

All responses by Dr. Buttar are in italics with red color font.

Point of contention: The nature of the charges, and the manner in which these charges have been brought forth, along with the false nature of these charges, create a major problem with going before the administrative hearing judge, who in this case, is not a judge at all, but rather the President of the Medical Board.

The investigation leading to these charges was corrupt and will be proven. The fact that the investigation was corrupt, shows that anything in administrative court, by default, will be corrupt. This is at the heart of the law passed for "Due Process for Physicians"...bill 886, passed in 2003.

Due process will NOT be served by the administrative court with the NCMB President serving as judge, jury and executioner. If corruptness were not an issue, these allegations would have been dropped. Per the NCMB Investigator who came to our office, ONLY 1 of the 4 patients in question complained about us. And the one that did complain, was never seen by me, was trying to commit credit card fraud!

Notice of Charges - Rashid Ali Buttar, D.O. Page 1 of 10

**BEFORE THE
NORTH CAROLINA MEDICAL BOARD**

**In re:)
) NOTICE OF CHARGES
Rashid Ali Buttar, D.O.,) AND ALLEGATIONS;
) NOTICE OF HEARING
Respondent.)**

The North Carolina Medical Board (hereafter, Board) has preferred and does hereby prefer the following charges and allegations:

1. The Board is a body duly organized under the laws of North Carolina and is the proper party to bring this proceeding under the authority granted it in Article 1 of Chapter 90 of the North Carolina General Statutes.

NCMB Mission Statement - as on the home page of the NCMB website:

The North Carolina Medical Board was established by the General Assembly "in order to properly regulate the practice of medicine and surgery for the benefit and protection of the people of North Carolina." The practice of medicine is a privilege granted by the state. The North Carolina Medical Board, through

efficient and dedicated organization, will license, monitor, discipline, educate, and when appropriate, rehabilitate physicians and mid-level practitioners to assure their fitness and competence in the service of the people of North Carolina. In fulfilling its mission, the Board will play a leading role in the ever-changing health care environment through dialogue with the public, the legislature, academia, and the medical community.

Point of contention No. 1 - What is the function of the NCMB?

Is the medical board "justified" in dictating any issue of charges to patients? Are financial policy is open. There are no hidden agendas. Everything on our bills is itemized

Is this not considered "price fixing" and going against "free enterprise" if the NCMB tries to decide the price of anything?

The medical board already doesn't understand our treatments and then, states these treatments are too expensive? If they don't know what we do, how can they say it's "too expensive"?

What does this issue with expense of treatments have to do with patient safety and efficacy?

Why does the NCMB think they know BETTER what is best for the citizens of NC than the patient themselves?

Quote - "If people let government decide what foods they eat and what medicines they take, their bodies will soon be in as sorry a state as the souls of those who live under tyranny."

- Thomas Jefferson

2. Rashid Ali Buttar, D.O. (hereafter, Dr. Buttar), is a physician licensed by the Board on or about May 20, 1995, to practice medicine and surgery, license number 95-00528.

The above statement is true.

3. During the times relevant herein, Dr. Buttar practiced medicine in Cornelius, North Carolina.

The above statement is true.

4. Patients A through C presented to Dr. Buttar with a

diagnosis of cancer.

The above statement is true.

5. Patient A presented to Dr. Buttar with a diagnosis of cervical cancer.

The above statement is true.

Notice of Charges - Rashid Ali Buttar, D.O. Page 2 of 10

6. Patient B presented to Dr. Buttar with a diagnosis of ovarian cancer.

The above statement is true.

7. Patient C presented with a diagnosis of adrenal cell cancer.

The above statement is true.

8. Patient D presented to Dr. Buttar with a history of colon polyps.

The above statement is NOT entirely true. Her history MAY have included the above but her Chief Complaint had nothing to do with colon polyps.

This statement by the NCMB is an example of the NCMB creating intentional confusion by distorting the truth in order to malign and slander Dr. Buttar.

Point of contention No. 2 - This patient presented for specific complaints, NONE of which had anything to do with the Polyps.

NCMB can clearly see what we treated patient for empirically.

What is their intent by misrepresenting the patient's chief complaint as documented in the chart???

9. Patients A, B and C would eventually succumb to their cancer.

The above statement is true.

10. Patients A, B and C, desperate for any hope to combat their disease, came to Dr. Buttar because of Dr. Buttar's representations that the therapies he offered would be effective in their battle against cancer.

Point of contention No. 3 - "came to Dr. Buttar because of Dr. Buttar's representations"...I never met these people before. They came on their own accord.

What is the NCMB's purpose of making this false statement?

Dr. Buttar's representations were false, and were made by Dr. Buttar with full knowledge of their falsity.

Point of contention No. 4 - Dr. Buttar FULLY stands by what he has said, publicly and privately, in conferences, lectures, and in all venues. NO statements are false and I stand by what I have said. My treatments are effective in cancer.

The NCMB has evidence showing effectiveness of these treatments, in the patients' records, but they deliberately choose not to recognize it.

What is the intent of the NCMB for 1.) failing to recognize the truth and 2.) to intentionally misrepresent this truth?

The above statement is COMPLETELY and TOTALLY false.

