

IN THE MATTER OF

*

BEFORE THE

DAVID A. GEIER

*

MARYLAND STATE

Respondent

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BOARD OF PHYSICIANS

License Number:
(unlicensed)

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Case Numbers: 2008-0022 &
2009-0318

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CHARGES UNDER THE MARYLAND MEDICAL PRACTICE ACT

The Maryland State Board of Physicians (the "Board") hereby charges David A. Geier (the "Respondent") (D.O.B. [REDACTED]), an unlicensed individual, under the Maryland Medical Practice Act (the "Act"), Md. Health Occ. Code Ann. ("H.O.") §§ 14-101 *et seq.* (2009 Rep. Vol. & 2010 Supp.).

The Respondent is charged under the following provision of the Act:

§ 14-601 Practicing without license

Except as otherwise provided in this title, a person may not practice, attempt to practice, or offer to practice medicine in this State unless licensed by the Board.^{1, 2}

The term "practice medicine" is defined in the Act as follows:

§ 14-101 Definitions

(l) – *Practice medicine.* – (1) "Practice medicine" means to engage, with or without compensation, in medical:

- (i) Diagnosis;
- (ii) Healing;
- (iii) Treatment; or
- (iv) Surgery.

¹ The exceptions referred to in H.O. §§ 14-601 and 15-401 are not applicable to this case.

² H.O. § 14-606(a)(4) – Penalties – provides:

- (4) ... a person who violates § 14-601 of this subtitle is:
 - (i) Guilty of a felony and on conviction is subject to a fine not exceeding \$10,000 or imprisonment not exceeding 5 years or both; and
 - (ii) Subject to a civil fine of not more than \$50,000 to be levied by the Board.

ALLEGATIONS OF FACT³

The Board bases its charges on the following facts that the Board has cause to believe are true:

1. The Respondent is not and never has been licensed to practice medicine or any other health occupation in the State of Maryland or any other State. The Respondent has a Bachelors of Art degree in biology from a Maryland State university. The Respondent has taken several graduate courses, but has not earned a graduate degree in any specialty or discipline.
2. As detailed below, on October 8, 2008, the Board received a complaint from the mother ("Parent A") of a former patient of Dr. Mark R. Geier ("Patient A", below).⁴ Parent A complained *inter alia* that the Respondent examined and diagnosed her son at an office visit on May 19, 2008.

I. The Respondent's Curriculum Vitae ("CV")

3. According to the Respondent's CV, which the Board obtained in furtherance of its investigation, in 2008, the Respondent was a co-founder of ASD Centers, LLC,⁵ the slogan of which is: "where medical solutions for autism can be found..." The Respondent is the "Executive Director" of

³ The allegations set forth in this document are intended to provide the Respondent with notice of the alleged charges. They are not intended as, and do not necessarily represent, a complete description of the evidence, either documentary or testimonial, to be offered against the Respondent in connection with these charges.

⁴ Patient A in this document corresponds to Patient C in the Board's Order for Summary Suspension of Mark R. Geier, M.D.'s medical license. Names of patients and other individuals are confidential. The Respondent may obtain the names from the Administrative Prosecutor.

⁵ ASD is the abbreviation for autism spectrum disorder.

ASD Centers. The Respondent's father, Mark R. Geier, M.D.,⁶ is a co-founder of ASD Centers and its President.

4. In the Respondent's CV, he describes ASD Centers as, "a national network of genetic centers with locations in Missouri, Florida, Texas, Illinois, Indiana, New Jersey and Maryland involved in the evaluation and treatment of more than 600 patients diagnosed with autism spectrum and other neurodevelopmental disorders."
5. According to the Respondent's CV, in 1999 he founded and is currently the President of MedCon, Inc., an entity which he describes as conducting "medical-legal consulting and biochemical-epidemiological research." MedCon's address is the Respondent's home address, where he resides with Mark R. Geier, M.D.
6. From 2004 to "the present,"⁷ the Respondent was "on staff" at the Genetic Centers of America, which he describes as "[c]enters involved in the evaluating and treat (*sic*) several hundred patients with autism, neurodevelopmental disorders, and other chronic diseases. In addition, these centers help to provide prenatal genetic care and adult predictive genetic care."
7. In 2006, the Respondent founded and is currently the Vice President of the Institute of Chronic Illnesses, Inc. ("ICI"), "a non-profit 501(C)(3)

⁶ Effective April 27, 2011, the Board summarily suspended Dr. Geier's license to practice medicine in Maryland concluding that his treatment of autistic children with Lupron, a potent anti-androgen, and in some instances, chelation therapy, constituted a substantial risk of serious harm to the public health, safety or welfare. On May 12, 2011, after a hearing before the Board, the Board issued an Order to continue Summary Suspension.

