient A’s episiotomy scar, vagina, vaginal area, or pelvic bone.

The Board finds that the Respondent performed pseudo-scientific procedures on Patient A which involved, *inter alia*, the Respondent touching and injecting Patient A’s vagina and vaginal area, as well as causing her to disrobe and hold her sweater in front of her chest while he stared at her and then performed injections into her body. Based on the Respondent’s sexually explicit statements regarding [REDACTED] him masturbating every night, referring to Patient A as a hot blonde, and stating that Patient A’s husband was a lucky son of a b\*tch and that he was jealous of him, the Board finds that the Respondent’s conduct was sexually motivated. Therefore, the Board finds that the Respondent engaged in sexual contact with a patient concurrent with or by virtue of the practitioner-patient relationship and during the course of the practitioner-patient relationship.

The Respondent exposed his genitalia to Patient A during a car ride, unbuttoned Patient A’s pants without her permission and attempted to unzip her pants without permission while she was under the



influence of the Procaine anesthetic he had administered to her. The Respondent made statements to Patient A regarding [REDACTED] his daily masturbation, and leered at Patient A after causing her to remove her sweater and refusing to give her a gown to wear. The Board finds that this was conduct of a sexual nature that a reasonable person would consider lewd or offensive.

Therefore, the Board finds by a preponderance of the evidence and concludes as a matter of law that the Respondent engaged in sexual contact with a patient concurrent with or by virtue of the practitioner-patient relationship and during the course of the practitioner-patient relationship and engaged in conduct of a sexual nature that a reasonable person would consider lewd or offensive, for which the Board may act under D.C. Code § 3-1205.14(a)(23).

**Charge II: You performed, offered, or attempted to perform services beyond the scope of those authorized by your license.**

The findings and conclusions from Charge I are hereby incorporated by reference.

The Government has alleged that *since May 24, 2021*, the Respondent has performed, offered, or attempted to perform services beyond the scope of those authorized by his dental license. The Respondent entered into a Consent Order with the Board to resolve the February 11, 2019 Notice of Intent to Take Disciplinary Action that was issued to the Respondent. (GX #27). The Respondent signed the Consent Order on May 24, 2021.

- On page 6 of the Consent Order, in the section entitled “CONSENT OF RESPONDENT,” in numbered paragraph (1) it reads, “My signature below signifies my acceptance of the terms and conditions of the foregoing Consent Order and *my agreement to be bound by its provisions.*” (*Emphasis added*).
- On page 4 of the Consent Order, in paragraph 2(e)(vi) of the section entitled “Scope of Practice” the Respondent agreed to practice within the District of Columbia scope of practice for dentistry. (GX #27).

In the case at bar, with respect to Charge II, the Government alleges that after signing the Consent Order and agreeing to be bound by its provisions, the Respondent continued to perform, offer, or attempt to perform services beyond the scope of practice for dentistry.

Patient A testified in great detail regarding the pseudo-scientific procedures the Respondent performed upon her. The Board acknowledges that the pseudo-scientific procedures the Respondent performed upon Patient A occurred prior to May 24, 2021. For the purposes of Count II, the Board's consideration of Patient A's testimony is not for the purpose of finding that his performance of these procedures *on Patient A* constitute the violation as charged in Count II. Instead, the Board's consideration of Patient A's testimony, with respect to Count II, is for the purposes of understanding what the Respondent's conduct was when he engaged in performing these pseudo-scientific procedures on other patients after May 24, 2021; in other words, what exactly was he doing? These procedures are not recognized as a part of dental practice and are, arguably, not a part of any legally recognized health care profession.

Patient A testified that the Respondent performed each of the following tests on her, and testified as to what her understanding of the tests was according to the explanations she had received from the Respondent:

**Muscle Testing (MT).** Patient A testified, "So muscle testing was – the way he described it was kind of like your body is a lie detector. If it's like a traumatic event, if you're doing PK work, psychokinesiology, or if it's just something with foods or anything that my nervous system is heightened, he said he can feel that. And so we went through psychokinesiology---Yes, the muscle testing is just essentially he's feeling a response from my body; therefore, this is a trigger for me. (Tr. P. 40, L. 6-17).

When asked how the Respondent would supposedly feel a response, Patient A testified, "He would test your arm. So you put your arm out in front of you, and he would test it to see if the muscle was weak or strong...He would take all these vials with different—so, like, there would be a parasite box that has 30

different parasites, and he'd put that on my stomach and then he would muscle test from there. And then he would go by three by three. He'd just put his fingers on them, muscle test, to find which one I was responding to so that he could take those vials and then I could do allergy elimination to those specific frequencies. (Tr. P. 40, L. 18-22; P. 41, L. 1-14). Patient A testified that sometimes the Respondent used a surrogate in the process. She testified, "So the reason why they used surrogates, as he explained to me, was if he already had a bias in what was wrong with a patient, it could then affect the outcome of the muscle testing. Whereas when he brought [office employee] in, she doesn't necessarily know anything about the patient. She's not invested in it. She's literally just an arm so that he can test through her without his energy going on to a patient. (Tr. P. 41, L. 15-22; P. 42, L. 1-7). Patient A testified that when using a surrogate, the Respondent would have Patient A holding the vial or the vial would be on her in some way, then the surrogate would be touching Patient A, and the Respondent would perform the muscle testing on the surrogate's arm. (Tr. P. 42, L. 8-13). Patient A testified that the Respondent used the muscle testing to determine if she was infected with parasites or if she had allergies. However, he never performed blood testing to confirm these diagnoses. (Tr. P. 42, L. 14-20.)

**Neurological Therapy (NT).** Patient A testified, "So neural therapy is basically trigger point injections, but it is done with DMPS. So again, he would muscle test various parts of my body to see—with the mercury. So he said, you're having a response to mercury, but we need to see where in the body it's stored. And so he would go through and test, and then he would tell me where, and then he would give me trigger point injections with DMPS, which is a heavy metal chelator. And, yes, then he would give me the DMPS after he'd muscle tested to see where it was. (Tr. P. 43, L. 1-12). Patient A testified as to her understanding of a heavy metal chelator as explained to her by the Respondent. Patient A testified, "Their belief is that heavy metals is not in the bloodstream, so he said that if you tested someone—let's say someone had a really high amount of heavy metals and you just tested their blood, it's not in the blood unless it was

a very acute—it's like if you tested a blood test within maybe 24, maybe it would show up. But he said what it does is toxicity, your body will store the free radicals.” (Tr. P. 43, L. 13-22; P. 44, L. 1).

**Allergy Elimination Therapy (AET).** Patient A testified, “He'd start with parasites, he'd pull maybe roundworm, whipworm, different ones I was showing a response to. And then what he would do is—so he would do that box, and then he'd put those aside and then he would do heavy metals, see which one I was responding heavy metals, then he did foods. So from there, if I was showing a response to, let's say mercury and aluminum, he would give me the vials of both of those and I would hold them in my left hand. And then he would have me go through these different breathing techniques because the idea is that you're holding the trigger, but you're also training the body to go into rest and digest state so that you're not—you're holding the triggers, but you're telling it basically, I'm not going to respond to that. I don't need to respond to that. (Tr. P. 44, L. 3-22; P. 45, L. 1).

**Autonomic Response Testing (ART).** Patient A testified, “That's muscle testing...It's basically just a way to test the autonomic nervous system.” (Tr. P. 45, L. 2-7).

**Emotional Freedom Technique (EFT).** Patient A testified, “That was a form of tapping, which he said for people that have dysautonomia or kind of more like hyper aroused nervous system. He would tap different parts of your body, so like on your face, your shoulders, your kidneys. And apparently, that's supposed to kind of down regulate the nervous system.” (Tr. P. 45, L. 8-16).

**EMDR (Eye Movement Desensitization Rapid Movement).** Patient A testified, “He used EMDR after—it depended on which therapy, but typically would go with psychokinesiology. So he would test my body to certain ages. He'd ask my body questions, basically. It's called biofeedback to see what is her biology saying back to me and what information is she giving me. And so he explained it as when we're asking the body questions about certain traumas, an age will come up. We can ask who was it with. He'd then proceed to do colored glasses because he said that we're always seeing the world through a particular color or a particular lens. So he would then do—he said when we have trauma, our brain literally

disconnects. And so when he did EMDR, that was to connect the right and left hemisphere of the brain back into connection instead of separation. (Tr. P. 45, L. 21-22; P. 46, L. 1-18).

**Psychokinesiology (PK) and Applied Kinesiology.** Patient A testified, “So psychokinesiology was what kind of I just explained where he would ask about traumas that were left unresolved that needed closure. So the idea was that even if it was something that other people would think are not important, it’s like if it was my reality of something that was traumatic, him bearing witness to my story or my trauma is supposed to set the patient free. But he has you first put on the glasses that you were looking through when the trauma occurred, and then he has you put on the colored glasses to basically reroute it, to kind of change the narrative that you have running in your mind. And then with the new colored glasses, then I would follow his hand where he’d go back and forth and that you’d just follow with your eyes to basically change up the story. (Tr. P. 46, L. 19-22; P. 47, L. 1-18). Patient A testified that these treatments were supposed to be emotional and psychological therapy. (Tr. P. 47, L. 19-22). Patient A testified regarding the PK sessions that, “I couldn’t feel the responses, so I just did what he said was showing up for what he felt.” (Tr. P. 55, L. 4-9).

Patient A testified that the Respondent diagnosed her with heavy metal toxicity, parasites, and allergies through muscle testing. (Tr. P 49, L. 13-21). Patient A testified that the Respondent treated these alleged conditions through the ART. (Tr. P. 49, L. 22; P. 50, L. 1-3). Patient A further testified, “So because he said I was showing a major response to heavy metals, specifically mercury, he wanted to perform neural therapy, which is DMPS and procaine mixed together. (Tr. P. 50, L. 10-13).

Investigator Odrick-Austin testified that Employee A, a former Dentist staff member<sup>2</sup> at NIHA, submitted a complaint to the Board on July 15, 2021. (Tr. P. 127, L. 16-22; P. 128-129, P. 130, L. 1-16). Employee A stated in the complaint that she joined the practice in August 2020. (GX #35 at 939).

