

*21<sup>st</sup> National Conference on  
Pharmaceutical and Chemical  
Diversion*

**Pill Mills & Pain Clinics  
United States v. Volkman**

# Overview

- I. Special Agent Jerrel Smith (1963– 2010)
- II. Overview of Pill Problem
- III. The Story of Paul Volkman
- IV. Investigation
- V. Charges
- VI. Trial
- VII. Sentencing

# What this is Not!

“When you win don’t say anything ... when you lose say even less”

Paul Brown  
Football Legend

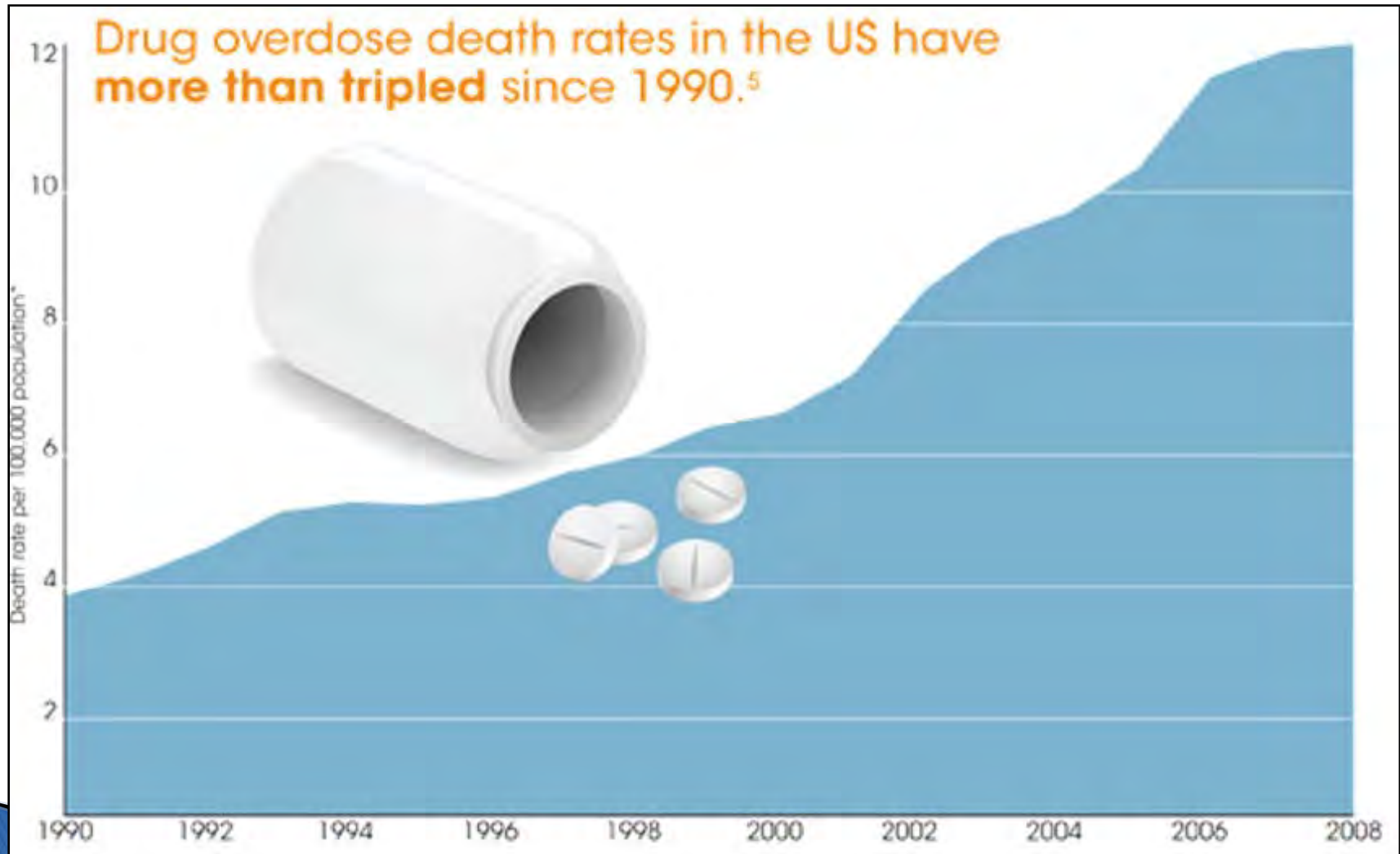
# Cause and Effect

“If you prove the cause, you at once prove the effect; and conversely nothing can exist without its cause

–Aristotle–

Death in Rural  
America  
a  
Study in Cause and Effect

# I. Overview of Pill Problem



Source: CDC

# A Nationwide Problem

In 2008, there were **14,800** prescription painkiller deaths.<sup>4</sup>

For every **1** death there are...



