January 12, 1999

CONFIDENTIAL

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Robert Snider, M.D.
12 Claremont Avenue
Massena, New York 13662

RE: License No. 167223

Dear Dr. Snider:

Enclosed please find Order #BPMC 99-4 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect January 12, 1999.

If the penalty imposed by the Order is a surrender, revocation or suspension of this license, you are required to deliver to the Board the license and registration within five (5) days of receipt of the Order to Board for Professional Medical Conduct, New York State Department of Health, Hedley Park Place, Suite 303, 433 River Street, Troy, New York 12180.

Sincerely,

Ansel R. Marks, M.D., J.D.
Executive Secretary
Board for Professional Medical Conduct

Enclosure

cc: Alan Lambert, M.D., J.D.
Lifshutz, Polland & Associates, P.C.
675 Third Avenue
New York, New York 10017

Kevin P. Donovan, Esq.
STATE OF NEW YORK  
COUNTY OF ST. LAWRENCE  

ROBERT W. SNIDER, M.D., deposes and says:

That on or about July 25, 1986, I was licensed to practice as a physician in the State of New York, having been issued license number 167223 by the New York State Education Department.

My current address is: 12 Clearyment Ave., Malone, N.Y. 12952, and I will advise the Director of the Office of Professional Medical Conduct of any change of my address.

I understand that the New York State Board for Professional Medical Conduct has charged me with Thirty Four Specifications of professional misconduct as set forth in the Statement of Charges, annexed hereto, made a part hereof, and marked as Exhibit A.

I do not contest the Twenty-Third through Thirty-Fourth Specifications in full satisfaction of the charges against me. I hereby agree to the following penalty: a permanent limitation on my license so that I may not prescribe or administer intravenous therapies other than in a health care facility licensed by the
New York State Department of Health. However, this limitation shall not apply to administration of antibiotics according to generally accepted standards of care. Further, I may perform other intravenous therapies in accordance with generally accepted standards of medical care if a written request to perform such therapies is made by me to the Director of the Office of Professional Medical Conduct and the specific therapies are approved in writing by the Director in the reasonable exercise of discretion. There shall also be a two year suspension of my license to practice medicine in New York, which suspension shall be stayed in its entirety conditioned on my full compliance, for a period of three years, with the Terms of Probation appended hereto as Exhibit B.

I further agree that the Consent Order for which I hereby apply shall impose a condition that, except during periods of actual suspension, I maintain current registration of my license with the New York State Education Department Division of Professional Licensing Services, and pay all registration fees. This condition shall be in effect beginning thirty days after the effective date of the Consent Order and continuing until the full term of the Order has run, and until any associated period of probation and all probation terms have been completed and satisfied. I hereby stipulate that any failure by me to comply with such condition shall constitute misconduct as defined by New York State Education Law §6530(29).

I agree that in the event that I am charged with
professional misconduct in the future, this agreement and order shall be admitted into evidence in that proceeding.

I hereby make this Application to the State Board for Professional Medical Conduct (the Board) and request that it be granted.

I understand that, in the event that this Application is not granted by the Board, nothing contained herein shall be binding upon me or construed to be an admission of any act of misconduct alleged or charged against me, such Application shall not be used against me in any way and shall be kept in strict confidence during the pendency of the professional misconduct disciplinary proceeding; and such denial by the Board shall be made without prejudice to the continuance of any disciplinary proceeding and the final determination by the Board pursuant to the provisions of the Public Health Law.

I agree that, in the event the Board grants my Application, as set forth herein, an order of the Chairperson of the Board shall be issued in accordance with same. I agree that such order shall be effective as of the date of the personal service of this order upon me, upon mailing of this order to me at the address set forth in this agreement or to my attorney by certified mail, or upon transmission via facsimile to me or my attorney, whichever is earliest.

I am making this Application of my own free will and accord and not under duress, compulsion or restraint of any kind or manner. In consideration of the value to me of the acceptance by the Board of this Application, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits,
I knowingly waive any right I may have to contest the Consent Order for which I hereby apply, whether administratively or judicially, and ask that the Application be granted.

AFFIRMED:

ROBERT W. SNIDER, M.D.
RESPONDENT
The undersigned agree to the attached application of the Respondent and to the proposed penalty based on the terms and conditions thereof.

DATE: 12/22/98

ALAN LAMBERT, M.D., J.D.  
Attorney for Respondent

DATE: 12/23/98

KEVIN P. DONOVAN  
ASSOCIATE COUNSEL  
Bureau of Professional Medical Conduct

DATE: 12/28/98

ANNE F. SAILE  
DIRECTOR  
Office of Professional Medical Conduct
STATE OF NEW YORK : DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER

OF

ROBERT W. SNIDER, M.D.