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<sup>2</sup> Though Investigator Odrick-Austin referred to Employee A as a former staff member, her investigation report documents that Employee A was employed at NIHA until December 2021. Therefore, she was a current employee at NIHA at the time that she submitted the complaint in July 2021. (GX 35 at 904).

Investigator Odrick-Austin testified that Employee A asserted in her complaint that, “On July 12<sup>th</sup> [2021] we had our regular dental meeting, and during the meeting I discovered that [Respondent] is practicing things that are outside the scope of what the Board allowed him to practice. He was advising his team to record some tests that he does in different charts and that was very disturbing to me. I never knew he has different charting system other than what we record on the computer.” (Tr. P. 129, L. 12-21; P. 130, L. 4-16), (GX #35).

Investigator Odrick-Austin testified that when interviewed, Employee A stated that the Respondent and the staff “was pressuring her, or coercing her to provide a test that she believes, or knows that is not part of the scope of dentistry. So she reneged on that test. The test was the ART and AET. [Employee A] stated that they even pushed as far as to provide what they call a cheat sheet for her. Within that cheat sheet, it would show you how to perform the, the ART or AET testing procedures...[Employee A] refused to do that because she stated that that’s outside the scope of dentistry, and also that it’s not in the guidelines with the American Dental Association.” (Tr. P. 131, L. 3-21). Employee A provided Investigator Odrick-Austin with an email dated May 1, 2021, which explained how to perform neurological reprogramming. (GX #34 at 905); (GX #35 at 946-947). In Investigator Odrick-Austin’s investigation report dated May 4, 2022, she recorded, “[Employee A] describes the testing as ‘weird’. The patient holds tiny vials in hand to see if the patient has any allergic reaction (wheat, mercury) or muscle resistance.” (GX #34 at 905). She further records in the investigation report, “[Employee A] stated to her knowledge [the Respondent] is the one who administers the test, but one time she observed [the Respondent’s] office manager...and front desk administrator were in the room with a patient when the test was administered.” (GX #34 at 905).

Investigator Odrick-Austin testified that Employee A stated in her complaint that the Respondent “provided [Employee A]’s name on a patient care review record, that was supposed to be submitted into the D.C. Board of Dentistry. However, Employee A stated that she was not the supervising dentist to review the peer review records.” (Tr. P. 128, l. 4-12). Investigator Odrick-Austin testified that Employee A said,

“That, usually on Tuesdays, they have a peer review meeting. During this particular meeting, she was able to...see some documents that had her name as far as the dentist who was reviewing the patient records.” (Tr. P. 132, L. 2-9). Investigator Odrick-Austin testified that Employee A stated that “[S]he approached [Respondent] about the peer review forms. And, she stated that, I requested him to remove her name from the forms because she did not provide, she was not the supervising dentist to review those records. So [Respondent] stated that he would remove the, her name.” (Tr. P. 132, L. 15-22.)

Investigator Odrick-Austin testified that she discussed “outcome cards” with Employee A. She testified that Employee A explained, “[T]hat when [Respondent] is performing these particular tests that are...outside of the scope of dentistry, he documents those not in the dental records ...of the patient, but he documents in a separate file, which is called an outcome card. The outcome card is an index card, which is handwritten results of the tests...of the patient.” (Tr. P. 133, L. 1-14). Investigator Odrick-Austin testified that Employee A stated that those records are kept in a separate file. (Tr. P. 133, L. 15-21).

In Investigator Odrick-Austin’s investigation report dated May 4, 2022, she wrote, “[Employee A] confirms that the test results are not documented in the patient dental records...the test results are recorded on “outcome cards”, (index cards). The outcome cards are handwritten notes regarding the patient tests results documented by [the Respondent]. The notes are not kept in the patient’s dental records, but are kept in a separate file, in a room in the office. [Respondent] has instructed the staff not to add the results in the patient’s dental records.” (GX #34 at 905). In the investigation report, Investigator Odrick-Austin wrote, “I asked [Employee A] what is the difference of information on the “outcome cards” that would...not be in the patient’s dental records. [Employee A] stated, “Information that is not dental related.” (GX #34 at 905).

Investigator Odrick-Austin testified that the Board received a complaint regarding the Respondent from Employee K. Investigator Odrick-Austin testified that Employee K worked at the front desk and with the billing for NIHA. (Tr. P. 139, L. 13-22; P. 140, L. 1-4). Investigator Odrick-Austin’s investigation report documents that the complaint was submitted on or about December 13, 2021. (GX #38 at 949).

Investigator Odrick-Austin testified that Employee K stated that she worked for NIHA for 13 years and that she was wrongfully terminated. (Tr. P. 140, L. 10-13). Investigator Odrick-Austin testified that Employee K stated that the Respondent, “[W]as practicing outside the scope of dentistry...” (Tr. P. 140, L. 13-15). Investigator Odrick-Austin testified that Employee K stated that the Respondent was practicing outside the scope of practice of dentistry in 2021 and 2022, and that the Respondent does not keep all of his dental notes within the patient’s chart. (Tr. P. 141, L. 9-17). Investigator Odrick-Austin testified that Employee K stated that the Respondent has electronic and handwritten notes, and that the handwritten notes are kept in a separate file. (Tr. P. 141, L. 15-22).

Investigator Odrick-Austin testified that Employee K stated that, “On the handwritten notes are the test results from the patient that has had the procedure or the testing done, the muscle testing or the ART or AET...She mentioned that they were kept in a file cabinet in the office.” (Tr. P. 142, L. 1-8). Investigator Odrick-Austin testified that Employee K stated that the Respondent, “[H]as instructed his staff to discard any information that has ART or AET procedures or testings that are on there, that are in the patients records...Any records that have that information, to discard.” (Tr. P. 142, L. 11-17).

Investigator Odrick-Austin testified that Employee K, “[E]xplained that during their off time, that they shred or they get rid of the—the information.” (Tr. P. 142, L. 21-22; P. 143, L.1.) Investigator Odrick-Austin testified that Employee K stated this conduct of destroying the records occurred during 2018 and 2019, and 2021 or 2022. (Tr. P. 143, L. 2-8).

Investigator Odrick-Austin testified that Employee K provided her the names of twenty-one (21) patients that she knew had received muscle testing, ART, or AET procedures done. (Tr. P. 144, L. 21-22; P. 145, L. 1-3). Investigator Odrick-Austin testified that she then served a subpoena for records from the Respondent. (Tr. P. 145, L. 17-22; P. 146, L. 1-14), GX #29. Investigator Odrick-Austin testified that some of the documents she received in response to her subpoena were the patient records for some of the patient names she received from Employee K. (Tr. P. 146, L. 15-22; P. 147, L. 1-7). Investigator Odrick-Austin



testified that when she reviewed the patient records she was looking for information regarding ART, AET, Neurological reprogramming, and muscle testing. She testified that she found that information in the patient records. (Tr. P. 147, L. 8-15).

Investigator Odrick-Austin testified Patient N.S.'s records for the date May 25, 2021, shows a note for "AET to heavy metals, indigo blue, autoimmune, mercury, lead, aluminum, aluminofluoride, and cadmium." (Tr. P. 150, L. 6-14), (GX #41 at 1124). Investigator Odrick-Austin testified that the Respondent signed his consent order with the Board on May 24, 2021. So the day after he signed the consent order, he performed AET on patient N.S. (Tr. P. 150, L. 19-22; P. 151, L. 1-3.) (GX #41 at 1124).

Investigator Odrick-Austin testified, "So according to the document dated 11/5/21, patient A.N. received neurological reprogramming...on 11/5/21, 11/12/21, 12/8/21, 12/29/21, and 1/24/2022." (Tr. P. 148, L. 3-14), (GX #41 at 1106). Investigator Odrick-Austin testified that the records documented the provider of these procedures as "NIHA practitioner." Investigator Odrick-Austin testified that in response to her asking the Respondent what NIHA practitioner meant she was told, "[T]hey have a lower tier and a higher tier. So the lower tier...is the system that they use...a computer system that they use where the person who is providing does not bill. The higher tier is for the medical and dentist who provide service, but it's also they share a different type of computer system that they upgraded." (Tr. P. 148, L. 16-22; P. 149, L. 1-12). However, the Board finds that the billing records for patient A.N. shows A.N. was in fact billed for and paid via VISA card \$125.00 for the neurological reprogramming procedures that occurred on 11/5/21, 11/12/21, 12/29/21, and 1/24/22, and billed for and paid \$75.00 for the neurological reprogramming procedure on 12/8/21. (GX #41 at 1121-1122).

Investigator Odrick-Austin testified that when she reviewed the Respondent's appointment book, she was looking for information showing what the patient was coming into the office for as well as the names provided to her by Employee K. (Tr. P. 153, L. 17-22; P. 154, L. 1-7). Investigator Odrick-Austin testified that the appointment book showed that patient K.L. was scheduled to receive MT, which meant

muscle testing, on July 8, 2021 with the Respondent. (Tr. P. 154, L. 14-22; P. 155, L. 1-2). She testified that the appointment book also showed that patient M.T. was scheduled to receive MT with the Respondent on July 26, 2021<sup>3</sup>. (Tr. P. 155, L. 3-12). Investigator Odrick-Austin testified that the appointment book showed that patient L.A. was scheduled for NR, which meant neurological reprogramming, on October 2, 2021. (Tr. P. 155, L. 17-22; P. 156, L. 1-6). The Board notes that the appointment book contains a column located on the far right side of the document with the heading “Sts”. That column indicates whether or not the patient kept the appointment. The Board notes that patient K.L., patient M.T., and Patient L.A. kept their appointments. (GX #6 at 1141-1142, 1152). Further, it appears that appointments were also scheduled for Muscle Testing on July 13, 2021 at 7:30am with the Respondent, (GX #6 at 1142), for Muscle Testing on July 28, 2021 at 9:30am with the Respondent, (GX #6 at 1143), for Muscle Testing on August 3, 2021 at 9:00am with the Respondent, (GX #6 at 1144), and for Muscle Testing on August 27, 2021 at 10:30am with the Respondent, (GX #6 at 1147). The appointment book shows that each of these appointments were documented as being kept. (GX #6 at 1141-1144, 1147).