- 1. Dr. Buttar does NOT advertise his treatment of cancer.*
- 2. Dr. Buttar has NEVER made a false statement about his treatment of ANY disease.*
- 3. The NCMB obvious ignorance and blatant disregard for human life are exemplified by this statement and will be proven decisively*
- 4. Dr. Buttar can and will provide clinical as well as video documentation and even personal patient testimony as to his efficacy in dramatically increasing life span in cancer patients.*
- 5. In fact, on the clinic website is video interviews of terminal cancer patients given 6 to 9 months to live that are today, years after their diagnosis, not only alive, but healthy and leading normal lives, many after failing chemo and/or radiation.*
- 6. The above will decisively prove:*
 - a. efficacy of Dr. Buttar's treatments.*
 - b. the NCMB has made INTENTIONALLY false statements against Dr. Buttar.*
 - c. the NCMB is using their quasi governmental body status to pursue an agenda outside of their stated mission.*
 - d. the NCMB is in violation of the North Carolina Medical Practice act on multiple counts.*

- e. the NCMB is attempting to prevent freedom of choice and decision from the people of NC seeking treatment options that are LESS toxic and FAR SAFER than the prevailing chemotherapy and radiation therapy options.
- f. the NCMB is pursuing an agenda which has cost hundreds of thousands of citizens of NC not only a tremendous amount of money but loss of life.

11. Dr. Buttar provided therapies to Patients A, B and C that were unproven and wholly ineffective. The therapies consisted primarily of intravenous administration of a variety of substances, none of which has any known value for the treatment of cancer. The substances included EDTA ethylene diamine tetraacetic acid), chromium, certain vitamins, and hydrogen-peroxide.

The above statement is COMPLETELY and TOTALLY false. Each of the treatments administered is for a specific reason and each has been PROVEN to be EFFECTIVE

The NCMB has a responsibility to research and investigate all complaints. Once the facts have been discovered and are fully known, it is the NCMB's responsibility to state the facts and the truth.

Despite learning the facts and knowing the details, the NCMB's has intentionally falsified statements in their charges for implicit purpose of:

1. *Discrediting one of the top doctor's in the USA.*
2. *Discrediting a safer and more effective treatment option for cancer and causing direct harm to the citizens of NC*
3. *facilitating the monopoly of the conventional medical physicians the NCMB is comprised of and whose financial interests the NCMB is protecting, at the cost of patient lives.*
 - a. *Proof will be provided - See exhibit A*
 - b.

Point of contention No. 5 - What is the NCMB's intent in FAILING to recognize the literature that supports all these treatments? The law clearly states they can NOT single any treatment out. Yet, they are doing it.

*What is their intent by breaking the law?
Do they have the right to break the law?*

What is their regulatory body that INSURES they operate within their own stated guidelines and the law?

12. Dr. Buttar charged exorbitant fees for his ineffectual therapies. The total cost of the intravenous injections and other

Notice of Charges - Rashid Ali Buttar, D.O. Page 3 of 10

therapies for these cancer patients at times ranged in the thousands, sometimes tens of thousands, of dollars. Not only would Dr. Buttar order and have administered unproven and ineffectual therapies for Patients A, B and C in an attempt to drive up his billings, he would also order numerous tests and lab work for these patients that had no rational, medical relationship to the Patients' cancer diagnosis. Moreover, many tests and lab work that were ordered by Dr. Buttar were never adequately justified in the medical records of the patients, were never linked to the patients' diagnoses or clinical condition, and in some instances never interpreted.

Point of contention No. 6 - What is the NCMB's intent in making this false accusation?

Is it to protect the market for the conventional cancer industry in NC, that averages FAR more cost than Dr. Buttar's treatments?

What is the purpose of calling these effective treatments, "unproven"? It is not relevant if they are proven or not, according to 1.) the law, 2.) the consent, 3.) what the doctor believes and 4.) what the patient wants.

What is the NCMB's intent by calling Dr. Buttar's fee "exorbitant"? Is it to discredit his effective treatments? Is it to dissuade patients from seeking Dr. Buttar's help? Is it to prevent the NCMS doctors from losing business, who have patients leaving their practices to seek Dr. Buttar's treatments?

What is the purpose of the NCMB being dishonest regarding the lab testing and lab work, which is clearly indicated for any patient undergoing up-regulation of their immune system.

*Is the NCMB's intent to discredit Dr. Buttar's work?
Is the NCMB's intent to discredit Dr. Buttar's clinical outcome?
Is the NCMB's intent to discredit integrative medicine?
Is the NCMB's intent to promote conventional oncology which cost's the patients exponentially more money than Dr. Buttar's treatments?*

The above statement is COMPLETELY and TOTALLY false.

1. The cost of services rendered for any treatment is NOT of any concern or within the jurisdiction of the NCMB. Dr. Buttar has the right to charge any amount he chooses for his services. It is the right of every AMERICAN to charge what ever he or she thinks is appropriate for their respective services or products.

2. All treatments are not only effective, but have proof of their effectiveness.

3. The NCMB has made serious allegations that they KNOW to be untrue, in order to cause damage and irrepreble harm to Dr. Buttar.

a. The NCMB does NOT have a license to practice medicine but is making medical determinations and judging Dr. Buttar's clinical decisions.

b. All tests were done for specific rationale. And in fact, Dr. Buttar's testing is FAR less costly than that done by conventional doctors.

c. The statement in the charges made by the NCMB stating "he would also order numerous tests and lab work for these patients that had no rational, medical relationship to the Patients' cancer diagnosis" indicates the blatant ignorance the NCMB is exhibiting.

1. In fact, if the NCMB does not know the relationship of NK Cells to cancer, apoptosis to cancer, cell cycle analysis to cancer and lymphocyte subpopulation counts to cancer, then the NCMB has NO business in insuring medical protection of the citizens of NC.

4. Furthermore, the following statements from the charges by the NCMB "Moreover, many tests and lab work that were ordered by Dr. Buttar were never adequately justified in the medical records of the patients, were never linked to the patients' diagnoses or clinical condition, and in some instances never interpreted", are completely FALSE, further exemplifying the unethical and malicious intent of the NCMB.

a. Each test is MORE than adequately justified and can be proven using published literature, basic physiology, leading experts and clinical outcome.

b. Each test IS linked to the diagnosis and the clinical condition.

c. Each test has ALWAYS been interpreted and determines course of treatment.