⁷ The Respondent's CV contains entries through 2009.

foundation dedicated to studying chronic illnesses.” ICI’s address is the Respondent’s home address. Dr. Mark R. Geier is the President of ICI.

8. In 2007, the Respondent founded and is currently Vice-President of CoMeD, Inc. [Coalition for Mercury-Free Drugs], an entity described on one of its websites as “a not-for-profit 501(c)(3) corporation that is actively engaged in legal, educational and scientific efforts to stop all use of mercury in medicine and to ban the use of all mercury-containing medicines.” CoMeD, Inc.’s address is the Respondent’s home address. On CoMeD, Inc.’s website, the Respondent’s father is identified as the Treasurer of the corporation.

Complaint Alleging that the Respondent Practiced Medicine without a License

9. In her complaint, Patient A’s mother (“Parent A”) alleged that the Respondent examined her autistic son during a May 19, 2008 appointment at Genetic Centers of America (also referred to “Genetic Centers of Maryland” or “Genetic Consultants”). Parent A knew both the Respondent and his son, having met them both at a July 2005 consultation. The Board designated this complaint as Case Number 2009-0318.⁸
10. Patient A, was ten (10) years old when he was initially evaluated by Dr. Mark Geier in July 2005. Patient A had been diagnosed as autistic at age three (3), having regressed in his development when he was two (2) years old.

⁸ The Board had previously opened Case Number 2008-0222 as part of its investigation of Dr. Mark R. Geier.

11. Parent A had been drawn to Dr. Geier's practice because of his prior research experience at the National Institutes of Health ("NIH") and because she believed that he was an expert on the possible impact of mercury on children with autism.
12. At the initial 2005 visit, Dr. Geier observed some hair development on Patient A's legs and arms. He also noted that Patient A had received a DPT⁹ vaccination in France, after which he had a high fever.
13. Based on his interview with Parent A and his observations of Patient A, Dr. Geier diagnosed him with unspecified developmental delay, possible precocious puberty and possible childhood heavy metal exposure (mercury).
14. Dr. Geier's plan, as documented in the office note, was to prepare a laboratory work-up to assess Patient A's current health and potential causal factors for his developmental delays and then to arrange for a follow-up consultation with Patient A's mother to discuss findings and possible treatment directions.
15. Parent A did not follow-up on the 2005 initial visit. She had sought treatment for Patient A from a neurologist and did not want to interfere with his treatments.
16. In the Spring of 2008, Patient A's mother saw a YouTube video in which Dr. Geier's theory regarding the causal effect of mercury and testosterone

⁹ The abbreviation for diphtheria, pertussis (whooping cough) and tetanus.

on autism was discussed by a mother of one of his patients.¹⁰ In her complaint to the Board, Parent A wrote:

[r]elying on Dr. Geier's growing reputation as an expert witness in autism-related court cases, and his credentials as a medical geneticist, I trusted that he had the expertise to perform a competent evaluation and treatment of my son....I thought that Dr. Geier might be able to conduct tests to determine whether there was a genetic basis for my son's autism, and whether he had high testosterone. It seemed that such testing might offer some insight into his condition, and that the treatment described in the video might offer him some relief and might even eliminate his autism.

17. Parent A scheduled an appointment for Patient A to be seen by Dr. Geier on May 19, 2008 at the Genetic Centers of America's office in Rockville, Maryland.
18. On May 19, 2008, after waiting with her son for approximately one (1) hour in the waiting room, Parent A and her son were taken to an office where the Respondent was seated behind a desk.
19. Parent A and the Respondent discussed genetic testing for approximately the first half-hour of the visit.
20. Parent A reported that the Respondent, after asking very few questions regarding Patient A's medical history and symptoms, told her that he was absolutely certain that her son seemed to be a "typical high-testosterone kid" whose growth would be stunted if his testosterone production continued at its current pace.
21. Board staff interviewed Parent A during the course of the investigation. Parent A stated that she did not recall whether the Respondent had

¹⁰ This individual is President of CoMeD and is a member of ICI's Institutional Review Board ("IRB").

identified himself as a physician at the May 19, 2008 office visit; however, she had assumed that the Respondent was a physician because he was the only person with whom she had spoken about her son at that visit. She also noted that the Respondent “had this certainty about him.”