Investigator Odrick-Austin testified that she asked the Respondent to identify who the providers were that were identified in the patient records as “NIHA Provider.” She testified that the Respondent and NIHA never identified who those providers were. (Tr. P. 152, L. 1-6). Investigator Odrick-Austin testified that Government’s Exhibit #33 is the email reply she received from the Respondent’s attorney in response to her request that the Respondent identify who the NIHA providers were. (Tr. P. 152, L. 7-10).

The email response from the Respondent’s attorney, dated March 21, 2022, with the subject line, “Re: Dr. Mark McClure January 26, 2022 subpoena compliance data” states in pertinent part,

“As both of you are also aware, I instructed Dr. McClure’s office administrative staff to cooperate fully with Rebecca and the subpoena...She left with a huge stack of papers printed at NIHA’s effort and expense. The few remaining data Rebecca asked to be produced were timely produced within a week. There have been two supplemental requests for information since then...But it is important to emphasize that all requests for information have been met with prompt response. It appears

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<sup>3</sup> This appears to be July 20, 2021 on the exhibit.

from Carla's request this week that Rebecca has reviewed the documents thoroughly, and that she has essentially all the material requested. Dr. McClure and his administrative staff have bent over backwards to provide whatever the two of you have asked of them...In response to Carla's supplemental inquiry last week, here is what I learned. NIHA's administrative personnel checked the specific "encounters" you referenced from the documents provided to you on the day of Rebecca's unannounced visit, to see why that handful of encounter numbers have no billing data or individual practitioner names listed on the statements originally provided to you. After investigating the question, NIHA informs me that...[No Practitioner Names]...The few encounters for which practitioner names are not listed were for appointments with low-tier providers...who have no need to generate insurance claim forms or to create pharmacy prescriptions or lab orders...Because low-tier providers don't have the same software needs...NIHA conserved resources by purchasing one Rendering Provider software license called "NIHA Practitioner" shared by low-tier providers." (GX #33 at 898-899).

The Board finds that the Respondent's explanation for "NIHA practitioner" was false. The Board finds that the Respondent willfully failed and refused to provide the identity of the "NIHA practitioner" to conceal the fact that the Respondent performed the procedures or directed a subordinate to perform the procedures under his supervision.

Dr. Smith testified regarding the general opinion he had formed regarding the Respondent's practice. He stated, "It looks like it seeks those individuals that are having problems, maybe issues, with psychological problems...He is giving them false hope as to treatment of whatever problems they have." (Tr. P. 188, L. 7-17). Dr. Smith opined that the Respondent was practicing outside the scope of dentistry.

Dr. Smith opined that among the procedures he reviewed in the records, the procedures that were not part of the practice of dentistry included psychology, ART, AET rapid desensitization procedures on patients. He opined, "This has nothing to do with the practice of dentistry." (Tr. P. 191, L. 10-22). Dr. Smith also opined regarding muscle testing, and neurotherapy stating that, "Again, that's not within the purview of the practice of dentistry." (Tr. P. 192, L. 1-5). Regarding the Respondent's psychokinesiology procedure, Dr. Smith opined, "That's pseudoscience...that's what he's been doing. No, it's not part of the practice of dentistry." (Tr. P. 192, L. 6-10).

Dr. Smith opined regarding the Respondent's cavitation procedure. "Again, it's a pseudo-type situation. It is allegedly some kind of area of the jaw associated with necrotic bone. But there have been all kinds of studies done on this tissue, and there's no demonstration that there's anything there, other than normal tissue." (Tr. P. 195, L. 12-19). Dr. Smith testified that in his review of the records it appeared that the Respondent was regularly performing cavitations. He stated, "He was injecting ozone, if I remember correctly, into these areas. (Tr. P. 193, L. 22; P. 194, L. 1). Dr. Smith testified that it appeared that the Respondent was regularly performing cavitations. He stated, "It appears to. He was injecting ozone, if I remember correctly, into these areas." (Tr. P. 195, L. 20-22; P. 196, L. 1.)

Dr. Smith testified that he clearly recalled that the Respondent injected ozone into some breast tissue. (Tr. P. 194, L. 2-6). Dr. Smith opined that if the records showed that the Respondent was injecting ozone into the tonsils, it would not be something that a dentist should be doing. (Tr. P. 194, L. 9-11). He further opined that a dentist absolutely should not be injecting ozone into breast tissue. (Tr. P. 194, L. 12-16).

Regarding the Respondent's neurological reprogramming procedure, Dr. Smith testified that he reviewed the document that contained the Respondent's instructions for how to perform this test. (Tr. P. 194, L. 17-22), (GX #37 at 947). The instructions set forth in the document read in pertinent part below:

**"Determine if we will make a Homeopathic Remedy**

Dark Glass Jar (Distilled water + one dropper full of Selectrolytes)

Place jar on block between patient's legs

**Find which Color Glasses (Regulation Assessment/Muscle Testing)**

**Lock in the Organs**

You and the patient are a team!

Stroke forehead from between eyebrows toward hairline

Twice with eyes open

Twice with eyes closed

**Find Eye direction (Regulation Assessment/Muscle Testing)**

**Tapping the Vials (33 times each)**

Tap each individual vial while patient is holding it. (Crease on outside of patient's hand)

Use your middle finger

Tap the vials together in a glass jar. (Crease on outside of patient's hand)

Thumb to index finger-middle finger tap

*Gyana Mudra-Physical*

Thumb to middle finger-index finger tap

*Shuni Mudra-Biochemical*

Thumb to ring finger-middle finger tap  
*Prana Mudra-Emotional*

The neurological reprogramming instructions document goes on to refer to “back tapping” and “laser” which contains directions regarding the patient’s large intestine, heart, spleen, and liver. The instructions end with a direction to “Dose patient”. (GX #37 at 947). Dr. Smith opined that none of the procedures listed in the Respondent’s neurological reprogramming document were related to the practice of dentistry. (Tr. P. 197, L. 1-12).

Dr. Smith testified regarding the Respondent’s patient intake form with respect to the form asking questions about the patient’s birth, number of siblings, place of birth, and order of birth. Dr. Smith opined that there was no reason for a dental intake form to ask these questions. (Tr. P. 197, L. 13-22; P. 198, L. 1-11). (GX #40). Regarding the questions on the intake form, Dr. Smith opined, “Possibly lyme. You would want to know that in their medical history.” (Tr. P. 198, L. 5-8).

Dr. Smith testified regarding the patient records contained in Government’s Exhibit #41. The records documented that on 7/7/21, a “new breast or region scanned thermography” was performed. (GX #41 at 1068). Dr. Smith opined that a breast scan or a breast thermography is not dentistry. (Tr. P. 199, L. 11-16). Dr. Smith opined again that ART is not dentistry. (Tr. P. 200, L. 1-4). Regarding the Respondent’s prescription and sale of Quercetin/Bromelain tablets, Arnica Montana tablets documented in the patient’s billing records, Dr. Smith testified, “Quercetin, bromelain, these are all anti-parasitic-type drugs. I don’t know why he’s prescribing those.” (Tr. P. 200, L. 6-12). Dr. Smith opined, “No, they should not be prescribing that or selling it.” (Tr. P. 200, L. 17-18).

Dr. Smith testified regarding the Allergy Elimination Technique (AET) consent form in the Respondent’s records. Dr. Smith testified that the form states “It may not be a physician or licensed practitioner, but they’ve been trained that way.” (Tr. P. 201, L. 2-7). Dr. Smith opined that this is not dentistry, and that the same issues applied to Autonomic Response Testing (ART). (Tr. P. 201, L. 8-10, P. 202, L. 8-14)(GX #41 at 1078).

The AET consent form states in pertinent part, “I understand treatment could consist of various breathing techniques, local touch techniques designed to affect the energetic flow in my body, and could also include the use of homeopathic or other remedies...I understand that these are simple, non-invasive and safe methods of analyzing and encouraging the immune system to “recalibrate” its responses to materials in food or the environment. I understand that these techniques rely upon a view of health as affected by an energetic level of functioning that is not accepted by the mainstream medical community...” (GX #41 at 1078).

The ART consent form states in pertinent part, “ART has not been recognized by the dental or medical communities or federal or state regulatory agencies and has not been demonstrated by clinically controlled studies to be valid. While the test may provide guidance to the dentist in screening for organic illness, or for underlying “energetic” dysfunction...This biofeedback procedure consists of testing muscle resistance, using a strong and testable muscle, either in the patient or indirectly in a testing assistant or surrogate...Dental use of ART is for the purpose of assisting in determining dental diagnoses or underlying medical conditions that could affect dental health. Assessments that suggest a potential medical disease should be followed up as appropriate with a physician.” (GX #41 at 1080).

Dr. Smith opined that it was absolutely not appropriate for a dentist to prescribe long-term psychiatric medication. (Tr. P. 203, L. 15-19).

“Q: So, providing multiple 30-day doses of Xanax would be inappropriate for a dentist?”

“A: Absolutely inappropriate... A psychiatrist should be prescribing that. Because the addiction on Xanax is really high.” (Tr. P. 203, L. 20-22; P. 204, L. 10-12).

Regarding the Respondent’s ‘outcomes system,’ Dr. Smith opined that a dentist should not have a separate dental or medical chart. (Tr. P. 205, L. 12-18). Dr. Smith opined that NIHA’s stated purpose for the outcome system to “pursue what works outside of the traditional standard of care” is not appropriate dentistry. (Tr. P. 206, L. 18-22).

Dr. Smith opined that the Respondent practiced beyond the scope of his dental license and that he was not practicing proper dentistry. (Tr. P. 212, L. 21-22; P. 213, L. 1-3). Dr. Smith opined that the Respondent was harming his patients. (Tr. P. 213, L. 18-20).

Two (2) of the Respondent's former employees, one of whom was still employed in his office at the time of filing the complaint regarding the Respondent's practices, provided credible allegations that the Respondent was still engaging in practice outside the scope of practice for dentistry after May 24, 2021. As part of Employee K's complaint to the Board, Employee K submitted an email dated December 13, 2021. In the email, Employee K wrote, "Dr McClure is still practicing under the scope on non dentistry.[sic] He still perform muscle testing He still inject ozone into pt(see invoices for ozone)...To date the dental assistance[sic]...and dental office manager are erasing charts and falsely entering wrong data for PT's Coding Aet: allergy elimination therapy and art: a response therapy Still use arnica and Quercetin and lymph on Pt to date..." (GX #38 at 957). Likewise, in Employee A's complaint to the Board, Employee A stated that during a July 12 [2021] meeting she discovered that the Respondent was practicing things outside the scope of the Board allowed him to practice and was directing his team to record the tests in a different charting system. (GX #35 at 939). Employee A further provided an email dated May 1, 2021, showing that NIHA had changed the name of AET (Allergy Elimination Therapy) to Neurological Reprogramming and had provided Employee A with a "cheat sheet" for her to perform the test. (GX #37 at 946-947). Employee stated she refused to do the test because it was not part of the practice of dentistry.