5. The OBVIOUS intellectual ignorance of the NCMB, their blatant arrogance and intentional attempt to discredit Dr. Buttar's efficacious treatments (more effective than ANY other traditional doctor treating cancer in NC) show that the NCMB:

- a. has violated their premise to insure patient safety
- b. has violated the NC Medical Practice Act by failing to show how Dr. Buttar's treatments are unsafe (See following statute)

S 90-14, (a) 6 - The Board shall not revoke the license of or deny a license to a person solely because of that person's practice of a therapy that is experimental, nontraditional, or that departs from acceptable and prevailing medical practices unless, by competent evidence, the Board can establish that the treatment has a safety risk greater than the prevailing treatment or that the treatment is generally not effective.

c. All treatments utilized by Dr. Buttar mentioned specifically in the charges, are used by teaching medical institutions world wide, including the bio-oxidative medicine, recently including Baylor and Mayo Clinic.

d. It is NOT the individual responsibility of the practicing physician to educate the NCMB as to advances in medicine.

e. Despite this, Dr. Buttar, as the President of the NCIMS (NC Integrative Medical Society), along with other members of the NCIMS, have attempted on multiple occasions, to help educate the NCMB. Each such attempt has been ignored by the NCMB. This is further evidence of the NCMB's genuine disinterest in advancing the practice of medicine in NC and their primary interest of protecting the interests of the NC Medical Society, instead of the best interest of the citizen patients of NC.

13. There is no evidence that any of the extensive and expensive laboratory data obtained on Patients A, B, C and D were used for treatment decisions. In essence, the medical records indicate that the extensive testing and lab work for Patients A, B, C and D were not ordered for any medical or clinical purpose, but were instead ordered in an attempt to drive up costs.

The above statement is COMPLETELY and TOTALLY false.

1. Ignorance in understanding the role of the immune system in cancer patients is NOT an excuse for the NCMB to make false allegations.

2. It is NOT the responsibility of Dr. Buttar or any other practicing physician to educate the NCMB when they show their obvious ignorance in fundamental 1st year medical school

physiology that anyone treating immunocompromised patients should understand, and a lack of understanding would be DANGEROUS to the patient being treated.

3. Cost of treatments in question are less than 5% of what the standard cost of chemotherapy and radiation therapy cost. Furthermore, the cost of testing is minimal, and far lower than the cost of testing employed by the conventional treatments which are far LESS effective and have been proven to have little if any efficacy.

14. Patients A, B and C seemed to be treated on an indistinguishable or arbitrary protocol regardless of their individual diagnosis. None of the Patients (A - D) showed any evidence of response or benefit to the treatments they received at Dr. Buttar's office. All Patients received frequent, expensive

Notice of Charges - Rashid Ali Buttar, D.O. Page 4 of 10
treatments that had no recognized scientific evidence of any validity whatsoever on almost a daily basis without any evidence of sustained improvement.

The above statement is COMPLETELY and TOTALLY false.

- 1. Each patient was on a specific written treatment protocol established over 9 years of clinical experience.*
- 2. The following statement "None of the Patients (A - D) showed any evidence of response or benefit to the treatments they received at Dr. Buttar's office" is a blatant lie by the NCMB and will be proven using 4 separate modalities of assessment, and in the case of some of these patients, even using the "standard" to assess efficacy of treatment, despite having ALL conventional treatments fail.*
- 3. All patients not only clinically showed efficacy of treatment, they showed objective evidence of improvement.*
- 4. Again, the NCMB intentionally makes DISHONEST statements after concluding their investigation over 1 year. This further proves their conspiratorial motive.*

15. The medical records of Patients A, B, C and D also do not indicate that Dr. Buttar ever examined or followed any of the patients. All four patients were seen and treated mainly by Dr.

Buttar's nurse practitioner. Despite having little, or no personal interaction with Patients A, B, C and D, Dr. Buttar nonetheless charged thousands of dollars to each patient for his services.

The above statement is COMPLETELY and TOTALLY false.

- 1. Each cancer patient was seen by Dr. Buttar at LEAST once per week, and on most occasions, multiple times a week. In addition, often Dr. Buttar and his NP saw the patient together and occasionally, only the NP would transcribe the notes.*
- 2. All patient treatments and all decisions were made and are always made by Dr. Buttar, based on principals and philosophy which have resulted in documented success in patients where all conventional therapies had failed miserably.*
- 3. The audacity of the NCMB to accuse Dr. Buttar of said charges, in light of the clear fact documented by VIDEO where Dr. Buttar succeeded when the conventional treatments failed, is further evidence of the incompetent proceedings of the NCMB as well as the incompetence of the members of the NCMB that are reviewing these and other such cases.*
- 4. The level of incompetence of the NCMB has already been seen in other cases of NCMB passing judgements on physicians that are far superior in clinical judgment and have superior patient outcomes than the conventional treatments.*
- 5. Rather than embrace these advanced forms of therapy, the NCMB actively prevents these therapies from being used by persecuting the few doctors that are willing to do the right thing for their patients.*
- 6. The NCMB's decisions have been shown to have a history of actively putting the citizens of NC into dangerous situations. The NCMB continues to violate the patient's right to seek the therapy they desire.*
- 7. The NCMB continues to violate the NC Medical Practice Act by making lurid and falicious charges against a physician who has not so much as even been named once in a malpractice law suite. Yet, the NCMB refrains from pursuing doctors who have had multiple malpractice claims against them.*