22. At no time during the May 19, 2008 office visit did Parent A see, much less speak to, Dr. Geier. The Respondent was the only person who examined her son.
23. According to Parent A, the Respondent performed an ultrasound examination on Patient A, who by then was too restless to sit or lie still on the examining table. The Respondent told Parent A that he needed an ultrasound of Patient A’s thyroid. The Respondent followed Patient A as Patient A walked around the room, attempting to examine his neck and abdomen by tapping him with the ultrasound wand.
24. When Parent A asked the Respondent how he could possibly obtain an accurate reading under such circumstances, the Respondent replied that everything was “okay” and that the test results were “normal.”
25. The note of the May 19, 2008 visit¹¹ indicates that “comprehensive” abdominal and thyroid ultrasounds were performed. Patient A’s physical appearance is described as suggesting “advancement from his chronological age.”

¹¹ The note was typed on a “Patient Interview Form.” Dr. Geier’s name is typed at the bottom of the report, it is neither signed nor initialed.

26. Prior to seeing the Respondent on May 19, 2008, Parent A completed an Autistic Treatment Evaluation Checklist (“ATEC”) form.¹² Parent A indicated on the form that hitting or injuring others was a “minor problem”¹³ for Patient A and that hitting or injuring himself was a “moderate problem.” The only behaviors Parent A described as serious problems were Patient A’s hyperactivity, fixation on certain objects or topics and repetitive movements. Notwithstanding Parent A’s description of Patient A, the Respondent documented that Patient A appeared to be “potentially significantly physically aggressive to himself and/or others.” The Respondent failed to specifically describe Patient A’s aggressive conduct, except that to note that “[Patient A]...can be destructive, his (*sic*) or injuries (*sic*) self or others.” The Respondent also noted that Patient A “suffers from significant sleep cycle problems,” although Parent A had noted on the ATEC form that “sleep problems” were only a moderate problem for Patient A.
27. The Respondent documented in “Psychological Examination” section of the note: “It is apparent based upon examination of the DSM-IV criteria that [Patient A]’s present symptoms are compatible with a diagnosis of pervasive developmental delay – not otherwise specific (*sic*).”

¹² The ATEC is a listing of twenty-five (25) behaviors and abilities; the individual who completes the form is asked to indicate from three (3) or four (4) descriptive phrases for each behavior that best describes the patient.

¹³ The descriptors for the “Health/Physical/Behavior” portion of the ATEC are: not a problem; minor problem; moderate problem and serious problem.

28. The Respondent documented the following Impression: 1) PDD-NOS,¹⁴ 2) Sleep problems (insomnia) and 3) Unspecified Metabolic Disorder. The Respondent's plan was to prepare a laboratory work-up after which a follow-up consultation would be scheduled to discuss treatment. Twenty-six (26) laboratory studies are listed in the plan.
29. According to Parent A, the Respondent inquired if she was going to have any problems with how expensive the laboratory studies were going to be and discussed the accuracy of results of certain laboratories. Parent A responded that she was not concerned about the price because she wanted to learn whether her son had a genetic basis for his autism and wanted the most accurate results. The Respondent advised that he would have the laboratory order forms mailed to Parent A.
30. Several days after the office visit, Parent A received in the mail a laboratory order for four (4) diagnostic tests to be conducted at Laboratory A (5-Androstane-3, 17-Diol Glucuronide; Androstendione; DHEA and testicular function). The Respondent initialed that he had completed the form on May 22, 2008 and printed his father's name as the ordering physician.
31. Upon receipt of the laboratory order form, Parent A called the Respondent because the test order did not include the genetic tests she and the Respondent had discussed. The Respondent agreed to send another laboratory order.

¹⁴ The abbreviation for Pervasive Developmental Disorder – Not Otherwise Specified.