Both employees provided documentation and information supporting their claims, and the accounts of the two employees, which were submitted separate and apart from each other and months apart, corroborated the statements made by the other. Both employees also informed the Board of the Respondent's secret recordkeeping system that he used to document the non-dental procedures that he was prohibited from engaging in. Additionally, Employee K's statements that the records were being altered and destroyed was corroborated by the records themselves. The Board issued three (3) separate subpoenas

for the patient records. As discussed by Investigator Odrick-Austin in her testimony, there were changes in the entries and differences between the record submissions.

Further, despite the Respondent's best efforts to alter, destroy, hide, and withhold the records of his prohibited non-dental practices, the records ultimately received by the Board contained evidence that the Respondent continued to practice outside the scope of dentistry after May 24, 2021. Specifically, Patient N.S.'s records show that on May 25, 2021, the Respondent performed, "AET to heavy metals- Indigo blue-autoimmune, mercury, lead, aluminum, ammonoflouride, cadmium, arsenic.smr." The records also document that the Respondent performed and billed for "AETd-NHR Dental RAPID DESENSITIZATION". (GX #41 at 1124 and 1128).

The Respondent's records show that on July 7, 2021, Patient L.P. had an "Encounter" visit with the Respondent and on that same date a "New Breast or Region Scan Thermography" was performed for Patient L.P. (GX #41 at 1068).

On August 3, 2021, the Respondent's records show that he had an "Encounter" with Patient A.H., and that on this date the Respondent prescribed, dispensed or administered Quercetin/Bromelain, Arnica Montana, and 4Life Transfer Factor Plus to Patient A.H. (GX. #41 at 1072). Dr. Smith testified that Quercetin/Bromelain is an anti-parasitic drug and not within the scope of practice of dentistry.

The Respondent's records for Patient A.N. show that the patient received Neurological Reprogramming on October 14, 2021, October 27, 2021, November 5, 2021, November 12, 2021, December 8, 2021, December 29, 2021, January 24, 2022. The records show that on December 8, 2021, Patient A.N. was also seen by the Respondent for "Office Visit for Observation." (GX #41 at 1104, 1110). There is an informed consent document in Patient A.N.'s file indicating that the neurological reprogramming would be performed by [Employee S.R.]. However, Employee S.R. is not a licensed health care practitioner. S.R. is the Respondent's relative and a member of NIHA's administrative staff. (GX #38 at 951, and GX #31 at 799). The consent form states, "I understand that the practitioner may not be a



physician or other licensed practitioner, but instead may be a medical assistant who has been trained by my physician and who applies these techniques under medical supervision.” (GX #41 at 1104). As such, the Board finds that the Respondent either directly performed the neurological reprogramming on Patient A.N. or the Respondent directed and supervised Employee S.R. to perform the pseudo-scientific procedure, which the Respondent knew the Respondent was prohibited from performing and therefore could not authorize a subordinate employee to perform a procedure that he himself did not have the authority to perform. Therefore, the Board finds that the Respondent performed or directly supervised the performance of neurological reprogramming on Patient A.N.

The Summary Report for Patient S.E. shows that on November 16, 2021, the Respondent prescribed or administered Arnica Montana Quercetin Bromelain to the patient. (GX #41 at 1134).

The Respondent’s appointment book shows that the Respondent continued to see patients for muscle testing and neurological reprogramming after May 24, 2021. (GX #6 at 1141-1144, 1147, and 1152).

The Board finds that the Respondent continued to perform, offer, or attempt to perform services beyond the scope of those authorized by his District of Columbia dental license after May 24, 2021. The Board’s finding is based upon the Respondent’s records, hidden records, documents, the information provided by two (2) of his former employees, and the testimony of the witnesses in this case.

Therefore, the Board hereby finds by a preponderance of the evidence and concludes as a matter of law that the Respondent performed, offered, or attempted to perform services beyond the scope of those authorized by his dental license, for which the Board may take disciplinary action under D.C. Code § 3-1205.14 (a)(21).

**Charge III: You violated a consent decree you entered with the Board.**

The findings and conclusions from Charges I-II are hereby incorporated by reference.

On May 24, 2021, the Respondent entered into a Consent Order with the Board, which was executed by the Board on May 27, 2021. (GX #27). Pursuant to the terms of the Consent Order, the Respondent's District of Columbia dental license was placed on Probation and he agreed and was required to:

- Not offer or create a treatment plan, perform treatment or any service for any part of the body or for any condition originating below a patient's collarbone or in a patient's ear or shoulder.
- Not perform neural therapy, Autonomic Response (or Resistance) Testing, Allergy Elimination Technique, or administer DMPS (2-3 dimercapto-1-propanesulfonic acid).
- Not perform Neuralgia Inducing Cavitation Osteonecrosis removal.
- Not inject any substance into a patient using a Stabident injection for any purpose other than to act as an anesthetic to perform dental procedures authorized by the scope of the practice of dentistry outlined in D.C. Code §3-1201.02(5).
- Not inject gold, silver, ozone, Arnica Montana, Quercetin, Bromelain or Zeel lymph into patients.
- Practice within the District of Columbia scope of practice of dentistry.

Pursuant to the terms of the Consent Order, the Respondent was able to apply for a valid license from the District of Columbia for any health-related service that he was prohibited by the Consent Order from performing, provided that the services were regulated as part of the practice of a licensed health profession. (GX # 27)

Investigator Odrick-Austin testified that as part of her investigation, she found that the Respondent offered or created a treatment plan, performed treatments or any service for part of the body for any condition originating below a patient's collarbone or in a patient's ear or shoulder after May 24, 2021. (Tr. P. 179, L. 1-8). Investigator Odrick-Austin testified that as part of her

investigation, she found that the Respondent performed neural therapy, allergy elimination technique, or administered DMPS after May 24, 2021. (Tr. P. 179, L. 10-16). Investigator Odrick-Austin testified that she did not find as part of her investigation that the Respondent applied for a license from the District of Columbia for any health-related service that is prohibited by the consent order. (Tr. P. 181, L. 15-20).

As previously discussed *supra*, two of Respondent's employees/former employees filed complaints with the Board and provided evidence that the Respondent continued to practice outside the scope of dentistry practice and to perform prohibited procedures. Employee K stated that the Respondent still continued to perform muscle testing, inject ozone into patients, perform AET and ART, and still continued to use Arnica and quercetin. Employee A stated that the Respondent in a July 12, 2021 meeting discussed his practice of things outside the scope of what the Board allowed him to practice and directed his team to record the tests in a different charting system. Employee A further provided an email dated May 1, 2021, showing that NIHA had changed the name of AET Neurological Reprogramming and provided her a "cheat sheet" for her to perform the test.

Patient N.S.'s records document that after signing the Consent Order, the Respondent's performed AET on May 25, 2021. The Board finds that the Respondent's conduct was a violation of the Consent Order.

Patient L.P.'s records document the Respondent ordered and/or performed a "New Breast or Region Scan Thermography" on L.P. on July 7, 2021. The Breast region is located below the collarbone, and outside the scope of practice for dentists. The Board finds that the Respondent's performance of this procedure or ordering of this scan was a violation of the Consent Order.

Patient A.H.'s records document that on August 3, 2021, the Respondent prescribed, dispensed or administered Quercetin/Bromelain, Arnica Montana, and 4Life Transfer Factor Plus to Patient A.H. Dr. Smith testified that Quercetin/Bromelain is an anti-parasitic drug and not within the scope of practice of

dentistry. The Board finds that the Respondent violated the Consent Order by prescribing, dispensing, or administering Quercetin/Bromelain to patient A.H. on August 3, 2021.

Patient A.N.'s records show that the Respondent either performed or directed and supervised a subordinate employee to perform neurological reprogramming on Patient A.N. on October 14, 2021, October 27, 2021, November 5, 2021, November 12, 2021, December 8, 2021, December 29, 2021, January 24, 2022. Employee A provided documentation showing that neurological reprogramming was the Respondent's new name for AET. The Board finds therefore that the Respondent violated the Consent Order by performing or directing a subordinate to perform neurological reprogramming (formerly called AET) on Patient A.N. after signing the Consent Order.

Patient S.E.'s records show that on November 16, 2021, the Respondent prescribed, dispensed or administered Quercetin/Bromelain to Patient S.E. As previously found, this is an anti-parasitic drug and not within the scope of practice of dentistry. The Board finds that the Respondent violated the Consent Order by prescribing, dispensing, or administering Quercetin/Bromelain to patient S.E. on November 16, 2021.

Further, the Respondent's appointment book shows that the Respondent continued to see patients for muscle testing and neurological reprogramming after May 24, 2021. (GX #6 at 1141-1144, 1147, and 1152).

Therefore, the Board hereby finds by a preponderance of the evidence and concludes as a matter of law that the Respondent violated a consent decree entered into with the Board, for which the Board may act under D.C. Code § 3-1205.14 (a)(27).

**Charge IV: You failed to conform to the standards of acceptable conduct and prevailing practice within a health profession.**

The findings and conclusions from Charge I-III are hereby incorporated by reference.

Patient A testified that the prescriptions in Government's Exhibit #6 and #7 were the prescriptions that the Respondent prescribed to her. (Tr. P. 32, L. 7-14). Patient A testified that the photos in the records were taken by her husband. Patient A testified that the Respondent told her, "He said that they were really expensive drugs. So, he asked that we—he gave us a copy, but asked that we submit to a pharmacy in Canada, and then, we received it like a week or two later. But the photos come from when my husband scanned it to send to the Pharmacy in Canada." (Tr. P. 32, L. 15-22; P. 33, L. 1-8.)