ORDER

Upon the proposed agreement of ROBERT W. SNIDER, M.D. (Respondent) for Consent Order, which application is made a part hereof, it is agreed to and

ORDERED, that the application and the provisions thereof are hereby adopted and so ORDERED, and it is further

ORDERED, that this order shall be effective as of the date of the personal service of this order upon Respondent, upon mailing of this order to Respondent at the address set forth in this agreement or to Respondent's attorney by certified mail, or upon transmission via facsimile to Respondent or Respondent's attorney, whichever is earliest.

SO ORDERED.

DATED: 1/2/99

WILLIAM P. DILLON, M.D.
Chairperson
State Board for Professional Medical Conduct
STATE OF NEW YORK : DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER OF

ROBERT W. SNIDER, M.D.

STATEMENT OF CHARGES

ROBERT SNIDER, M.D., the Respondent, was authorized to practice medicine in New York State on or about July 25, 1986, by the issuance of license number 167223 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. The Respondent treated Patient A from in or around August 1994 through at least in or around May 1995. Respondent's care of Patient A did not meet acceptable standards of care in that:

1. The Respondent failed to obtain an adequate history and/or physical examination of Patient A.
2. The Respondent failed to adequately evaluate Patient A for her presenting complaints.
3. The Respondent failed to adequately notify Patient A of the risks associated with chelation.
4. The Respondent fraudulently informed the patient that DMPS (2,3-dimercapto-propane-1-sulphonate) may be prescribed by a physician under the Medical Practice Act of the United States, when there is no such Act.
5. The Respondent administered DMPS to Patient A without adequate medical indication.
6. The Respondent administered DMPS to Patient A before testing her for heavy metals but assessed her mercury level based on a sample population that had not been administered DMPS.

EXHIBIT A
7. The Respondent recommended chelation for mercury levels without adequate indication.

8. The Respondent failed to adequately respond to Patient A's reports of symptoms following intravenous and/or chelation therapy.


B. The Respondent treated Patient B from on or about January 1994 to at least February 1996. Respondent's care of Patient B did not meet acceptable standards of care in that:

1. The Respondent failed to perform an adequate and timely neurological evaluation and/or treatment.

2. The Respondent failed to adequately notify Patient B of the risks associated with chelation.

3. The Respondent fraudulently informed the patient that DMPS may be prescribed by a physician under the Medical Practice Act of the United States, when there is no such Act.

4. The Respondent administered DMPS to Patient B without adequate medical indication.

5. The Respondent inappropriately assessed Patient B's aluminum and mercury levels based on a sample population that had not been administered DMPS, without reference to creatinine clearance, and/or without reference to total volume of urine collected.

6. The Respondent fraudulently and/or inappropriately reported to the patient that she had markedly elevated mercury and aluminum levels based on the testing described in the preceding subparagraph.

7. The Respondent recommended chelation for mercury and/or aluminum levels without adequate indication.

8. The Respondent inappropriately used EDTA as the chelating agent for mercury.

9. The Respondent had Patient B undergo chelation therapy without himself or another physician being present.

10. The Respondent failed to maintain an adequate medical record of his evaluation and treatment of Patient B specified in paragraphs B.1 through B.9.
C. Respondent treated Patient C from in or around March 1994 through in or around May 1994. The Respondent failed to adequately evaluate Patient C for his presenting complaints of hemorrhoids and diarrhea.

D. The Respondent treated Patient D from in or around October 1994 through at least in or around February 1996. Respondent's care of Patient D did not meet acceptable standards of care in that:

1. The Respondent failed to adequately notify Patient D of the risks associated with chelation.
2. The Respondent inappropriately prescribed EDTA to Patient D without adequate evaluation of kidney function and despite indications of rising creatinine.
3. The Respondent had Patient D undergo chelation therapy without himself or another physician being present.
4. The Respondent failed to attempt or offer treatment options other than chelation therapy for Patient D.
5. The Respondent failed to maintain and accurate record of his evaluation and treatment of Patient D specified in paragraphs D.1 through D.4.