8. *The NCMB continues to violate the NC Medical Practice Act by making lurid and falicious charges against a physician who has, according to the NCMB's own investigator, ONLY had 1 patient complaint against him in 16 years of practicing medicine (and that patient was NEVER even seen by Dr. Buttar, but rather, was a patient that was attempting to commit credit card fraud). Proof will be provided.*

9. *All other complaints have NOT been from the patients, but rather, 3rd parties, majority of whom have a financial interest and were turned over to collections for failure of paying their financial obligation.*

10. *In all cases, patients agreed to a Consent for Treatment and a Financial Policy and signed witnessed agreements prior to onset of any treatment.*

16. Dr. Buttar charged Patient C over \$32,000.00 for treatments he knew to be ineffectual. Immediately prior to his death, Patient C sent a check to Dr. Buttar, for partial payment, in the amount of \$6,700.00. Before Dr. Buttar could cash the check, Patient C's widow cancelled the check because she felt that Dr. Buttar's treatments were useless even though Dr. Buttar had promised her and her husband that his treatments had a "100% success rate."

The above statement is COMPLETELY and TOTALLY false.

1. *Why would a patient continue to pay for treatment if he or she did NOT see the evidence of the efficacy of treatment?*
2. *We will show, using the information the board was provided, how and why this patient did well on treatment.*
 - a. *The NCMB's incompetence and failure to be able to interpret a cancer panel does not constitute an excuse for the NCMB to falsely accuse a physician who is consistently achieving better clinical outcome than ANY other physician treating cancer patients in the entire state of NC and possibly, in the entire eastern US.*
 - b. *Patient C was successfully treated for his cancer and this is objectively measurable.*
 - c. *Patient C DIED secondary to a pulmonary emboli caused by the unsuccessful conventional treatment he received, previous to presenting to Dr. Buttar.*

- d. Patient C notified Dr. Buttar on at least 3 occasions that his wife was NOT supportive of his choice to seek further treatment after the conventional treatment had failed.
 - e. Patient C was treated for over 10 weeks at Dr. Buttar's clinic, at which NO time was the patient's wife ever present.
 - f. Dr. Buttar has NEVER met Patient C's wife.
3. Once again, the NCMB perpetuates LIES by charging "Dr. Buttar's treatments were useless even though Dr. Buttar had promised her and her husband that his treatments had a "100% success rate." How is this ludicrous statement even possible if Dr. Buttar has NEVER met patient C's wife? The NCMB will take "hear say" and charge a reputable physician based on "hear say"?
- a. All patients who present to Dr. Buttar are told that there is NO guarantee of any success in any of our therapies.
 - b. ALL patient's presenting to Dr. Buttar's clinic sign a document stating that there is NO guarantee that our treatments will work.
 - c. EACH patient, since Dr. Buttar opened his practice, has signed a mandatory document (including all 4 of the patients in question), entitled Consent for Treatment:
 - i. Consent for Treatment - I also understand that:
 - 1. Section 1): the safety and efficacy of many such therapies has not been established with controlled studies,
 - 2. Section 2): Specifically, no claim to cure cancer with these therapies has been made to me,
 - ii. The full Consent for Treatment form is available for review and is signed in the presence of a witness who also signs the paperwork.
 - iii. Copies of Consent for Treatment for ALL 4 of the above mentioned patients are on the patients charts.
 - iv. The NCMB is FULLY aware of this fact, as they were provided this information and were provided with copies of these documents for all 4 patients in question.
 - v. In addition, the NCMB has reviewed over 25 patient charts from Dr. Buttar's clinic since 1999. This document as well as multiple informed consent forms have ALWAYS been on all patient charts.

- d. *The NCMB, instead of relying on documented paperwork, chooses to take the word of a family member who THREATENED Dr. Buttar's staff that she would complain to the NCMB if she did not receive a "write off" of her husband's balance.*
 - e. *The NCMB is staking their case on the lies of a woman who defied her husband's right to live and did not support his attempt at saving his life due to her desire to preserve his financial estate.*
 - i. *Numerous fights were witnessed by 3 separate staff members over the phone between the patient and his wife.*
 - ii. *The patient relayed to staff how his wife was not supportive and how she fought with him to "just give up" in conversations with the staff.*
 - iii. *The patient relayed on 2 separate occasions, directly to Dr. Buttar, depression regarding the fact he felt his wife cared more about her financial status than about his life.*
 - f. *The NCMB is staking their case on a woman who was turned over to a collection agency for stopping payment on a check issued by her husband.*
 - g. *The NCMB is intentionally and willfully interfering with Dr. Buttar's livelihood and violating his constitutional right to earn a livelihood which is secured by the Fourteenth Amendment, and is subject only to constitutional regulation.*
4. *All patients who have presented to Dr. Buttar, were NOT solicited and come based on their own free will.*

17. After Patient C's widow cancelled the \$6,700.00 check, Dr. Buttar referred Patient C's account to a collection agency. The amount that Dr. Buttar sought from Patient A's widow exceeded \$25,000.00, which included the unpaid portion of Patient C's bill, interest, and a 25% collection fee.

The above statement is True.

- 1. *Dr. Buttar's staff has a standard operating procedure for patients who have not paid their bills within a specified time period.*
- 2. *The 25% collection fee helps to partially cover and offset the 50% of the balance (recovery fee) charged by the collection company when they have to utilize an attorney.*

Notice of Charges - Rashid Ali Buttar, D.O. Page 5 of 10

18. Patient B was treated by Dr. Buttar for a period of two

months, from April 2004 to June 2004. During this two month period, Dr. Buttar charged Patient B in excess of \$30,000.00 for ineffectual therapies that included injections of intravenous vitamins and other substances, chelation therapy with DMPS (Dimercapto-propane sulfonate) and EDTA, Philbert Infra Respiratory Reflex Procedure and Ondamed biofeedback. All of Patient B's clinical notes were written by his nurse practitioner, and for an extended period of time, Dr. Buttar's nurse practitioner exclusively saw and treated Patient B.