32. Parent A received the second laboratory order several days later; it was written for over twenty (20) tests from Laboratory B.
33. According to Parent A, Laboratory B personnel were “flummoxed by the amount of blood needed for the tests” and she instructed them to draw only as much blood as was necessary to assay some genetic conditions, urine metals and porphyrins, the latter because the Respondent had emphasized their importance during the visit.¹⁵
34. Parent A began to wonder why the Respondent would order so many laboratory tests that required drawing so much blood from children and then searched the internet for more information about the Geiers’ practice. It was from her research that Parent A learned that the Respondent was not a physician.
35. Parent A closely examined the laboratory orders and discovered that the Respondent had written the diagnostic code for insomnia on the first order form; on the second order form he had noted both the diagnostic codes and the diagnoses insomnia, NOS [not otherwise specified] and metabolism disorder, NOS.
36. Parent A did not return to Genetic Centers of Maryland after the May 19, 2008 office visit.
37. In late July 2008, Parent A received billing statements from Genetic Consultants of Maryland with charges listed for four (4) separate dates:

¹⁵ Laboratory B submitted an invoice to Parent A in the amount of \$3,915.96 for the laboratory studies that Parent A had requested. Parent A’s health insurance paid \$1,169.68 (\$2,453.76 had been “discounted”); Parent A was billed \$292.42.

May 19, May 22, June 17 and June 18, 2009. The charges, which totaled \$1,200.00, were as follows:

May 19, 2008 – Office Consultation (99215) - \$ 150.00
Neck Ultrasound (76536) - \$225.00
Abdominal Ultrasound (76700) - \$225.00
Psychiatric Diag[nostic] Interview Exam (90801) - \$150.00

May 22, 2008 – Prolonged 1st hour Eval[uation] and Management (99358) - \$150.00

June 17, 2008 – Prolonged 1st hour Eval and Management (99358) - \$150.00

June 18, 2008 – Prolonged 1st hour Eval and Management (99358) - \$150.00

38. After receiving the bills from Genetic Centers of Maryland, Parent A called the office and demanded a copy of all records of her son's May 19, 2008 evaluation and all of his test results.
39. Parent A received Patient A's test results from Genetic Centers of Maryland in early September 2008, but as of the date of this document has not received any of the other records she had requested.
40. A Phone Contact Sheet in Patient A's Genetic Center chart contains three (3) entries: the latter two (2) were written and initialed by the Respondent.¹⁶

5-22-08: Mailed lab specimen

6-17-08: 2 p.m. Consultation with [Patient A]'s mother re: lab testing for her son. Reviewed lab scripts and testing procedures at [Laboratory A] v. [Laboratory B]

6-18-08: 9 p.m. Registered & completed lab script for [Patient A] with [Laboratory B] using online 360 software.

¹⁶ When interviewed by Board staff in furtherance of its investigation, the Respondent acknowledged that he had written the June 17 and 18, 2008 entries.

Other Genetic Center Patients

41. In furtherance of the Board's investigation of Dr. Mark Geier, the Board obtained a peer review of the records of nine (9) of Dr. Geier's Genetic Center patients. A review of those records revealed that the Respondent documented consultations with parents; the results of ultrasound procedures and patient-specific treatment plans in which medications were started or dosages of current medications were revised. In all of the notes discussed below, the Respondent initialed his handwritten notes. Dr. Geier did not initial, co-initial or sign these notes as he did in other notes, nor did the Respondent indicate, as he did in other notes, that Dr. Geier was present during the consultations and/or that it was Dr. Geier who made the treatment recommendations.

Patient B¹⁷

42. Patient B, a female, was nine (9) years and three (3) months old when she initially presented to the Respondent on May 2, 2007.¹⁸ According to the notes in Patient E's chart, she was diagnosed with autism at the age of two (2).
43. On October 10, 2007, the Respondent documented an office visit with Patient B's mother "to evaluate the effects of ↑ Lupron SQ dosing." The Respondent documented that the "plan is to continue with present dosing. Will re-evaluate & follow-up with mother re: dosing when labs are back."

¹⁷ Patient B corresponds to Patient E in Dr. Geier's Order of Summary Suspension.

¹⁸ The vast majority of the Respondent's notes in the reviewed cases were handwritten and consisted of phrases. Several of Patient E's office notes were typed and consisted of lengthy narratives.

44. The Respondent further documented that Patient B's mother had questioned the use of an antiviral medication. The Respondent noted: "[a]t present time, [illegible] [medication] has been agreed by mutual consent to be put off."