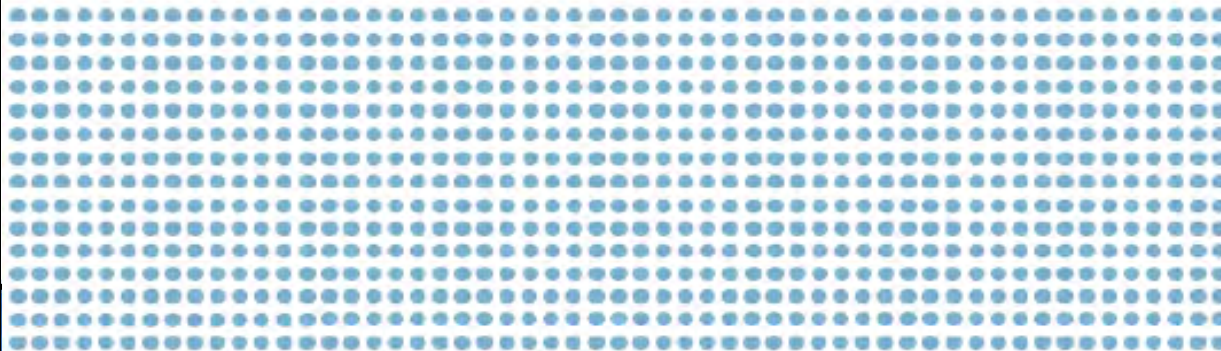
**10** treatment admissions for abuse<sup>9</sup>