The above statement is COMPLETELY and TOTALLY false.

- 1. The patient was seen WEEKLY by Dr. Buttar.*
- 2. Proof of the IMPROVEMENT of this patient is clearly evident to even the simplest of intellects and is well documented, even by using the antiquated "standard of care" criteria used by conventional oncology.*
 - a. The NCMB intentional omission of this key information lends to further make their actions and intentions clearly suspect.*
 - b. All the notes for this patient are NOT filled out ONLY by the NP. Again, this is intentional and deliberate misinformation being propagated in the charges by the NCMB to malign and cause irreparable harm to Dr. Buttar.*
- 3. The NCMB again intentionally misrepresents the facts, intentionally withholding information they are fully aware of, in order to malign and discredit Dr. Buttar in the formal charges.*

19. Prior to her death, Patient B paid Dr. Buttar \$10,258.00. Dr. Buttar has sought collection from Patient B's estate the remaining \$19,765.00 of his charges.

The above statement is TRUE.

- 1. Patient B was non compliant and failed to continue with her treatment as recommended.*
- 2. Patient B owed the clinic money for treatments that had been rendered.*
 - a. Again, the NCMB has NO jurisdiction to prevent ANY physician from seeking remuneration for services rendered.*
 - b. The NCMB is in violation of the 14 Amendment*
- 3. Documentation of the efficacy of her treatment is clearly documented, by the patients own fiance' who accompanied her on each treatment.*

20. Patient A was treated by Dr. Buttar for one month beginning in July, 2006. Patient A came to Dr. Buttar after a radical hysterectomy, chemotherapy and radiation therapy all failed to halt the spread of her cancer, which by July 2006 had spread to her liver and lungs. Dr. Buttar's treatment of Patient A was to administer hydrogen peroxide intravenously. Patient A paid \$12,360.00 to Dr. Buttar for an initial fee. Over the next month, Patient A would have nineteen (19) other office visits with Dr. Buttar and pay an additional \$18,000.00, for a total of \$27,820.00

The above statement is partially false.

- 1. Obtained consent for treatment was obtained on all patients.*
- 2. The patient received many forms of treatments, most of which the NCMB has no ability to comprehend due to their already limited and self-admittedly lacking knowledge. It is NOT Dr. Buttar's responsibility to educate the NCMB.*
- 3. The patient and the patient's family sought Dr. Buttar and his treatment after being referred to Dr. Buttar by family friends.*

Notice of Charges - Rashid Ali Buttar, D.O. Page 6 of 10

(Patient A's family received a refund of \$2,540.00). The average cost of Patient A's office visits for Dr. Buttar (to receive IV hydrogen peroxide) was \$1,464.00. All examinations and office visit notes for Patient A were written by Dr. Buttar's nurse practitioner. Although Patient A was billed for "physician attendance and supervision," it is unclear from Patient A's medical record whether Dr. Buttar ever examined Patient A or provided much of any supervision to his nurse practitioner.

The above statement is COMPLETELY and TOTALLY false.

- 1. Dr. Buttar saw the patient on a number of occasions, and did NOT charge the patient.*
- 2. This can be verified by the patient's own daughter.*
- 3. Dr. Buttar provides supervision to his NP on ALL his patients.*
- 4. The false implications from the NCMB, again to perpetuate doubt in the minds of the public, is reprehensible and is slanderous.*
- 5. Dr. Buttar would NOT be able to attain the superior clinical results that have achieved him world wide acclaim in the fields of toxicity in chronic disease*

were he not taking care of the patients. His NP provides routine support to the patients.

- 6. All clinical decisions, procedures and treatment protocols are exclusively decided by Dr. Buttar and implemented based on written copywrited protocols.*

21. Patient D presented to Dr. Buttar with a history of colon polyps. Dr. Buttar initiated chelation therapy for Patient D without ever seeing the patient or establishing a diagnosis. Patient D was seen only by Dr. Buttar's nurse practitioner and not on all visits. Most of the documentation regarding Patient D has to do with billing issues. There is no diagnosis, no treatment plan defined, and no repeat evaluation of Patient D directly. Patient D's clinical notes consist of six (6) pages, but her financial and laboratory related items consist of some sixty (60)pages. In sum, there is no documented history or examination on repeat visits for Patient D, no stated working diagnosis, and no rationale for the treatment plan. However, there is extensive diagnostic testing without medical justification or indication.

The above statement is partially false

- 1. The patient presented with a chief complaint of something completely unrelated. Her history may have included colon polyps but we do NOT treat colon polyps.*
- 2. Even an IDIOT would NOT conclude that colon polyps should be treated with chelation but the NCMB seems to make that correlation.*
- 3. It is correct that I never saw this particular patient, as is routine in most practices where a NP sees a patient and the doctor reviews the chart prior to initiating any therapy.*
- 4. The patient was EMPIRICALLY treated, as is COMMON when we are uncertain as to what the diagnosis is. The NCMB acts as if all patients have a diagnosis before treatment which is preposterous given how many patients we see that have seen more than 15 doctors and have only gotten worse.*
- 5. This patient had seen other physicians and had sought our care.*
- 6. The following statement by the NCMB "There is no diagnosis, no treatment plan defined, and no repeat evaluation of Patient D directly" is false and misleading. The patient only presented 2 times to the clinic for visits with a provider. The other times that the patient came were for IV treatments and the appropriate nursing notes were documented.*