Investigator Odrick-Austin testified that as part of her investigation, she requested a copy of Patient A's prescriptions prescribed by the Respondent. (Tr. P. 103, L. 20-22). Investigator Odrick-Austin testified that she received the records from Patient A. (Tr. P. 104, L. 1-10). Investigator Odrick-Austin testified that Patient A's prescription records were not in the Respondent's dental files for Patient A. She testified, "So, as indicated in my report, the Nizonide, which was prescribed 6/24/18, was not documented in the dental records. The other prescription medication is Artesun, which was...prescribed September 7, 2018, and that was not documented in her records...the other medication is the..Daraprim, dated 11/2/2018, that was not documented. And the Pyrimetlamine...that was not documented in her chart. And that was prescribed 12/28/2018. And the Zolpidem was prescribed on 6/5/2020, and that was not documented in her chart." (Tr. P. 110, L. 21-22; P. 111, L. 1-22; P. 112, L. 1-4). Investigator Odrick-Austin testified that these prescriptions should have been documented in Patient A's dental records. (Tr. P. 112, L. 5-10).

Patient A testified that the Respondent prescribed Xanax and Ambien to her after she told him that she was having night terrors. Patient A stated that the Respondent told her it was probably just nerves. (Tr. P. 71, L. 2-12). Patient A testified that she took the Xanax for two or three months. (Tr. P. 71, L. 17-19), (GX #6 at 208).

Patient A testified that one day she contacted the office for a refill and was told that the [REDACTED] she could not be his patient anymore. (Tr. P. 71, L. 17-22; P. 72, L. 1-5). Patient A testified, “I was thinking, okay, but I wanted that medication. I’ve been taking it for two to three months, and it helped me sleep at night.” (Tr. P. 72, L. 6-8). Patient A testified that the Respondent gave her one refill through [female staff member] as she and the Respondent were not in contact at all. (Tr. P. 72, L. 9-10). Patient A testified that she called the next month for a refill and was told by the female staff member, “[H]e’s not giving it to you anymore. He’s already such on thin ice that he refuses.” (Tr. P. 72, L. 10-13). Patient A testified, “I didn’t know much about Xanax, but I had friends be like, that’s not something you can just stop taking when you take it every day.” (Tr. P. 73, L. 8-11).

Patient A testified that she told the female staff member that she was reporting the Respondent to the dental Board. (Tr. P. 73, L. 7-8). Patient A testified that’s when she received a call from her primary care physician (PCP) who told her, “[The Respondent] called me this morning frantic. I’m more than happy to refill that prescription for you.” (Tr. P. 73, L. 12-16).

Patient A testified that her PCP arranged a meeting with Patient A and the Respondent. She testified that she and her husband had previously discussed with her PCP the things that the Respondent had done, and her PCP kept asking her if she was going to report the Respondent. (Tr. P. 73, L. 17-22; P. 74, L. 1-7).

Patient A testified, “I was still in this fog of massive distrust. Who do I trust? Can I even trust myself? Obviously not. Just in this difficult state. And my husband was like – he went with me to one of the appointments with [PCP], and he said, ‘I need you to know that these things happened to [Patient A]’ that she kind of just pushed out. He explained. And we did. We went through the things that he did to me. She’s like, I remember her saying, ‘are you going to report him?’ And I said, I don’t know, but maybe.” (Tr. P. 73, L. 19-22; P. 74, L. 1-8).

Patient A testified that her PCP called her that night and said, “[Patient A], I really feel like we need to have a meeting at my office you with [The Respondent], no spouses. And she said, it’ll just be three of us. She’s like, I really believe your healing will come by using your voice and looking at your predator and looking him in the eye and saying, I am now aware of the things that you were doing to me.” (Tr. P. 74, L 9-18). Patient A testified that the Respondent arrived early the day of their meeting. She testified that she called her PCP to tell her, “I think I’m going to actually be there 15 minutes earlier. Is it okay if I just come in? And I heard [The Respondent] in the background cough or something. She says, well, actually, [The Respondent] is already here. I thought that was a little odd because it was like 30 minutes before the appointment.” (Tr. P. 75, L. 2-11).

Patient A testified, “They teamed up on me. And she said, you’re not the judge. You don’t get to decide. She goes, you need to understand, he could lose his license. I just looked at her like, are we having this conversation? I was just really confused. She kept asking, kept asking, are you going to report him? Are you going to report him? And I said, I don’t know. She goes, well, I just need you to know that if you do, there could be massive snowball effects on you and your family.” (Tr. P. 75, L. 11-22; P. 76, L. 1). Patient A testified that her PCP said, “[B]ecause if you give a testimony of something that he doesn’t believe are accurate, he could then get his own attorney, sue you, you lose everything. She’s like [Patient A] don’t do this. You will lose your house. You will lose everything.” (Tr. P. 76, L. 2-7).

Patient A testified that her PCP then stated, “You’ve left me no choice, [Patient A]. She said, if you report him, I’m not giving you any more of the Xanax.” (Tr. P. 76, L. 17-19). Patient A testified, “I knew I had to get out. It’s like I just got in this storm of these just bad choices, and I had to get out. And I still said, that’s fine. You don’t have to give it to me anymore, but I’m not going to not report him. Understanding now.” (Tr. P. 77, L. 2-7). Patient A testified “So she said, okay. And she didn’t give it to me, which then ended up I had a seizure. I had to go to the hospital. It was terrifying.” (Tr. P. 77, L.

8-11). Patient A testified that her PCP had given her nine milligrams a day of the Xanax. (Tr. P. 76, L. 19-20). Patient A testified that after being cut off, “I wasn’t functioning. My brain was addicted to it, and I had to go to a treatment center in Arizona for 45 days.” (Tr. P. 77, L. 11-14).

Patient A testified that the Respondent was in the room with her and the PCP during the entire discussion except for at the end. She testified that after the Respondent left, the PCP made the statements giving her the ultimatum of either not reporting the Respondent and continuing to receive the Xanax, or no longer receiving the Xanax if she chose to go forward with reporting him. (Tr. P. 77, L. 15-22; P. 78, L. 1-3).

Dr. Smith opined that it is absolutely not appropriate for a dentist to prescribe long-term psychiatric medication to a patient. He opined, “A psychiatrist should be prescribing that. Because the addiction on Xanax is really high.” (Tr. P. 203, L. 15-22; P. 204, L. 1-12).

The Board finds that the Respondent’s conduct of prescribing Xanax and Ambien to Patient A, his conduct of abandoning her after addicting her, and his conduct of teaming up with PCP to pressure Patient A into not reporting his misconduct, does not fall under the purview of the Respondent’s May 24, 2021 Consent Order with the Board. This conduct was not included in the charges set forth in the 2019 Notice of Intent To Take Disciplinary Action or the Consent Order. (GX #24 and GX #27).

The Government’s expert witness testified that it is absolutely not appropriate for a dentist to prescribe long-term psychiatric medication to a patient. The Board interprets this testimony to apply to medication for the treatment of sleep disorders/insomnia as well as medication for the treatment of anxiety and panic disorders, i.e. both the Xanax and the Ambien prescriptions.

The Respondent, a general dentist, took it upon himself to treat Patient A’s “night terrors” by prescribing psychiatric medications for the treatment of insomnia and anxiety. After prescribing these medications and providing refills of the medications over a period of approximately three (3) months, the Respondent suddenly refused to provide Patient A with anymore refills. He did not attempt to titrate her



down, or wean her off of the medication. He did not refer her to a medical physician to continue her treatment or take over her care. He cut her off cold turkey. Not because he'd had a sudden epiphany that as a dentist it was outside the scope of dentistry practice to treat insomnia and anxiety. But, instead, he cut her off because he was on thin ice [REDACTED].

Although Patient A's primary care physician did thereafter agree to refill the prescriptions, it was not as a referral from the Respondent, but rather in response to a panicked call from the Respondent to her PCP, his mentee<sup>4</sup>, in which he told her that Patient A was threatening to report him to the Board of Dentistry.

In a collusive effort to hide the Respondent's misconduct from the authorities, the PCP agreed to refill the prescription medications. However, after the PCP and the Respondent subsequently met with Patient A and were unable to scare and bully her into changing her mind about reporting him, her PCP cut her off cold turkey from the medications the Respondent had addicted her to. As a result of these actions, Patient A suffered a seizure and had to go to the hospital. She subsequently had to go through a 45-day inpatient treatment program in Arizona to detox from the psychiatric drugs the Respondent addicted her to and then cut her off of without titration or weaning.

The Board finds that the Respondent's conduct of prescribing psychiatric drugs to Patient A for the treatment of insomnia and anxiety and night terrors fails to conform to the standards of acceptable conduct and prevailing practice within the profession of dentistry. The Board finds that the Respondent's conduct of addicting Patient A to psychiatric prescription drugs and then cutting her off cold turkey fails to conform to the standards of acceptable conduct and prevailing practice within the profession of dentistry.

Patient A testified that the Respondent met with her PCP at least 30 minutes before she was scheduled to meet with the Respondent and her PCP. She further testified that her PCP called her the night before and told her that the meeting should not include spouses. Patient A testified that the Respondent was

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<sup>4</sup> In investigator Odrick-Austin's Investigation Report dated May 4, 2022, it states, "I asked [Patient A] if she knew of any connection between [Respondent] and [PCP]. [Patient A] stated that [PCP] is being mentored/trained under [Respondent]. (GX #16 at 384).

present in the meeting as her PCP threatened Patient A by stating that if she reported the Respondent she could be sued and lose everything including her home. The Board finds that the Respondent's conduct of teaming up with Patient A's PCP to have the PCP advocate for him and threaten Patient A in an attempt to try to dissuade Patient A from reporting his egregious misconduct, fails to conform to the standards of acceptable conduct and prevailing practice within the profession of dentistry.

Therefore, based on the aforementioned, the Board hereby finds by a preponderance of the evidence and concludes as a matter of law that the Respondent failed to conform to the standards of acceptable conduct and prevailing practice within the dental profession, for which the Board may act under D.C. Code §3-1205.14(a)(26).

**Charge V: You failed to keep adequate records as determined by a review of the Board.**

The findings and conclusions from Charges I-IV are hereby incorporated by reference.