**32** emergency dept visits for misuse or abuse<sup>6</sup>



**130** people who abuse or are dependent<sup>7</sup>



**825**  
nonmedical  
users<sup>7</sup>

# An Ohio Problem

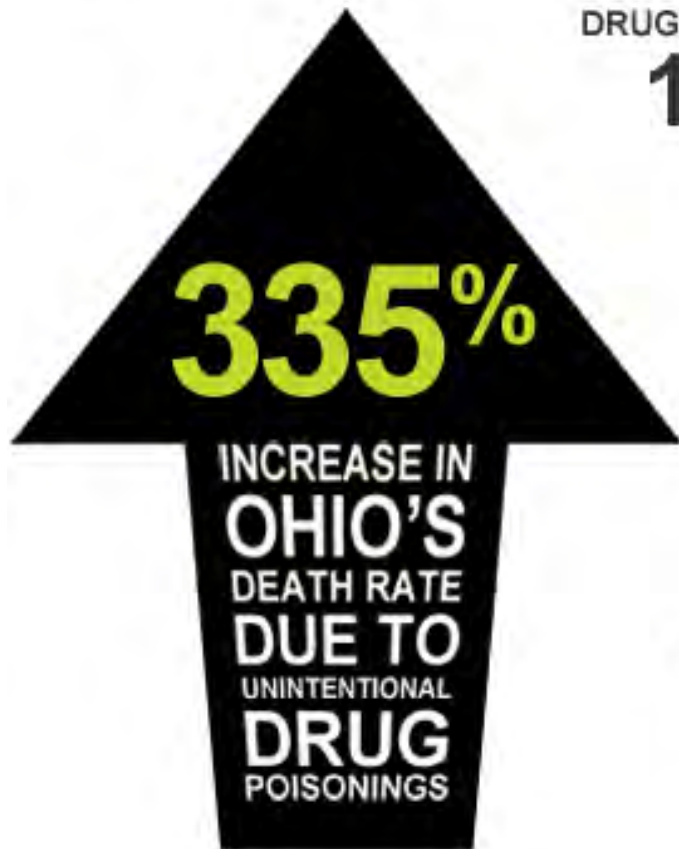



Fig. A

DRUG OVERDOSE  
**1,377**



HOMICIDE  
**635**



Fig. B Each  represents 10 Ohio residents



# A Problem in Portsmouth



Photo: Cleveland Plain Dealer

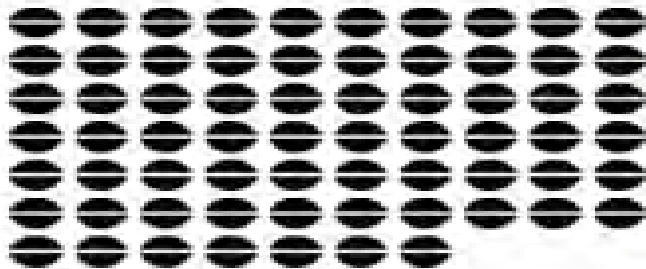
# Opiates in Scioto County

TOTAL DOSES OF OPIOIDS  
DISPENSED (LEGALLY) IN OHIO IN 2010

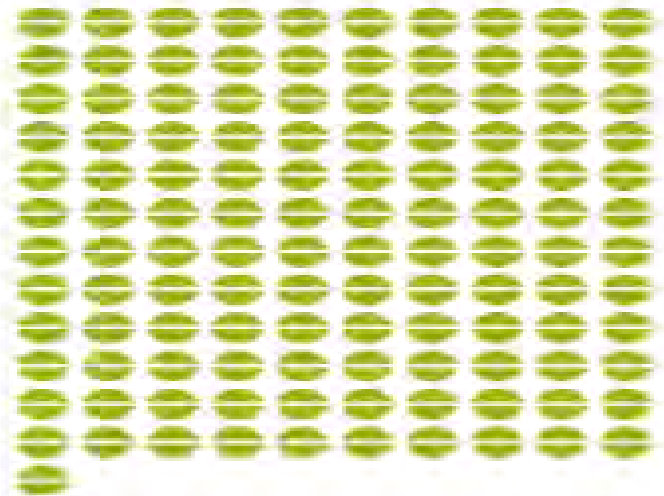
# 776,163,404



67 PILLS PER  
1 OHIO RESIDENT



121 PILLS PER  
1 SCIOTO RESIDENT



Each ● represents 1 dispensed opioid

Fig. D

# Scioto County

- ▶ 1 / 10 babies born addicted to drugs in 2010
- ▶ Admissions for painkiller addiction 5 times national average
- ▶ Highest rate of Hep C infection in OH in 2010
- ▶ 117 deaths between 2000 and 2008
  - 9/10 caused by prescription drugs
  - 2/3 of dead did not have prescriptions
  - 298 percent increase in OD deaths
  - Saw first decrease in 2010, continue in 2011

# The Cause

In June 2003, DEA started receiving complaints from pharmacists and law enforcement from within the State of Ohio, Kentucky and West Virginia regarding Dr. VOLKMAN prescribing multiple prescriptions for Schedules II and III controlled substances

## II. The Story of Paul Volkman



# Investigation

In October 2003, a DEA undercover agent attempts to seek a consultation with VOLKMAN.

For that day, the undercover was denied an appointment at the clinic. No reason given as to why the clinic would not see the undercover.

Possible other reasons for failed attempt:

- 1) The undercover did not have medical records
- 2) HUFFMAN's fear of unknowns as being Law Enforcement Operations

# Investigation

In November 2003, the Drug Control Unit of Kentucky informs DEA that they are unaware of any pharmacies that will fill a prescription written by Dr. VOLKMAN.

**“Corresponding Responsibility”  
21 C.F.R. § 1306.04(a)**

DEA regulations provide that pharmacists have a corresponding responsibility to ensure that a prescription that they fill was issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice.

# Investigation

November 2003, DEA receives a complaint from a patient of Dr. VOLKMAN.

The patient complains that VOLKMAN did not give her an examination and that she had to have all her prescriptions filled at the clinic.

When asked if she (patient) could bring a friend she is warned by HUFFMAN not to bring friends around the clinic because it is a dangerous place.



# Investigation

July 2004, Kentucky State Police (KSP) passes information in regards to RX-EXPRESS Pharmacy located in Russell, Kentucky. A KASPER reports indicates for the period of January 2004 through March 2005 indicates that RX-EXPRESS is filling approximately 85 to 95 percent of VOLKMAN's prescriptions.

# Investigation

December 2004, a patient contacted DEA with information that he/she was a patient of VOLKMAN and that after the initial consultation he/she was prescribed

Lorcet,  
Oxycodone 30mg  
Xanax  
Soma

Investigator's Note: Lorcet, Xanax & Soma is a noxious combination of drugs that addicts need. Soma which is not a controlled substance metabolizes into meprobamate, a Schedule IV drug with a potential for abuse.

# Investigation

TRI-STATE HEALTH CARE CLINIC is a CASH ONLY business.

All payments are due up-front (prior to services rendered).

Pharmacy climate required (refusing to fill scripts) TRI-STATE begins dispensing.

Witnesses have seen lines with 50 to 100 people waiting to be seen at the clinic.

# Investigation

VOLKMAN prescribes and dispenses inordinately large quantity of controlled substances.

No physical examination or very cursory examination was given.

Prescriptions are written inconsistent with legitimate medical treatment.

# Investigation

## Data Trends (of patient surveys)

18% of VOLKMAN/HUFFMAN customers have drug charges pending.

43% of VOLKMAN/HUFFMAN customers have controlled substances convictions

# Investigation

Starting in February 2005 and continued to April 2005, a DEA Confidential Source participated in three visits to VOLKMAN.

Common factors:

Pay First “CASH ONLY”

Blood pressure taken

Ask level of pain

See Dr. VOLKMAN

No medical exam given

VOLKMAN sits with back to CS when writing prescription

Prescriptions are filled at clinic or RX

# Investigation

August 2003 DEA obtained distribution reports from McKesson Medical and Moore Medical both DEA Registrants, as Distributors of Controlled Substances.