Patient C¹⁹

45. Patient C, a female, was eight (8) years and seven (7) months old on March 14, 2008 when she was initially assessed by Dr. Geier during a telephone consultation. Patient C had been diagnosed with ASD at 23 months of age.
46. On June 23, 2008, the Respondent documented an office visit with Patient C. The Respondent documented that Patient C was seen in the office for an examination, review of laboratory results and discussion of a potential treatment plan. The Respondent documented the results of a Wood's lamp examination, a neck ultrasound and various laboratory results. The Respondent's note reads in pertinent part:

Assessment is that pt has a toxic encephalopathy & associated ↑ body-burden of heavy metals, particular (*sic*) Hg [mercury], base upon ↑ urinary porphyrins.²⁰ Pt also has evidence of mitochondrial dysfunction. Additionally, pt has evidence of premature puberty with associated pituitary dysfunction....Plan is to: 1) start Lupron²¹ SQ & IM,²² &

¹⁹ Patient C corresponds to Patient H in Dr. Geier's Order of Summary Suspension.

²⁰ The Respondent and Dr. Geier have reported that "[m]ercury toxicity [is] associated with elevations in urinary [porphyrins]...Porphyrins need to be routinely measured in ASDs to establish if mercury toxicity is a causative factor and to evaluate the effectiveness of chelation therapy." Geier, D.A. and Geier, M.R. *A prospective study of mercury toxicity biomarkers in autistic spectrum disorders*. J. Toxicolol. Environ Health A., 20 (2007).

²¹ Lupron is a potent anti-androgen; it lowers the testosterone level the body produces. The only medically accepted use of Lupron for children is precocious (or premature) puberty.

²² IM is the abbreviation for intramuscular injection; SQ is the abbreviation for subcutaneous injection.

Aldactone 50 mg BID²³ for premature puberty; 2) start Carnitor liquid for mitochondrial dysfunction; 3) start B-12 – folonic acid for sulfur-bearing amino SNPs in MTHFR;²⁴ 4) start vitamin D 1,000 mg IU BID for low vitamin D; 5) start melatonin sublingual for sleep disturbance; & 6) will start metal DMPS²⁵ in futer (*sic*) @ present stop all chelation.

47. On January 28, 2009, the Respondent documented “authorized with pharmacist 6 additional refills of Lupron Dept 15 mg kits...”

Patient D²⁶

48. Patient D, a male, was nine and one-half (9½) years old when Dr. Geier initially assessed him during a telephone consultation on March 21, 2006.
49. On January 7, 2008, the Respondent documented a consultation with Patient D’s mother regarding blood in Patient D’s stools. The Respondent noted in pertinent part:

Mother reported she has been recently administering [Patient D] mega-doses of vitamin C....Plan is as follows: a) told mother to keep [Patient D] off high-dose vitamin C...Mother will follow up with us re [Patient D]’s clinical status.

50. On February 10, 2008, the Respondent documented:

Consulted with [Patient D]’s mother & reviewed record & decided to get [Patient D] script for Carnitor. Called in Carnitor script to pharmacy.

²³ The abbreviation for twice a day.

²⁴ SNP is the abbreviation for single-nucleotide polymorphism. MTHFR is an enzyme responsible for creating the circulating form of folate.

²⁵ Chelation therapy is the administration of chelating agents to remove heavy metals from the body. The Respondent and Dr. Geier have reported that high levels of mercury is the cause of autism. DMPS is a chelating agent that has not been approved by the Food and Drug Administration.

²⁶ Patient D corresponds to Patient I in Dr. Geier’s Order of Summary Suspension.

Internet Communications Regarding the Respondent

51. The internet provides topic-specific forums for interested individuals to exchange ideas. In furtherance of its investigation, Board staff reviewed public communications posted in chat groups for parents of children with autism. A sampling of the messages pertaining to the Respondent follows.²⁷

52. Parent Consultations with the Respondent:

- a. Posted January 6, 2007: [the child's hormone levels are discussed]
"David Geier said it's like she's in a constant state of PMS. He also said that we will see her 'move more towards neurotypical.'"
- b. Posted June 13, 2007: "...We had our consultation with David yesterday. [The child's hormone levels are discussed]. David was very nice on the phone and really explained the science."
- c. Posted June 14, 2007: "...David did tell my [x] son that the Lupron might make him 'not as strong', but that it would not do much more than that."
- d. Posted July 9, 2007: "I don't know what to do. David upped the dailies [Lupron SQ injections] from .4 to .5 last week and [the child] is still getting worse....I try to be as prepared as I can with all that is going on with her when David calls."
- e. Posted July 2, 2008: "I spoke with David today and convinced him to try the oral DSMA with [the child] again..."