Investigator Odrick-Austin testified that she served subpoenas for Patient A's records on October 9, 2020 and December 9, 2021. She testified that there were differences between the first set of records produced by the Respondent and NIHA and the records produced in response to the second subpoena. (Tr. P. 158, L. 9-22; P. 159, L. 1-14; P. 160, L. 7-17). (GX #25 and GX#26).

Investigator Odrick-Austin's investigation report notes that when the second set of records were produced by the Respondent's attorney, the attorney included an explanation in which he stated, "However, I am herewith providing to you a duplicate copy of the portion of the previously provided records that pertains to the period April 1, 2020 to the present date." (GX #16 at 386).

Investigator Odrick-Austin testified that the first set of patient records for Patient A recorded an encounter visit on 5/5/20 with the description of services documented as "ART extensive." However, when the patient records were produced the second time, the encounter visit for Patient A on 5/5/20 now had the description of services documented as "RA (Regulation assessment)- Extensive." (Tr. P. 160, L. 7-22; P.

161, L. 1-22; P. 162, L. 1-20). ( GX #16 at 597, GX#16 at 608). The Board notes that for both documents, the CPT code remained the same as “99999A.”

Investigator Odrick-Austin testified that her findings in reviewing the two sets of records for Patient A and the differences noted were consistent with what Employee K had told her regarding the Respondent altering patient records. (Tr. P. 162, L. 21-22; P. 163, L. 1-2).

Investigator Odrick-Austin testified that she issued a third subpoena to the Respondent for Patient A’s dental records on August 10, 2022. She stated that the third subpoena was issued because she didn’t believe she had received all of the documents from the Respondent, and there was an indication that she had not. She testified that the third subpoena request also included a request for Patient A’s medical history and records. (Tr. P. 163, L. 3-22; P. 164, L. 1-6); (GX#30 at 796.).

Investigator Odrick-Austin testified that the records she received in response to the third subpoena included documents that she had not previously received from the Respondent and NIHA. She testified that the new records she received included Patient A’s dental summary, Patient A’s dental billing records; and Patient A’s prescription records; dental records for Patient A; Patient A’s colonic records; and Patient A’s outcome system records. (Tr. P. 164, L. 15-21; P. 165. 1-22; P. 166, L. 1-22; P. 167, L. 1-6. (GX #3 at 24; GX #5 at 155; GX #7 at 210; GX #8 at 215; GX #9 at 293; GX #10 at 302.) Investigator Odrick-Austin testified that the documents contained in Government’s Exhibits #3, #5, #7, #8, #9, and #10 were all produced in response to the third subpoena, and that these documents had not been produced in response to the previous two (2) subpoenas issued to the Respondent and NIHA requesting Patient A’s records. (Tr. P. 167, L. 3-13.) Investigator Odrick-Austin testified as follows:

“Q: Now Exhibits 3, 5, 7, through 10, were these previously produced in response to your first two subpoenas”

“A: No, they were not.

“Q: And should these documents have been produced?”

“A: Yes, they should have.” (Tr. P. 167, L. 7-13).

Investigator Odrick-Austin testified that when she had previously asked the Respondent and NIHA staff about the ‘outcome cards,’ “That particular staff said he was not familiar with outcome cards.” (Tr. P. 167, L. 14-22). Investigator Odrick-Austin testified that the Respondent’s attorney’s response to her regarding the ‘outcome cards’ was submitted in an email in which he stated, “I’m curious, did you ever figure out what an outcome card is. I am informed that it is not a common understood dental term.” (GX #32 at 996). Investigator Odrick-Austin testified that in that email, the Respondent’s attorney also confirmed that all of the handwritten documents had been provided to her and stated that the dental office did not keep paper charts. She testified that these representations were made to her by the Respondent’s attorney prior to issuance of the third subpoena. (Tr. P. 168, L. 1-22; P. 169, L. 1-14), (GX #32). Investigator Odrick-Austin testified that these representations were proven to be untrue and were contradicted by the documents she subsequently received in response to the third subpoena for Patient A’s records. (Tr. P. 169, L. 22; P. 170, L. 1-22; P. 171, L. 1-) (GX #45).

Investigator Odrick-Austin testified regarding a document that was produced by NIHA in response to the third subpoena for records, which had not been previously produced. The document was dated 4/3/18 and entitled, “Outcome system- Dental”. (GX #45). Investigator Odrick-Austin testified that since her first subpoena to the Respondent and NIHA was issued in 2019, that meant this “Outcome system” was in effect when the first subpoena was served, as well as when the second subpoena was served. (Tr. P. 171, L. 9-22; P. 172, L. 1-2).

Investigator Odrick-Austin testified regarding the “Outcome system” document as follows:

“Q: And let’s look at the first statement. It says, “The outcome system is not part of the dental chart or medical chart.” Are dentists allowed to keep separate records?

“A: No, they’re not.

“Q: And why aren’t they allowed to do that?

“A: Cause all—all dental records need to be compiled in the patient’s chart.

“Q: And does that statement confirm what [Employee A] and [Employee K] told you about NIHA’s record-keeping system?

“A: Yes, it does.

“Q: And let’s look down to the kind of middle of the page. It starts with, ““All dentists and their teams.”” So who does this say is required to be involved in the outcome system process?

“A: All dentists and their teams are to participate in a dental outcome system, no exceptions. This is a whole team involvement or opportunity.”

“Q: So, so going back to when you went to NIHA and you asked them about the outcome systems, should the staff member have known what an outcome system meant?

“A: Yes. They should have known.

“Q: Okay. Let’s look under the summary of objectives for the outcome system. So if we’re going to look at...sixth bullet down, what’s the sixth objective of the outcome system?

“A: The sixth bullet says, ““Protect from the boards.””

“Q: And what is the...seventh objective listed after that?

“A: Note, with a physical chart that contains all the biological dental notes, functional assessment results, map and other important papers, the doctor can follow the patient’s progress and understand where they are and the strategy. Access all clinical notes and keep this information out of the hands of regulators who would not understand and would only create trouble.”

“Q: Are dental practices allowed to keep information from the boards?

“A: No, they’re not.

“Q: Why not?

“A: They’re not because...that’s part of the dental history of a patient or information.”

“Q: ...This last bullet, what does it say about who’s supposed to be involved in the outcome system?

“A: ““This system only works if all members of the team participate: doctors, assistants, and business coordinators.”

“Q: So again, the staff at NIHA should have known what you meant when you asked them for outcome cards, correct?

“A: Correct.” (Tr. P. 172, L. 3-22; P. 173, L. 1-22; P. 174, L. 1-21).

Investigator Odrick-Austin testified that on page 1214 of GX #45, under the bolded section entitled “Flow” it states, “Return the chart to the designated places-file cabinet” and that this is consistent with what Employee K told her about where the notes were kept.” (Tr. P. 174, L. 22; P. 175, L. 1-10); (GX #45 at 1214).

Investigator Odrick-Austin testified that the “Outcomes System” document at page 1215 of GX #45 states, “The outcome system has a bigger purpose...we feel that an organized system of outcomes is practice excellence, helpful for all, and critical for an office engaged in cutting-edge techniques. It helps us report and review our successes and learning opportunities. By incorporating outcome analysis into our advanced biological techniques, we have a documented analysis regarding what we do to advance our methods while providing protection so we can pursue what works outside of the traditional standard of care.” (Tr. P. 175, L. 11-22; P. 176, L. 1-7).

Investigator Odrick-Austin testified that a dentist is required to keep an accurate record of all his treatments to a patient as part of the practice of dentistry, and that a dentist is required to provide complete patient records to the Board when subpoenaed. (Tr. P. 176, L. 8-11).

The Board notes that in this same section of the “Outcomes System” document, the first bullet reads, “The outcomes system has also a bigger purpose:

- Enroll the clients in a larger struggle to preserve the right for Holistic services
  - If we can track outcomes, the Board is less likely to form an opinion that Biological Dentistry is of no value.

- “As you probably know, we want a peaceful end to the hostilities against Holistic Medicine and Dentistry. One of the tools to protect NIHA and other Holistic professionals like us is to document outcomes. This is why this survey is important to us and hopefully to you.” (GX #45 at 1215).

Investigator Odrick-Austin testified that the outcomes document (GX #45) corroborated what Employee A had told her about the Respondent’s outcome system. (Tr. P. 177, L. 1-4).

Investigator Odrick-Austin testified that during her interview of Employee K, Employee K stated that, “[T]he staff will—reword the documentation in the patient’s chart so that if it’s ...if they are providing services, they will reword it to say something else other than what it actually is.” (Tr. P. 157, L. 3-8). The Board finds that Employee K’s statements are corroborated by Patient A’s records as discussed by the Government’s expert witness, Dr. Smith *infra*. Dr. Smith testified regarding Patient A’s file as follows:

“Q: And if we can look at the treatment that occurred on March 8, 2018. Dr. Smith, according to this document, what treatment occurred on March 8, 2018...

“A: March 8<sup>th</sup>, it appears that he’s giving them parenteral drugs, two or more, some anesthetic...into each location of where third molars were present at one time.

“Q: And other than the injections, were any procedures performed?

“A: Doesn’t appear to be, no...

“Q: Okay. And if could turn to the same date, the billing records...Do these records support the ones we just saw?

“A: Yes.

“Q: Okay. Now, these were the official dental records, Dr. Smith. I’d like to now turn to the outcome system records...If we scroll down to March 8, 2018, Dr. Smith...do the dental records accurately reflect what actually happened during that visit?

“A: Good lord, no.

“Q: What actually—

“A: What his record said was that he injected lower-left, third molar area lower-right third molar area.

“Q: What actually happened?

“A: Looks to me like he injected in the pelvic area.

“Q: Including her vaginal scar?

“A: Appears to be. An episiotomy scar. The perineum is not the area of the practice for a dentist.”

(Tr. P. 207-208; P. 209, L. 1-10).

The charge in Count V is that the Respondent has failed to keep adequate medical, dental, health, or client records, as determined by review of a board. The Board finds that the Respondent’s as set forth under Charge V does not fall under the purview of the Respondent’s May 24, 2021 Consent Order with the Board. Moreover, the Board finds that the Respondent’s conduct, as set forth in Charge V, continued *after* the Respondent signed the May 24, 2021 Consent Order.