McKesson: Hydrocodone 10/325

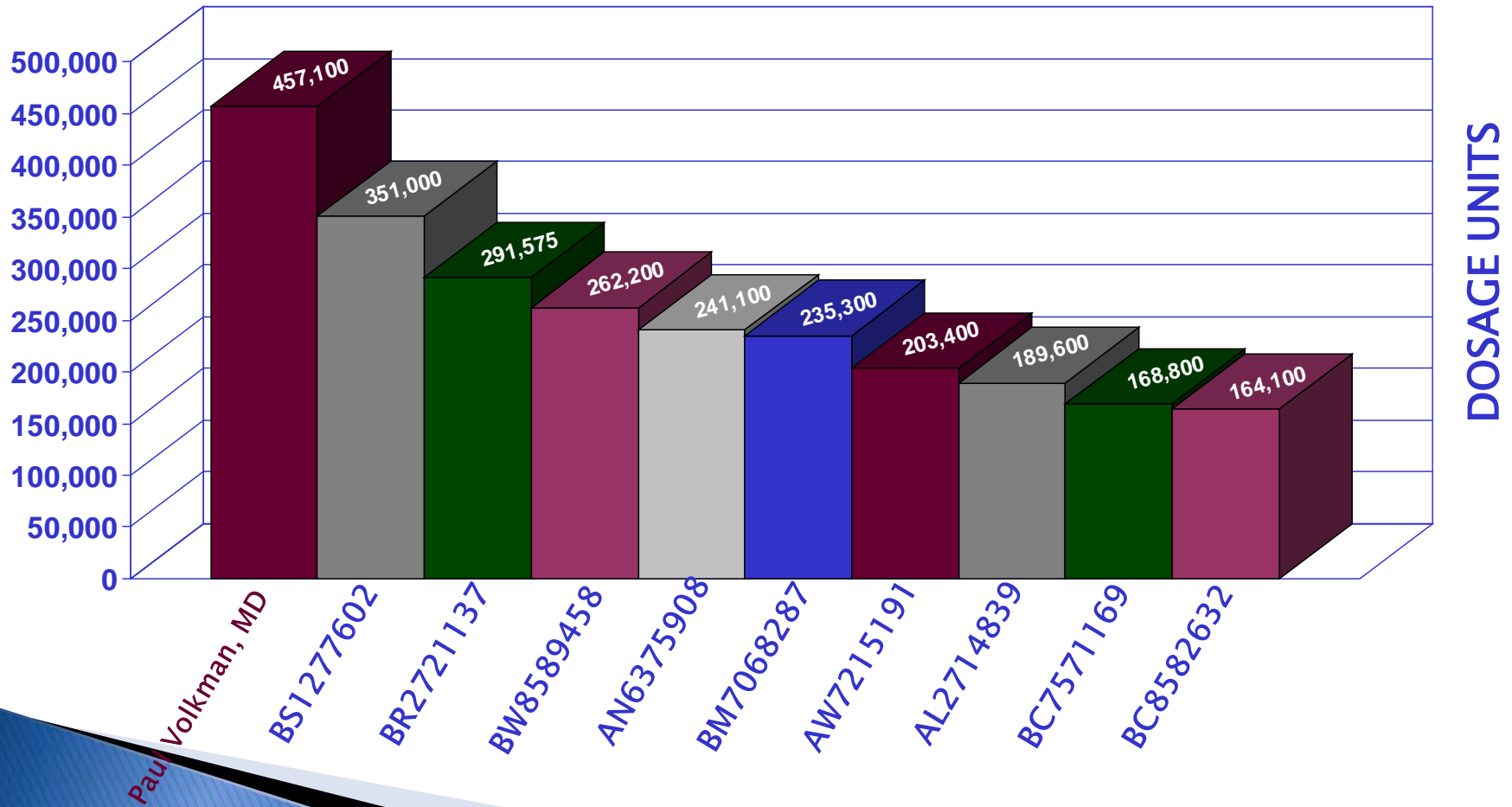
7,000 D/U's for a one week period.

Moore Medical:  
Hydrocodone  
10/325

41,000 D/U's for a 26 day period.