²⁷ The Administrative Prosecutor will provide the specific address of the messages upon the Respondent's request.

- f. Posted October 3, 2008: "...David Geier recommend (*sic*) that since [the child] is doing so well on the Lupron that we try to get him off (*sic*) of all of his meds. I did this very slowly...and once we stopped everything it was a disaster!!!!"

53. **The Respondent and Dr. Geier as a Team**

- g. Posted March 21, 2006: [regarding the cost of Lupron injections]
"Yes, they're expensive, but covered by insurance. I think it's nice that the Geiers work with insurance companies. If they didn't, we wouldn't be able to do this protocol."
- h. Posted March 21, 2006: "I love the Geiers – very competent, knowledgeable and in this for all the right reasons but please remember that the whole mercury, testosterone, Lupron, etc. is just a THEORY that they are trying to prove." [emphasis in original]
- i. Posted May 22, 2006: "We had a bout of regression when we added DSMA chelation to the protocol...after which the Geiers took her off the chelator."
- j. Posted November 7, 2006: "...the Geiers want to wait to chelate until the aggressions/testosterone is under control, because the chelation will make it worse...[discussion regarding the child's body] "which according to David and Dr. Geier, is not so typical of autistic kids."
- k. Posted June 26, 2007: "...I started emailing Dr. Geier and David directly with questions/concerns. And anything of an urgent matter,

one of the two gentlemen has always called me right away. I also use email to keep them updated on their progress. (I have [x] children on the protocol.)”

- l. Posted June 26, 2007: [regarding the start of chelation therapy for one of several children] “Dr. Geier and David just wanted him to be on the Lupron for awhile before starting the chelation.”

54. The Respondent’s Qualifications

- m. Posted September 22, 2006: “Dr Geier (David) explained to me the other night [about effect of Lupron].”
- n. Response to above posting: “Dr. Geier’s name is Mark....David isn’t a doctor. But I’m confident he will get his PhD some day. He sure the heck is smart enough!”
- o. Response: “I had found out in August that David is not also a doctor, but it is already a habit for me to call him Dr. Geier...by the time I ‘untrain myself’. He will probably be one! LOL!!”
- p. Posted December 11, 2006: [Discussion by a health care provider who returned to the “Geiers” after an initial consultation to inquire about Lupron] “First of all Dr. Mark Geier was not in the room the son was giving us the lab result and the treatment protocol. As a [health care provider] I found that to be odd because the son is not an M.D. therefore I felt this was practicing without a license.”

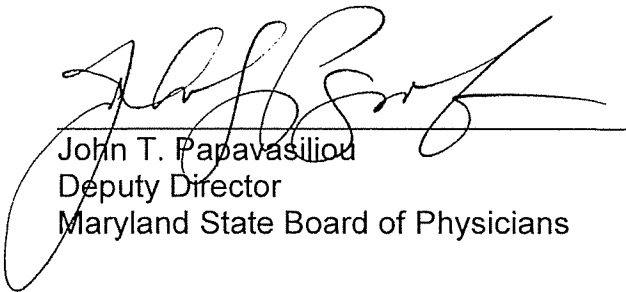
The Respondent’s conduct, in whole or in part, constitutes the practice of medicine without a license, in violation of H.O. § 14-601.

If, after a hearing, the Board finds that there are grounds for action under H.O. §§ 14-601, the Board may impose a monetary penalty.

NOTICE OF CASE RESOLUTION CONFERENCE

A Case Resolution Conference in this matter is scheduled for **Wednesday, July 6 2011 at 10:00 a.m.** the Board's office, 4201 Patterson Avenue, Baltimore, Maryland 21215. The nature and purpose of the case resolution conference and prehearing conference is described in the attached letter to the Respondent. If this matter is not resolved on terms accepted by the Board, an evidentiary hearing will be scheduled.

5/16/2011
Date


John T. Papavasiliou
Deputy Director
Maryland State Board of Physicians