7. The patient's initial consultation, physical exam and one office follow up were all that were done with a provider (Nurse Practitioner).
8. The patient had laboratory data collected as is standard for our practice to insure safety before we initiate any IV therapy.
9. The patient tried to commit credit card fraud which is why there is a tremendous amount of financial documentation.
10. This is the ONLY patient that complained to the medical board.
 - a. This patient first denied she had visited our clinic and tried to have her credit card charges reversed.
 - b. Once evidence was provided to the credit card company, she tried to state that it was not her signature.
 - c. Once that was proven, she told the credit card company that no services were ever rendered.
 - d. Credit card company was sent proof of laboratory data ordered and obtained, as well as a financial policy form and credit card statements signed multiple times by the patient.
 - e. The patient then called our office and stated she was upset she had not seen with Dr. Buttar and only the nurse practitioner.
 - f. Patient was told she could schedule a visit with Dr. Buttar but the cost of office visit with each provider differs and the patient was not willing to pay extra for Dr. Buttar.
 - i. This has become standard in our practice since everyone wishes to see Dr. Buttar for even minor issues that are easily resolved without the direct need for Dr. Buttar to be involved.
 - ii. All patients have the choice of seeing Dr. Buttar. All patient charts, regardless of which provider has seen the patient, ALWAYS are reviewed by Dr. Buttar by the end of the month.
11. The medical testing was to rule out heavy metal toxicity and also as a pre-work up prior to our initiating any IV therapy on any of our patients.
12. The NCMB may think evaluating a patient prior to initiating an invasive therapy is NOT appropriate, but Dr. Buttar does think that evaluating a patient before therapy is NECESSARY. This is further evidence of the obvious incompetence and ignorance of the NCMB and the physicians reviewing the charts for the NCMB.

constitutes unprofessional conduct, including, but not limited to, departure from, or the failure to conform to, the standards of acceptable and prevailing medical practice, or the ethics of the medical profession, irrespective of whether a patient is injured thereby, within the meaning of N.C. Gen. Stat. § 90-14(a)(6), and grounds exist under that section of the North Carolina General Statutes for the Board to annul, suspend, revoke, or limit his license to practice medicine and surgery issued by the Board or deny any application he might make in the future.

The above statement and charges by the NCMB is in direct violation of the following portion of the NC Medical Practice Act:

§ 90-2.1. Integrative medicine defined.

For purposes of this Article, the term "integrative medicine" means a diagnostic or therapeutic treatment that may not be considered a conventionally accepted medical treatment and that a licensed physician in the physician's professional opinion believes may be of potential benefit to the patient, so long as the treatment poses no greater risk of harm to the patient than the comparable conventional treatments. (2003-366, s. 2.)

Dr. Buttar is licensed and his opinion is that the potential benefits to the patients in question FAR out weighted the risk of any harm compared to the conventional treatments.

- 1. In fact, the treatments initiated by Dr. Buttar are far safer than the conventional treatments.*
- 2. The NCMB MUST, per statue, prove that the treatments that Dr. Buttar initiated were more harmful than chemotherapy and radiation therapy.*
- 3. Dr. Buttar is the President of the NCIMS.*
- 4. Any one that is asked for their expertise on any of these cases MUST be one of Dr. Buttar's peers, experienced and competent in integrative medicine.*
 - a. Review and opinion by an incompetent and inexperienced physician, like the physicians that have signed this document, show the intention of the NCMB*
 - i. This agenda has NOTHING to do with insuring public safety.*
 - ii. This agenda is clearly to follow the NCMB's own assigned agenda, solely at their own discretion and whim, without any thought to fairness or the NC Medical Practice Act or to the legislature who passed the laws or to the citizens of NC.*

- iii. *The NCMB has NOT arbitrarily, but intentionally formed an uninformed opinion biased by their incestuous relationship with the NCMS, with intentional failure to recognize the facts based on the documents provided and the 1 year investigation conducted by the NCMB.*
5. *The NCMB has intentionally ignored specific components of these charts, even as pointed out to the medical investigator, who after reviewing the information and 85 minutes of interview, indicated to Dr. Buttar that all the information reviewed was clearly appropriately handled by Dr. Buttar and his staff and he could not see any reason why these issues would not be put to rest.*

23. Dr. Buttar's treatment of Patients A, B, C and D constitutes unprofessional conduct in that he provided a therapy, whether it be characterized as experimental, nontraditional, or a departure from acceptable and prevailing medical practices, that nonetheless has a safety risk greater than the prevailing treatment or that the treatment is generally not effective within the meaning of N.C. Gen. Stat. § 90-14(a)(6), and grounds exist under that section of the North Carolina General Statutes for the Board to annul, suspend, revoke, or limit his license to practice medicine and surgery issued by the Board or deny any application he might make in the future.

The above statement is COMPLETELY and TOTALLY false.

The NCMB has again, categorically lied by making this statement.

1. *It is a known fact that chemotherapy and radiation therapy have significant side effects that are detrimental, including suppression of the immune system, NKHT3+ decline, neutropenia, leucopenia, thrombocytopenia, etc., etc.*
2. *It is KNOWN to even the most rudimentarily trained physicians that chemo and radiation, if administered in a health patient, will cause many of these determinatal changes.*
3. *The NCMB MUST prove, per the statue, that Dr. Buttar's treatments are less safe than the conventional treatment*
 - a. *Dr. Buttar can prove the success of this treatments and the superiority of his treatments. However, the NC Medical Practice Act states, through COMPETENT EVIDENCE, the burden of proof is on the NCMB.*