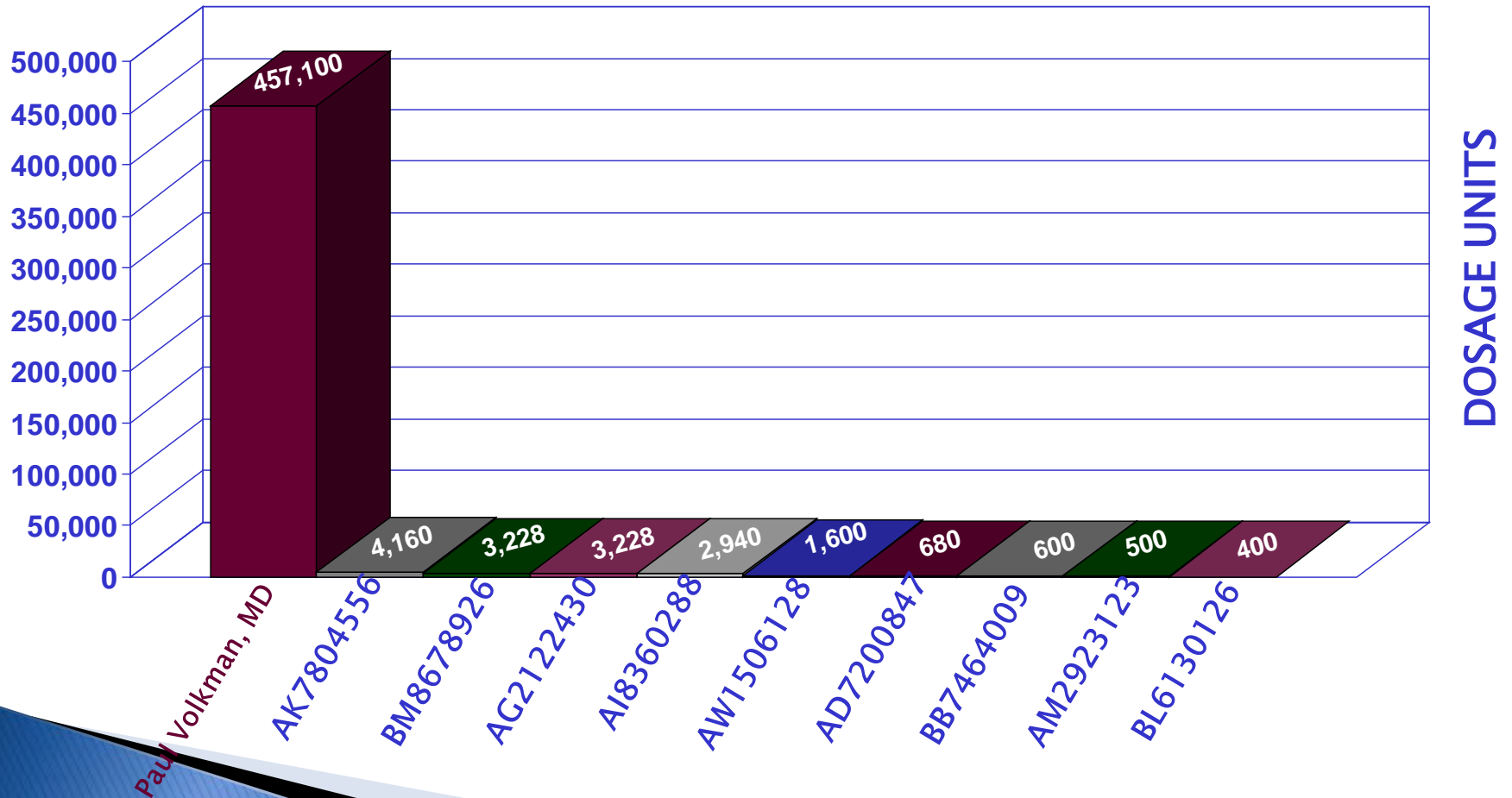
# #1 Practitioner Purchaser of Oxycodone in Nation in 2004