As set forth above, Investigator Odrick-Austin served three (3) separate subpoenas to the Respondent for the same patient file, the file of Patient A. The last two subpoenas were served after May 24, 2021. Despite the Respondent’s assertions that he had provided all of the responsive documents the first time, it was later proven that he had not. Moreover, it is clear from the evidence that the omissions in Patient A’s records were not by accident or a mere oversight. The Respondent and his dental practice, NIHA, created a deliberate scheme to intentionally, knowingly, willfully, and deceptively hide patient records from the Board and any other regulators they believed would stop and bring an end to their experimentations on their patients. They even went so far as to create a manifest detailing in writing their reasoning and rationale for hiding the patient records, which they explicitly state is to hide them from the Board and regulators.

Not only did the Respondent intentionally hide and conceal patient records, but the Respondent also directed his staff to falsify and alter the patient records to further conceal his prohibited conduct and



practices. The evidence shows that between the records produced in the first subpoena and second and third subpoenas, entries for the same patient on the same date changed in the identification of the services allegedly performed. Again, this was no benign coincidence. The Respondent issued an email throughout his staff changing the name of the prohibited pseudo-scientific procedures so that he could continue to engage in the conduct that he was expressly prohibited from performing and which he had signed a consent order vowing to cease. However, instead of ceasing the prohibited conduct, the Respondent altered the patient records, changed the name of the prohibited procedures, hid his records, willfully failed and refused to produce records in response to subpoenas, and willfully, knowingly and intentionally continued to engage in his misconduct without missing a beat or even ceasing for one day.

As discussed above, the Respondent's detailed plan to hide and conceal the patient records included keeping the records of the prohibited activities in a separate filing cabinet, and keeping written documentation of the "outcomes," which he intentionally did not include in the office's electronic recordkeeping system.

Lastly, in response to receiving duly issued subpoenas for the patient files, the Respondent knowingly and intentionally withheld the records and falsely asserted to the Board's investigator, through his legal counsel, that he had no idea what an "outcome card" was. The Respondent further directed his staff to falsely feign ignorance of what the term referred to and as to what records were clearly being requested by the Board. The Board finds that the Respondent and his staff knew exactly what the outcomes system records were, and that the Respondent and his staff chose to falsely deny the existence of the records rather than produce them as required by the lawful subpoena that had been served.

The Board further finds that the records that the Respondent did produce in response to the 2021 and 2022 subpoenas, were altered. Employee K informed the Board in her complaint that the Respondent directed his staff to alter and destroy patient records in 2021 and 2022. As testified to by Investigator

Odrick-Austin, the records contained differences in the description of services and treatment rendered on the same date.

Dr. Smith opined that the Respondent did not keep proper records. He testified, “He had hidden records, and then official records.” (Tr. P. 213, L. 6-8).

The District of Columbia Municipal Regulations at § 17-4213.4, states,

“A dentist shall maintain a record for each patient which shall:

(a) **Accurately** reflect the evaluation and treatment of the patient...” (*Emphasis added*).

The Board finds that the Respondent’s recordkeeping system deliberately and purposely kept certain records separate and apart from the patient’s file for the purpose of concealing the records from the authorities, included fraudulent documentation and terminology to conceal and disguise the actual treatment and procedures performed, and included alterations of previously recorded treatment records to conceal engagement in prohibited conduct. Therefore, the Board finds that the Respondent did not maintain records for each patient that accurately reflected the evaluation and treatment of the patients.

The Board finds that the Respondent directed his staff to alter and destroy patient records to conceal his misconduct and that the records submitted to the Board, after May 24, 2021, contained alterations and omissions. Therefore, the Board finds that the Respondent did not maintain records for each patient that accurately reflected the evaluation and treatment of the patients.

Based on the aforementioned, the Board finds by a preponderance of the evidence and concludes as a matter of law that the Respondent failed to keep adequate medical, dental, health, or client records, as determined by review of a board, for which the Board may take action pursuant to D.C. Official Code § 3-1205.14 (a)(37).

**Charge VI: You failed to maintain a record for a patient which accurately reflects the evaluation and treatment of the patient including (a) the list of the drugs prescribed, administered, dispensed, and the quantity; and (b) the name of the dentist or dental hygienist providing services.**

The findings and conclusions from Charge I-V are hereby incorporated by reference.

Title 17 DCMR § 4213.4(a)(9), states, “A dentist shall maintain a record for each patient which shall:

- (a) Accurately reflect the evaluation and treatment of the patient and which may include the following:
  - (6) List of drugs prescribed, administered, dispensed and the quantity;
  - (9) Name of dentist and/or dental hygienist providing service(s); and”.

Patient A testified that toward the end of her treatment with the Respondent, he performed “kind of like a jaw surgery” which he told her would take three or four sessions. (Tr. P. 70, L. 16-21). Patient A testified that after the second or third treatment, she started having night terrors, which she had never experienced before. (Tr. P. 71, L. 2-5). Patient A testified that she told the Respondent about the night terrors and he then put her on Xanax and Ambien. (Tr. P. 71, L. 5-12). Patient A stated she was on the Xanax about two or three months. (Tr. P. 71, L. 17-19). Patient A testified that she refilled the Xanax prescription with him. (Tr. P. 71, L. 20-22).

Investigator Odrick-Austin testified that the Respondent prescribed medication for Patient A because she was feeling anxiety and depressed. (Tr. P. 100, L. 19-22). She stated that Patient A’s medical doctor was also prescribing various medications for Patient A for her depression and anxiety. (Tr. P. 101, L. 1-4). Investigator Odrick-Austin testified that Patient A told her that the Respondent gave her prescriptions for bacterias, and some prescriptions for her insomnia and anxiety. (Tr. P. 103, L. 11-19). Investigator Odrick-Austin testified that as part of her investigation, she requested a copy of the prescriptions from Patient A, and that Patient A provided the copies to her. (Tr. P. 103, L. 20-22; P. 104, L. 1-10), (GX #6).

Investigator Odrick-Austin testified that the Respondent’s dental records for Patient A did not include a record of all of the prescriptions he prescribed for her. (Tr. P. 111, L. 3-6). She testified that

the prescription for Nizonide which the Respondent prescribed on 6/24/18 was not documented in Patient A's dental records. The prescription for Artesun which the Respondent prescribed on 9/7/18 was not documented in Patient A's dental records. The prescription for Daraprim which the Respondent prescribed on 11/2/18 was not documented in Patient A's dental records. The prescription for Pyrimetlamine which the Respondent prescribed on 12/28/18 was not documented in Patient A's dental records. The Zolpidem that the Respondent prescribed on 6/5/20 was not documented in Patient A's dental records. (Tr. P. 111, L. 3-22; P. 112, L. 1-4). Investigator Odrick-Austin testified that the prescriptions should have been documented in Patient A's dental records. (Tr. P. 112, L. 5-10).

As previously discussed, Investigator Odrick-Austin testified that the Respondent's records showed that Patient A.N. had received neurological reprogramming services on 11/5/21, 11/12/21, 12/8/21, 12/29/21, and 1/24/2022, but the records only identified the provider of these procedures as NIHA practitioner." (Tr. P. 148, L. 3-14), (GX #41 at 1106). Investigator Odrick-Austin testified that she asked the Respondent to identify who the providers were that were identified in the patient records as "NIHA Provider." She testified that the Respondent and NIHA never identified who those providers were. (Tr. P. 152, L. 1-6).

The Board finds that the Respondent's conduct under Charge VI does not fall under the purview of the Respondent's May 24, 2021 Consent Order with the Board. This conduct was not part of the 2019 Notice and was not included in the Consent Order. The Board issued two (2) subpoenas to the Respondent for Patient A's records after May 24, 2021. In response to both subpoenas, the Respondent provided records that failed to include the drugs he prescribed for Patient A.

Further, in response to the subpoenas issued to the Respondent after May 24, 2021, the Respondent produced records, which failed to identify the provider who performed neurological reprogramming on patient A.N. on dates occurring between November 2021 and January 2022. As previously discussed, the Board finds that the Respondent either performed the neurological

reprogramming or directed a subordinate to perform it under his supervision. Either way, the records should have identified the Respondent as the provider.

Therefore, the Board finds by a preponderance of the evidence and concludes as a matter of law that the Respondent failed to maintain a record for a patient which accurately reflects the evaluation and treatment of the patient including (a) the list of drugs prescribed, administered, dispensed, and the quantity; and (b) the name of the dentist or dental hygienist providing services, in violation of 17 DCMR § 4213.4, for which the Board may act under D.C. Code § 3-1205.14(a)(24).

**Charge VII: You made a misrepresentation of your registration to practice naturopathic medicine and your status as a “Doctor of Integrative Medicine” to influence, persuade, or induce patronage.**

The findings and conclusions from Charges I-VI are hereby incorporated by reference. The Board finds that Charge VII does not fall under the purview of the Respondent’s May 24, 2021 Consent Order with the Board. This violation was not in the charges set forth in the 2019 Notice of Intent To Take Disciplinary Action or the Consent Order. (GX #24 and GX #27).

Investigator Odrick-Austin testified regarding the Respondent’s curriculum vitae on his practitioner profile on his NIHA website, a copy of which was admitted as Government’s Exhibit #1. Investigator Odrick-Austin testified that the Respondent listed his title as a Doctor of Integrative Medicine. However, the District of Columbia does not issue a license “in that particular category.” (Tr. P.121, L. 18-22; P.122, L. 1-18).

Investigator Odrick-Austin testified that on the Respondent’s curriculum vitae on his practitioner profile on his NIHA website it states that he is registered as a naturopath in the District of Columbia. (Tr. P. 123, L. 4-7; 17-22; P. 124, L. 1-6); GX #51. Investigator Odrick-Austin testified that on the Department’s licensure website it showed that the Respondent’s naturopathy registration was expired since February 28, 2004. Investigator Odrick-Austin further testified that the District of

Columbia no longer issues a naturopath registration. The District now issues a naturopath license which the Respondent does not have. (Tr. P. 125, L. 6-22; P. 126, L. 1-15); (GX #47).

Patient A testified as follows:

“Q: Okay. And then, under his degrees, it lists ‘Degree of Integrated Medical Doctor- Dentist,’ and he received – formal education lists ‘Capital University of Integrated Medicine, Doctor of Integrated Medicine.’ Were you aware, when you were seeing him, that he held himself to be a Doctor of Integrative Medicine.”