E. The Respondent treated Patient E from in or around January 1991 through in or around March 1992. Respondent's care of Patient E did not meet acceptable standards of care in that:

1. Respondent failed to adequately notify Patient E of the risks associated with chelation.
2. The Respondent inappropriately prescribed EDTA to Patient E, whom he had assessed as having advanced COPD and renal insufficiency.
3. In March 1992, Respondent inappropriately administered normal saline to Patient E, who he had diagnosed as having congestive heart failure.
4. The Respondent had Patient E undergo chelation therapy without himself or another physician being present.

5. The Respondent failed to attempt or offer treatment options other than chelation therapy for Patient E.

6. The Respondent Inappropriately ordered chelation therapy and/or vascular/nerve studies when the patient appeared to be terminal.

7. The Respondent failed to appropriately respond to changes in Patient E's condition during a chelation session on 3/23/92.

8. The Respondent failed to maintain and accurate record of his evaluation and treatment of Patient E specified in paragraphs E.1 through E.7.

F. The Respondent treated Patient F from in or around March 1993 through at least January 1995. Respondent's care of Patient F did not meet acceptable standards of care in that:

1. The Respondent failed to adequately evaluate Patient F for her presenting complaints and recommend appropriate treatment for chronic facial pain.

2. The Respondent failed to adequately notify Patient F of the risks associated with chelation.

3. The Respondent fraudulently informed the patient that DMPS may be prescribed by a physician under the Medical Practice Act of the United States, when there is no such Act.

4. The Respondent administered DMPS to Patient F without adequate medical indication.

5. The Respondent administered DMPS to Patient F before testing her for heavy metals but assessed her arsenic and mercury levels based on a sample population that had not been administered DMPS.

6. The Respondent reported to the patient his assessment that she was arsenic toxic based on testing described in the preceding subparagraph.

7. The Respondent recommended chelation for arsenic levels without adequate indication.

8. The Respondent failed to maintain an adequate medical record of his evaluation and treatment of Patient F as specified in paragraphs F.1 through F.7.
G. The Respondent treated Patient G from in or around April 1991 through at least January 1995. Respondent’s care of Patient G did not meet acceptable standards of care in that:

1. The Respondent failed to obtain an adequate history and/or physical examination of Patient G.
2. The Respondent failed to adequately evaluate Patient G for her presenting complaints.
3. The Respondent failed to adequately notify Patient G of the risks associated with chelation.
4. The Respondent fraudulently informed the patient that DMPS may be prescribed by a physician under the Medical Practice Act of the United States, when there is no such Act.
5. The Respondent administered DMPS to Patient G without adequate medical indication and without adequate evaluation.
6. The Respondent administered DMPS to Patient G before testing her for heavy metals but assessed her mercury level based on a sample population that had not been administered DMPS.
7. The Respondent fraudulently and/or inappropriately reported to the patient that she had markedly elevated mercury levels based on the testing described in the preceding subparagraph.
8. The Respondent failed to develop an appropriate treatment plan for his diagnosis of markedly elevated mercury levels.

H. The Respondent causes a periodical called "The Wellness Report" to be distributed. The content of Respondent’s "Report" is advertising or soliciting for patronage that is not in the public interest, namely:

5. An undated Issue uses a testimonial dated August 1997

SPECIFICATIONS OF MISCONDUCT
FIRST SPECIFICATION
PRACTICING WITH NEGLIGENCE
ON MORE THAN ONE OCCASION

The Respondent is charged with practicing the profession with negligence on more than one occasion within the meaning of N.Y. Educ. Law § 6530(3) in that Petitioner charges that the Respondent committed two or more of the following:


SECOND SPECIFICATION
PRACTICING WITH INCOMPETENCE
ON MORE THAN ONE OCCASION

The Respondent is charged with practicing the profession with incompetence on more than one occasion within the meaning of N.Y. Educ. Law § 6530(5) in that the Petitioner charges that the Respondent committed two or more of the following:

THIRD THROUGH NINTH SPECIFICATIONS
PRACTICING WITH GROSS NEGLIGENCE

The Respondent is charged with practicing the profession with gross negligence on a particular occasion within the meaning of N.Y. Educ. Law § 6530(4) in that the Petitioner charges:


5. The facts in paragraph C.

6. The facts in paragraphs D and D.1, D and D.2, D and D.3, D and D.4 and/or D and D.5.

7. The facts in paragraphs E and E.1, E and E.2, E and E.3, E and E.4, E and E.5, E and E.6, E and E.7 and/or E and E.8.

8. The facts in paragraphs F and F.1, F and F.2, F and F.4, F and F.5, F and F.6, F and F.7 and/or F and F.8.


TENTH THROUGH SIXTEENTH SPECIFICATIONS
PRACTICING WITH GROSS INCOMPETENCE

Respondent is charged with practicing the profession with gross Incompetence within the meaning of N.Y. Educ. Law § 6530(6) in that Petitioner charges:


12. The facts in paragraph C.

13. The facts in paragraphs D and D.1, D and D.2, D and D.3, D and D.4 and/or D and D.5.

15. The facts in paragraphs F and F.1, F and F.2, F and F.4, F and F.5, F and F.6, F and F.7 and/or F and F.8.


SEVENTEENTH THROUGH TWENTY-SECOND SPECIFICATIONS

PRACTICING FRAUDULENTLY

The Respondent is charged with practicing the profession fraudulently within the meaning of N.Y. Educ. Law § 6530(2) in that the Petitioner charges:


20. The facts of paragraphs F and F.3.


TWENTY-THIRD THROUGH TWENTY-EIGHTH SPECIFICATIONS

The Respondent is charged with advertising or soliciting for patronage that is not in the public interest within the meaning of N.Y. Educ. Law § 6530(27) in that the Petitioner charges:


27. The facts of paragraphs H and H.5.

TWENTY-NINTH THROUGH THIRTY-FOURTH SPECIFICATIONS
FAILING TO MAINTAIN PATIENT RECORDS

The Respondent is charged with failing to maintain a record for each patient which accurately reflects the evaluation and treatment of the patient within the meaning of N.Y. Educ. Law § 6530(32) in that the Petitioner charges:

31. The facts in paragraphs D and D.5.
32. The facts in paragraphs E and E.8.
33. The facts of paragraphs F and F.8.
34. The facts of paragraphs G and G.9.

DATED: Dec 23, 1998
Albany, New York

PETER D. VAN BUREN
Deputy Counsel
Bureau of Professional Medical Conduct
EXHIBIT "B"

TERMS OF PROBATION

1. Respondent shall conduct himself in all ways in a manner befitting his professional status, and shall conform fully to the moral and professional standards of conduct and obligations imposed by law and by his/her profession;

2. Respondent shall submit written notification to the New York State Department of Health (NYSDOH), addressed to the Director, Office of Professional Medical Conduct (OPMC), New York State Department of Health, Hedley Park Place, 4th Floor, 433 River Street, Troy, New York 12180-2299; said notice is to include a full description of any employment and practice, professional and residential addresses and telephone numbers within or without New York State, and any and all investigations, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility, within thirty days of each action;

3. Respondent shall fully cooperate with and respond in a timely manner to requests from OPMC to provide written periodic verification of Respondent's compliance with the terms of this Order. Respondent shall personally meet with a person designated by the Director of OPMC as requested by the Director.

4. Any civil penalty not paid by the date prescribed herein shall be subject to all provisions of law relating to debt collection by New York State. This includes but is not limited to the imposition of interest, late payment charges and collection fees; referral to the New York State Department of Taxation and Finance for collection; and non-renewal of permits or licenses [Tax Law section 171(27); State Finance Law section 18; CPLR section 5001; Executive Law section 32].

5. The period of probation shall be tolled during periods in which Respondent is not engaged in the active practice of medicine in New York State. Respondent shall notify the Director of OPMC, in writing, if Respondent is not currently engaged in or intends to leave the active practice of medicine in New York State for a period of thirty (30) consecutive days or more. Respondent shall then notify the Director again prior to any change in that status. The period of probation shall resume and any terms of probation which were not fulfilled shall be fulfilled upon Respondent's return to practice in New York State.
6. Respondent's professional performance may be reviewed by the Director of OPMC. This review may include, but shall not be limited to, a review of office records, patient records and/or hospital charts, interviews with or periodic visits with Respondent and his staff at practice locations or OPMC offices.

7. Respondent shall maintain legible and complete medical records which accurately reflect the evaluation and treatment of patients. The medical records shall contain all information required by State rules and regulations regarding controlled substances.

8. Respondent shall comply with the provisions of N.Y. Education Law section 6530(27) concerning advertising.

9. Respondent shall enroll in and complete annually, 90 hours of continuing education in the area of internal medicine or family practice. Said continuing education program shall be subject to the prior written approval of the Director of OPMC.

10. Respondent shall comply with all terms, conditions, restrictions, and penalties to which he is subject pursuant to the Order and shall assume and bear all costs related to compliance. Upon receipt of evidence of noncompliance with, or any violation of these terms, the Director of OPMC and/or the Board may initiate a violation of probation proceeding and/or any such other proceeding against Respondent as may be authorized pursuant to the law.