Source: ARCOS Data

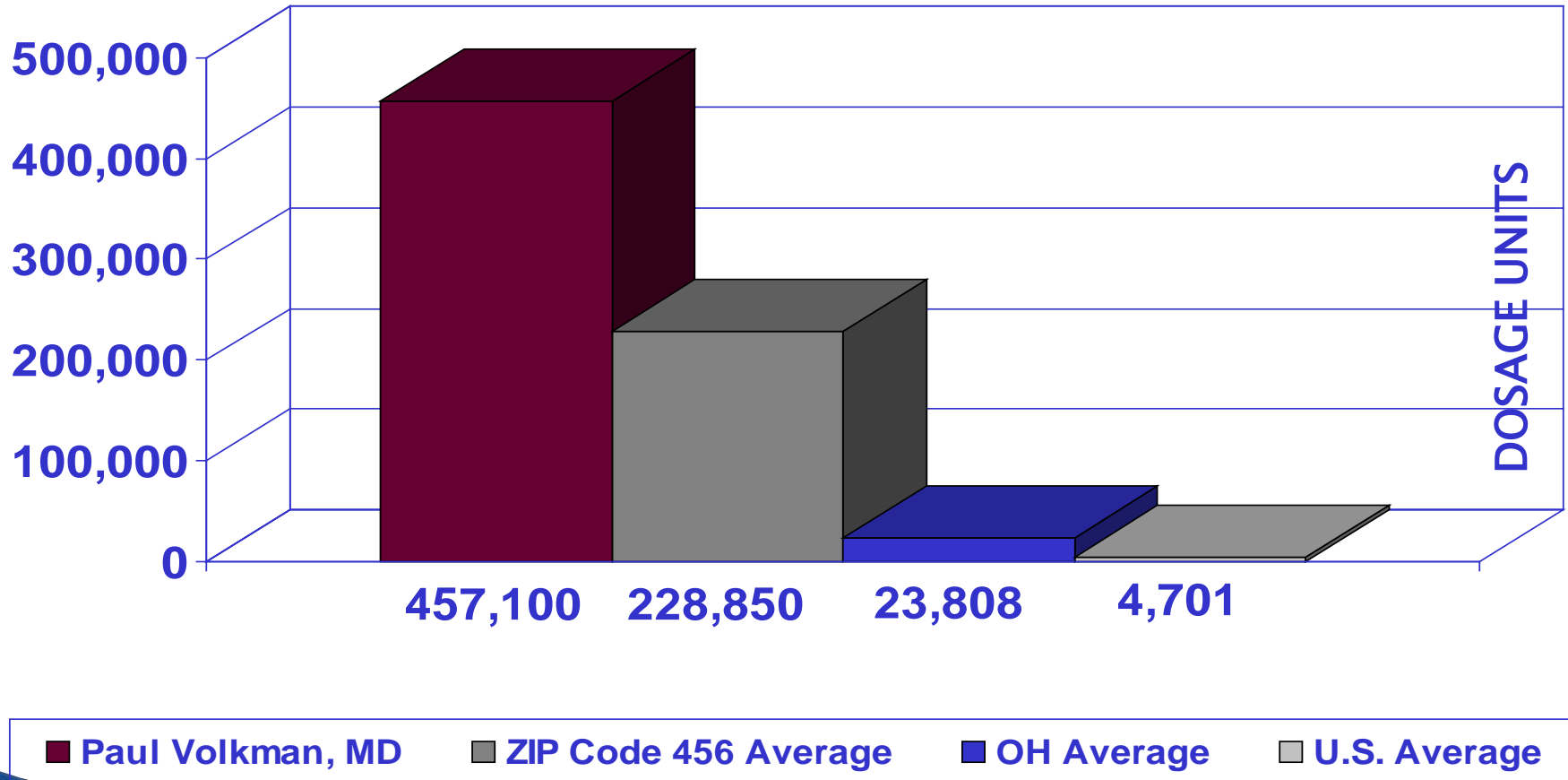


# #1 Practitioner Purchaser of Oxycodone in Ohio in 2004



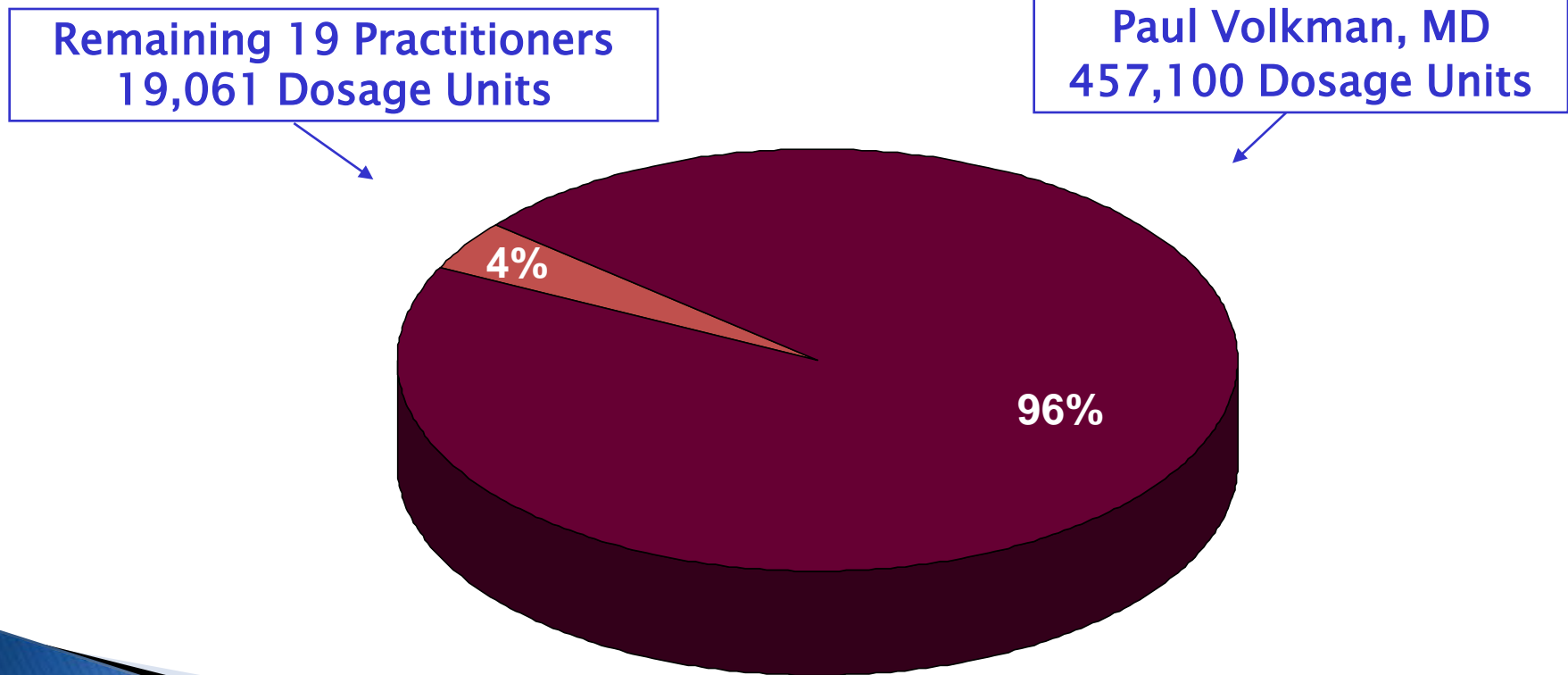
Source: ARCOS Data

# Purchased 97 times the national average for practitioner purchases of oxycodone

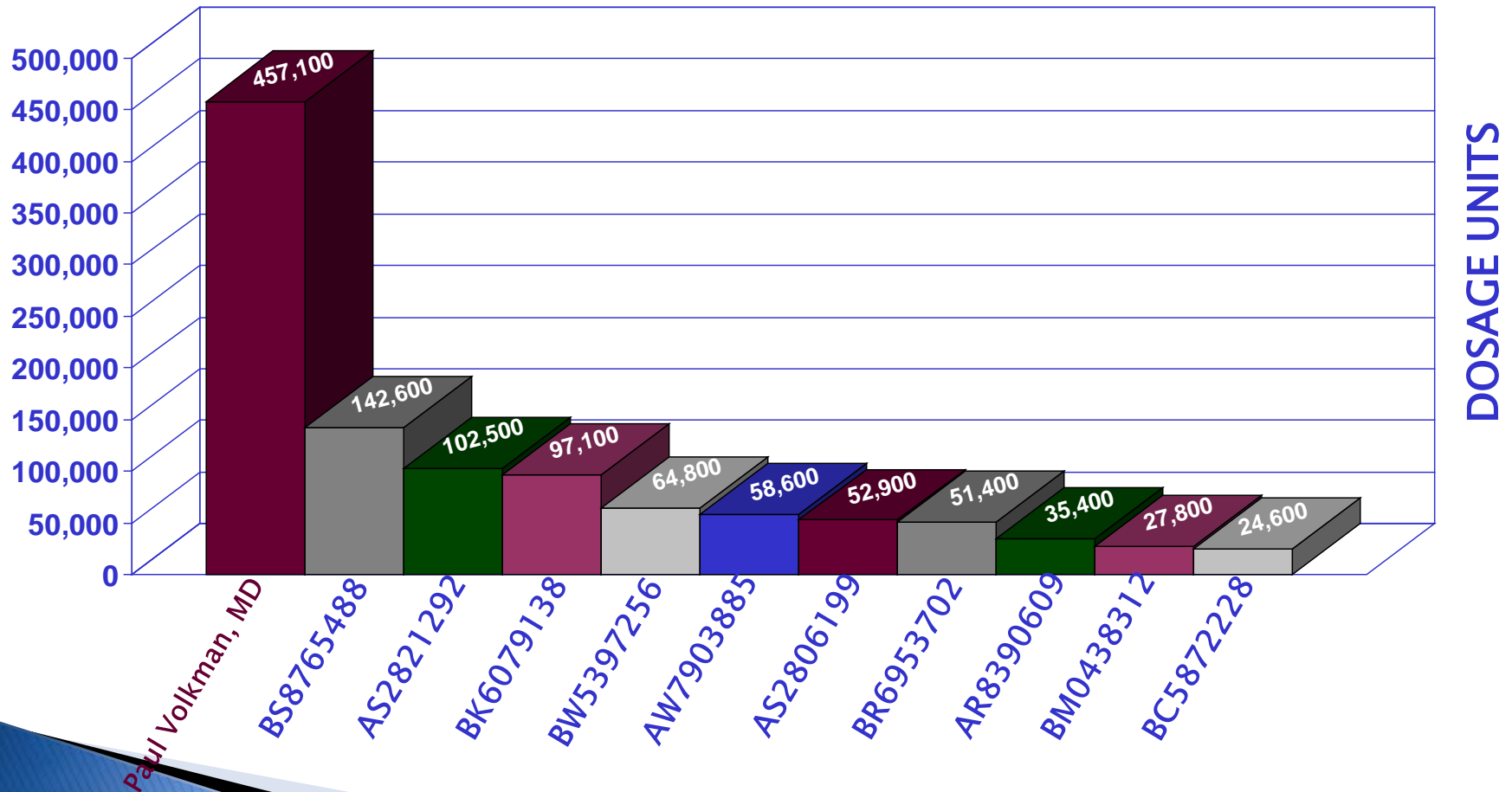


Source: ARCOS Data

# Purchased 96% of oxycodone bought by practitioner purchasers in Ohio

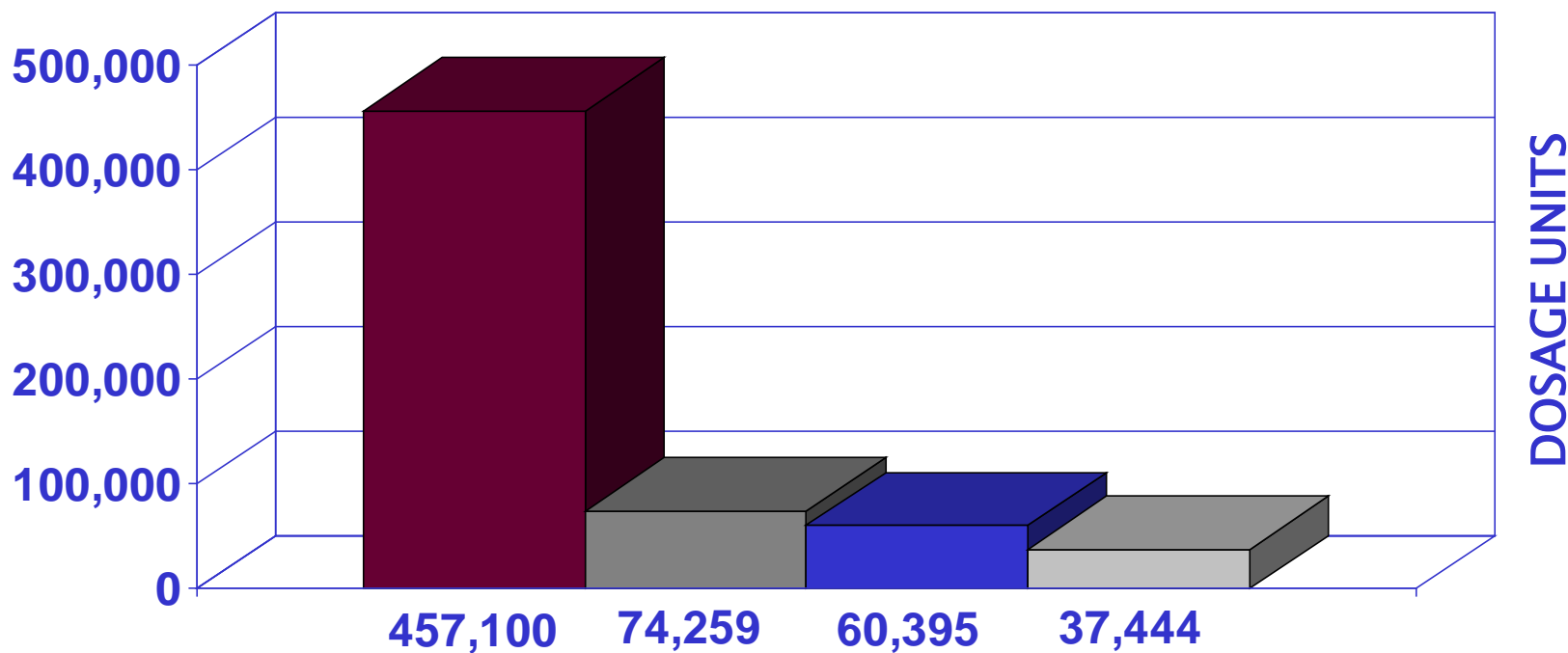