“A: Yes. That’s what he implied, yes.

“Q: And at the time, did you think that Doctor of Integrated Medicine was a recognized title?

“A: Yes. I thought—I thought he was a medical doctor as well. I thought he was Board-certified in both.

“Q: Did you, therefore, believe that he was licensed and qualified to treat you outside of your mouth?

“A: Yes.

“Q: And did he encourage that belief with you?

“A: Yes.

(Tr. P. 26, L. 20-22; P. 27, L. 1-22; P. 28, L. 1-9).

Investigator Odrick-Austin testified regarding the Respondent’s updated website (GX #51).

Investigator Odrick-Austing testified as follows:

“Q: Under curriculum vitae, does it still list [Respondent] as a doctor of integrative medicine?

“A: Yes, it does.

“Q: And does it list his licensures as a dental license in the state of [Maryland], and a registration in, as a doctor of naturopathy in the District?

“A: Yes, it does.

“Q: And, is this a true and accurate copy of Dr. McClure's biography from his website?

“A: Yes, it is.

(Tr. P. 123, L. 10-22; P. 124, L. 1-9).

Based on the foregoing, the Board finds that the Respondent misrepresented his registration to practice naturopathic medicine, which expired in 2004, and misrepresented himself as a Doctor of Integrative Medicine, a title that doesn't exist in the District of Columbia. The Board finds that the Respondent made these misrepresentations to cause his patients to believe that he was licensed, trained, and authorized to perform non-dental procedures. Patient A testified she believed that he was board-certified to perform both dental and medical procedures. The Board finds that the Respondent made these misrepresentations to cause his patients to believe that he was a type of a medical doctor or that he had medical training.

The Board finds that even after the Respondent signed the May 24, 2021 Consent Order, he continued to make these misrepresentations on his website. The Board has already found that the Respondent continued to engage in practice beyond the scope of the practice of dentistry after signing the Consent Order. The Board finds that the Respondent continued to misrepresent his naturopathic medicine registration, and to represent himself as a Doctor of Integrative Medicine to influence, persuade and induce patients to continue allowing him to perform pseudoscientific procedures on them unrelated to the practice of dentistry.

Therefore, the Board finds by a preponderance of the evidence and concludes as a matter of law that the Respondent made a misrepresentation of his registration to practice naturopathic medicine and his status as a “Doctor of Integrative Medicine” to influence, persuade, or induce patronage, for which the Board may act under D.C. Code § 3-1205.14(a)(38).

## Decision

The Board has found that all seven (7) Charges of the Notice have been proven by a preponderance of the evidence. As such, the Board has found that the Respondent has (I) engaged in sexual contact with a patient concurrent with or by virtue of the practitioner-patient relationship and during the course of the practitioner-patient relationship and engaged in conduct of a sexual nature that a reasonable person would consider lewd or offensive, (II) performed, offered, or attempted to perform services beyond the scope of those authorized by his dental license, (III) violated a consent decree entered into with the Board, (IV) failed to conform to the standards of acceptable conduct and prevailing practice within the profession of dentistry, (V) failed to keep adequate records, (VI) failed to maintain a record for a patient which accurately reflects the evaluation and treatment of the patient including (a) the drugs prescribed, administered, dispensed, and the quantity, and (b) the name of the dentist or dental hygienist providing services, and (VII) made a misrepresentation of his registration to practice naturopathic medicine and his status as a “Doctor of Integrative Medicine” to influence, persuade, or induce patronage.

The Board finds that any one of these seven (7) violations, separate and apart from the others, is sufficient basis to warrant the imposition of disciplinary action in this matter, and is sufficient basis, separate and apart from the others, for the sanction imposed by this Order. In formulating its decision as to the appropriate sanction to impose, the Board took into consideration the nature of the charges, the egregiousness of the Respondent’s conduct, the Respondent’s history, and the Board’s paramount duty to protect the public.

The Board finds that the NIHA Outcomes System document is a startling revelation of the Respondent’s calculated, deliberate, deceptive, and intentional pre-meditated actions to practice outside the scope of dentistry practice and in direct violation of the consent order agreement he entered into. The Respondent had absolutely no intention whatsoever of ever ceasing these prohibited practices and



misconduct. Instead, he, as a part-owner and member of the leadership at NIHA, devised a method specifically for the purpose of hiding his misconduct and engagement in prohibited practices outside the scope of practice of dentistry from the Board and “regulators.” The Respondent even went so far as to recruit patients into his unauthorized practices as part of his “larger struggle” to advocate for and advance his alleged “Holistic services” by treating them as part of an unauthorized human clinical trial.

The Board finds that the Respondent blatantly and repeatedly falsely represented to the Board’s investigator that he had provided all of the responsive patient records and documents in response to duly served subpoenas, when he in fact knew that he had withheld the documents that would have revealed his unauthorized and unethical practices. The Respondent instructed and directed his staff to feign ignorance of what was meant by the subpoenaed request for production of the outcome cards.

The Board finds that the Respondent knew exactly what he was doing at all times, and that his every action was a calculated and deliberate attempt to circumvent the law, the standards of professional dental practice, and his consent order agreement, and to thwart the Board’s efforts to regulate his practice of dentistry in the District of Columbia. The Board finds that the best evidence of the Respondent’s intentionality in his egregious, deceptive conduct, is the plain reading of the Outcome System’s document which states, “...and keep this information out of the hands of Regulators who would not understand and would only create trouble.” (GX #45 at 1211).

The Board further finds that the Respondent’s inappropriate sexual contact with Patient A and his conduct that a reasonable person would consider lewd or offense is egregious. Not only did the Respondent gain the patient’s trust to allow him to touch her in areas that no dentist has any reason to touch a patient, but he also administered sedatives to her which further compromised her ability to protect herself from his predatory advances. The Board further finds that [REDACTED] statements strongly indicate that Patient A was not the first female patient that the Respondent engaged in this type of behavior with. In fact, [REDACTED] stated that, “[O]h, he does PK work. This is his MO, and he gets them

to trust him, and then they're so hooked that they don't know how to walk away. This [isn't] the first time this has happened.” (Tr. P. 69, L. 17-22; P. 70, L. 1). [REDACTED]

Regardless of whether the Respondent actually engaged in this behavior with other patients, his actions toward Patient A are sufficient in and of themselves to warrant discipline and the sanction imposed. The Board does not have to wait until there is a trail of victims before it takes action to protect the public from a clear and present danger.

The Respondent's misconduct further included prescribing long-term psychiatric drugs to Patient A to treat the non-dental conditions of insomnia and anxiety. Then after addicting her to the drugs, the Respondent abandoned her without weaning or titration, or a proper referral to a medical doctor. And no, the Board does not give the Respondent credit for his frantic call to his mentee who only continued refilling the prescriptions as part of their collusive effort to keep Patient A from reporting the Respondent to the Board. Then to add insult to injury, the Respondent and his mentee attempted to threaten, frighten, and bully Patient A into not reporting him. The Board finds that this conduct illustrates the depths of the Respondent's narcissistic desire to save himself regardless of the harm he had caused or would further cause his patient.

In or about 2015, the Board received a complaint against the Respondent. The Board's investigation into the complaint included the subpoena and review of numerous patient files, which led to the issuance of a Notice of Intent To Take Disciplinary Action against the Respondent's dental license. The Board ultimately accepted and approved a proposed joint consent decree submitted by the parties, i.e., the May 2021 Consent Order. Through the May 2021 Consent Order, the Respondent was given a second chance. The Respondent agreed to practice within the scope of practice of dentistry and to not engage in the practices which the Board identified as not being within the scope of dental practice. The

Respondent was placed on Probation and agreed to have a Board-approved practice monitor to further ensure his compliance with the consent order.

But the Board finds that the facts have shown that the Respondent never had any intention of actually complying with the consent order. The Respondent did not even cease for one day from engaging in pseudo-scientific practices that are not remotely related to the practice of dentistry. The use of a practice monitor was completely useless in that, unbeknownst to the Board, the Respondent had implemented a secret, hidden recordkeeping system. As such, neither the Board nor a practice monitor could actually see what the Respondent was really doing to monitor his conduct and protect the public.

The Board finds that the Respondent's Outcomes Document leaves nothing to the imagination. With complete clarity of thought, deliberateness, and intention, the Respondent created the secret, hidden recordkeeping system to allow him to continue his experimentations on his patients under the radar of the Board's attempts to regulate his conduct and practice. When an individual has shown such willfulness and desire to continue in misconduct and prohibited practices, even going so far as to hide records, create false records, destroy records, and to falsely deny to the Board the existence of records, the question becomes how can the Board regulate that individual to ensure that the public is protected from that individual if he is allowed to retain a license? The Board finds that it cannot, and therefore he cannot.

The Board finds that the Respondent's conduct has no place in the practice of dentistry in the District of Columbia.

### **ORDER**

Based on the aforementioned it is hereby **ORDERED** that the District of Columbia dentist license of Mark McClure, DDS., License No.: DEN5755, is hereby **REVOKED**, effective upon service of this Order, and it is further

**ORDERED**, that based on the current statutory definition of Revocation, the Respondent shall not apply for reinstatement of his license or a new license to practice dentistry or any other profession regulated by the Board of Dentistry in the District of Columbia for a period of not less than (5) years and one (1) day from the date of this Order.

**August 14, 2023**

Date



John R. Bailey, DDS  
Chairperson  
District of Columbia Board of Dentistry

**Judicial and Administrative Review  
of Actions of Board**

Pursuant to D.C. Official Code § 3-1205.20 (2001):

Any person aggrieved by a final decision of a board or the mayor may appeal the decision to the **District of Columbia Court of Appeals** pursuant to D.C. Official Code § 2-510 (2010).

Pursuant to D.C. Court of Appeals Rule 15(a):

Review of orders and decisions of an agency shall Be obtained by filing with the clerk of this court a petition for review within thirty (30) days after the notice is given.

**This is the Final Order of the Board in this disciplinary matter and a public record shall be posted on the Department of Health's website and Board newsletter and reported to the National Practitioner Data Bank and the Healthcare Integrity Protection Data bank.**

Copies to:

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