- b. Every treatment done in Dr. Buttar's clinic, has first been done by Dr. Buttar on himself.*
 - c. All treatments done in Dr. Buttar's clinic have the safety profile well documented and no adverse events from the treatment have ever been documented.*
 - d. None of the conventional treatments of chemo and radiation are done by the doctors who administer such treatments, to themselves.*
 - e. All treatments at Dr. Buttar's clinic have an excessively safe history and this information is well known to the NCMB.*
 - f. In the 12 years that Dr. Buttar has held a NC Medical License, NO adverse reaction has ever occurred from Dr. Buttar's IV therapies, or any other therapy, diagnostic or treatment conducted or rendered by Dr. Buttar.*
- 4. Once again, the NCMB makes it's position very clear, by persecuting a doctor with a stellar record of patient treatments, who has an international patient following, who has lectured on these subjects in over 20 countries and routinely lectures at medical conference in the US, and who has even testified in front of the US Congress on his efficacious treatment and therapies for previously untreatable conditions.*

Notice of Charges - Rashid Ali Buttar, D.O. Page 8 of 10

24. Dr. Buttar's conduct in regard to Patients A, B, C, and D constitutes Dr. Buttar providing services to a patient in such a manner as to exploit the patient within the meaning of N.C. Gen. Stat. § 90-14(a)(12), and grounds exist under that section of the North Carolina General Statutes for the Board to annul, suspend, revoke, or limit his license to practice medicine and surgery issued by the Board or deny any application he might make in the future, and furthermore, upon a finding of the exploitation, the Board may order restitution be made to the payer of the bill, whether the patient or the insurer, by the physician, provided that a determination of the amount of restitution shall be based on credible testimony in the record.

The above statement is COMPLETELY and TOTALLY false.

- 1. Dr. Buttar does NOT solicit patients.*
- 2. All patients are clearly given the financial policies and if they wish to engage our medical services, must agree to the terms of the financial policy.*
- 3. All patients are given informed consent and sign the informed consent on EACH visit, thus establishing their continued desire to obtain our treatment.*

4. *These charges are clearly the NCMB's malicious attempt to single out one of the top physicians in the country, and one of the top integrative physicians in the world, to oppress the field of integrative medicine and to attempt to sabotage a growing trend among the citizens of NC who are tired of the incompetence of the traditional medical model.*
5. *The NCMB has used it's quasi-governmental status in an egregious and despicable manner and MUST be held accountable for having made FALSE charges, malicious allegations and intentional harm to more than one doctor in the state of NC.*
 - a. *Per the NC Medical Practice Act -*
 - i. *Section 90-4 (e:) The Board and its members and staff shall not be held liable in any civil or criminal proceeding for exercising, in good faith, the powers and duties authorized by law.*
 - b. *The NCMB has failed to act in "good faith."*
 - c. *The NCMB and it's individual constituents MUST be held accountable for their violation of ethical standards, the conspiratorial persecution of doctor's practicing integrative medicine, violation of the NC Medical Practice Act, their blatantly abusive use of power, and indiscrimination of others that are NOT of like mind, philosophy, practice, creed, nationality or religion.*

NOTICE TO DR. BUTTAR

Pursuant to N.C. Gen. Stat. § 90-14.2, it is hereby ordered that a hearing on the foregoing Notice of Charges and Allegations will be held before the Board, or a panel thereof, at 8:00 a.m., on Wednesday, February 20, 2008, or as soon thereafter as the Board may hear it, at the offices of the Board, 1203 Front Street, Raleigh, North Carolina, to continue until completed. The hearing will be held pursuant to N.C. Gen. Stat. § 150B-40, 41, and 42, and N.C. Gen. Stat. § 90-14.2, 14.4, 14.5, and 14.6. You may appear personally and through counsel, may cross-examine witnesses and

Notice of Charges - Rashid Ali Buttar, D.O. Page 9 of 10

present evidence in your own behalf. You may, if you desire, file written answers to the charges and complaints preferred against you within 30 days after the service of this notice. The identities of Patients A through D and the date and place of treatment of these patients are being withheld from public disclosure pursuant to N.C. Gen. Stat. § 90-8. However, this information will be provided to you upon your request. Pursuant to N.C. Gen. Stat. § 150B-40(c)(5), it is further ordered that the parties shall arrange a pre-hearing conference at which they

shall prepare and sign a stipulation on pre-hearing conference substantially in the form attached hereto. The prehearing stipulation shall be submitted to the undersigned no later than seven days prior to the hearing date.

The right to be present during the hearing of this case, including any such right conferred or implied by N.C. Gen. Stat. § 150B-40(d), shall be deemed waived by a party or his counsel by voluntary absence from the Board's office at a time when it is known that proceedings, including deliberations, are being conducted, or are about to be conducted. In such event the proceedings, including additional proceedings after the Board has retired to deliberate, may go forward without waiting for the arrival or return of counsel or a party.

Notice of Charges - Rashid Ali Buttar, D.O. Page 10 of 10

This the 20th day of November, 2007.

NORTH CAROLINA MEDICAL BOARD

By: _____

Janelle A. Rhyne, M.D.

President

Furthermore, the NCMB has a history for pursuing Dr. Buttar for NO cause.

The NCMB started sending over a medical investigator in 1998 to collect information. However, the investigator admitted there was no complaint from a patient, doctor or insurance company.

The investigator visited Dr. Buttar's office on a number of occasions, asking for random charts, documents, etc, without any cause.

In 2002, the NCIMS was formed because there were other integrative doctors also similarly being harrassed by the NCMB for no cause.

After forming the NCIMS, Bill 886 was introduced into the Legislature entitled "Due Process for Physicians" by the efforts of the NCIMS, of which, Dr. Buttar was the lead spokesman as well as the President of the NCIMS.

The NCMB and the NCMS attempted to repeatedly intimidate Dr. Buttar prior to Dr. Buttar's testimony to the NC Legislature

regarding Bill 886, by insinuations, calls and subtle indications that if Dr. Buttar did not stop, he would have a difficult time practicing medicine in NC. Specifically, the morning before Dr. Buttar's testimony in front of the NC Legislature, the attorney for the NCMS (Society) pulled Dr. Buttar aside and suggested that Dr. Buttar NOT go through this testimony because it was a futile attempt at passing Bill 886, and all it would accomplish would be to "make your life difficult as long as you practice medicine in NC".

Dr. Buttar was NOT intimidated but only further outraged at the behavior of the NCMB and the NCMS.

After the testimony in front of the NC Legislature, the NCMB and the NCMS reluctantly decided to "cooperate" with Dr. Buttar because they realized the bill would pass. The subsequent passage of Bill 886 is one of the fastest bills to pass the NC Legislature entitled "Due Process for Physicians".

The bill passed by a landslide in the House. The bill passed in the Senate with the only opposition in the Senate from the few doctors and 1 dentist serving as Senators, all of whom were in the pocket of the NCMS. Why else would a physician OPPOSE a bill entitled "Due Process for Physicians"? See the vote record for the 2002 NC Legislature Session.

After passage of Bill 886, the NCMB failed to keep it's promise of communicating with the NCIMS to establish criteria for appropriate review of charts by competent and experienced integrative doctors which was decided during the "cooperative" phase.

The NCMS also failed to keep it's promise of facilitating information sessions for the rest of the NCMS to inform other physicians as to the premise of integrative medicine.

Shortly after passage of the Bill 886, the NCMB attempted to "teach Dr. Buttar a lesson". Dr. Buttar was "invited" to come to the NCMB, after being read his "Maranda", to:

1. Explain Dr. Buttar's practice of medicine
2. Explain Dr. Buttar's research
3. Explain Dr. Buttar's relationship to his own corporation registered by the NCMB..

The NCMB investigator who visited Dr. Buttar during this period, subsequently reported to Dr. Buttar that she would like for him

to contact the NCMB attorney because she did not understand why she was continuously being sent back to investigate when she had reported that there was nothing improper going on in Dr. Buttar's practice.

The NCMB subsequently fired this investigator, Edith...?

Dr. Buttar respectfully declined the "invitation" unless the board would allow his informal hearing to be taped and for him to get a copy.

The NCMB refused and subsequently, ORDERED Dr. Buttar to "bare witness against himself", without any recording of the event to document the antics of the NCMB.

Dr. Buttar filed suite against the NCMB in Superior Court and became the first doctor in NC to successfully force the NCMB into signing a consent order to have the informal hearing taped.

The consent order was that if charges were preferred against Dr. Buttar, a copy of the taping of the informal hearing (witch hunt) would be provided to Dr. Buttar. This would document the NCMB's method of intimidating physicians and forcing them to sign consent orders, admitting to lessor transgressions due to the fear of large legal costs and possibly loss of licensure if the doctor were to fight to uphold his name.

If the NCMB would NOT prefer charges, the recording would NOT be released. It was obvious that the NCMB did NOT want the recording to be released since it would document the numerous improprieties the NCMB was guilty off.

The NCMB, after the informal hearing, wrote a letter dropping all charges against Dr. Buttar, dropping all accusations and apologizing to Dr. Buttar for the long and arduous process of the legal proceedings.

Now, again, the NCMB begins it's persecution of Dr. Buttar, this time grossly and blatantly making false and unsubstantiated accusations, all based on 1 patient complaint and a few disgruntled family members of patients who are trying to get out of paying their financial debts.

These accusation are easily refuted.

However, the greater issue is the following:

There are a number of other physicians who have committed gross acts of medical malpractice resulting in large sums of payout, who have had NO action by the medical board - See appendix A

Yet,

- a former, chief of emergency medicine, partially trained in general surgery, military trained doctor with over 10,000 documented ER hours, but no history of disciplinary action,
- a doctor with NO malpractice payouts,
- who has NEVER even been NAMED in a malpractice law suit,
- who has distinguished himself in numerous ways in medicine,
- who has an international patient population following,
- who has not advertised in 10 years,
- who has video documentation of literally hundreds of patients and their unprecedented resolutions from previously dire prognosis,
- who has successfully treated patients who failed treatments at institutions such as Mayo, MD Anderson, Duke, etc.,
- who has only 1 documented patient complaint (according to the NCMB investigator)
- who is President of the NCIMS
- who is Chairman of the American Board of Clinical Metal Toxicology,
- who has been invited and has testified in front of the US Congressional Sub-Committee on human rights and wellness,
- who has been named as one of the top 50 doctors by Philips Publishing, Healthy Solutions, Inc, and the world famous cardiologist, Dr. Stephen Sinatra,
- who has received a bi-partisan nomination from Congressman Dan Burton (R) and Congresslady Diane Watson (D) for the National Institute of Health, Director's Pioneer Award,
- who has been practicing medicine for 16 years
- who has formally testified as an expert witness on a number of occasions, always without asking for any remuneration,
- who served as an officer in the US Army, having served with prestigious units as the 2nd Infantry Division, 101st Airassult Division and the 5th Special Forces Group as a physician,
- who was on a full military scholarship for undergraduate school,
- who was the Boy's State representative from his high school,

- who received but declined an appointment to West Point,
- who was a 3 PALM Eagle Scout

is brought up on charges of "unprofessional conduct"?

The NCMB has used it's quasi governmental body status to wage a personal war against a doctor who refuses to be intimidated by their "Gestapo", "terrorist" tactics, for no other reason than to make an example out of him to prevent other doctors from "stepping out of line". This is similar to the NC Prosecuting attorney who intentionally broke the law by knowingly holding back information and falsely pursuing the Duke athletes.