# #1 Purchaser of Oxycodone compared to pharmacies in Portsmouth



Source: ARCOS Data

# Purchased 12 times more oxycodone the average pharmacy in nation



■ Paul Volkman, MD

■ ZIP Code 456 Average

■ OH Average

■ U.S. Average

Source: ARCOS Data

# Volkman by the Numbers

## ▶ Oxycodone

- #1 in Ohio among physicians in 7/03–9/05
- #2 nationwide among physicians in 7/03–12/03
- #1 nationwide among physicians 1/04–9/05
- #1 in Portsmouth among pharmacies 7/03–12/04

## ▶ Hydrocodone

- #1 in Ohio among physicians in 7/03–9/05
- #1 in Portsmouth among pharmacies 7/03–12/04

## ▶ Oxycodone & Hydrocodone

- #1 nationwide among physicians 7/03–12/03
- #2 nationwide among physicians 1/04–12/04

# Volkman's Four "Clinics"

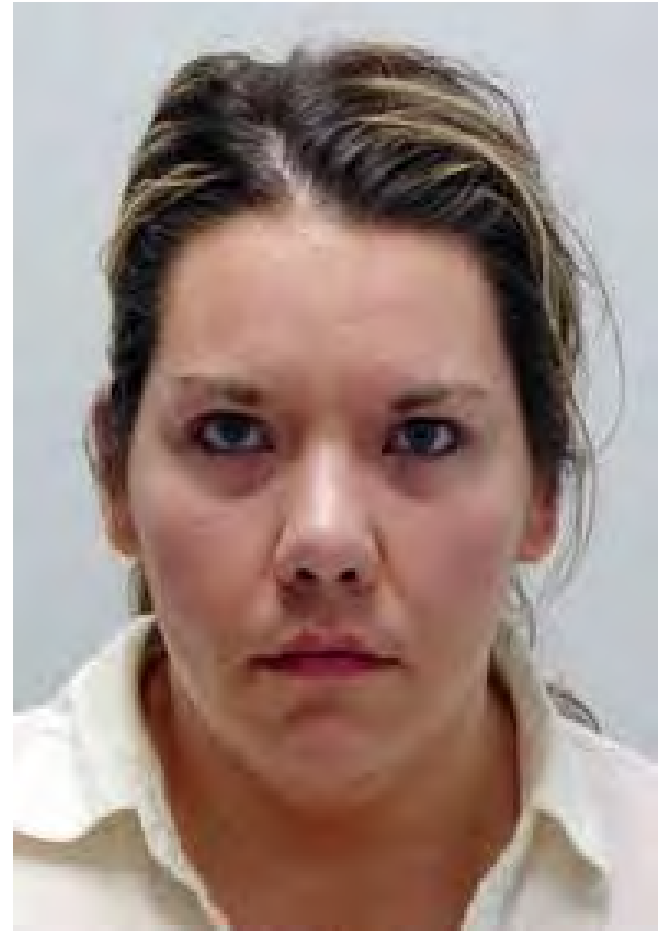
- ▶ **TriState:** 4/03 – 9/05
  - Gay St. (4/03 – 10/03)
  - Findlay St. (10/03 – 1/06)
- ▶ **Center Street:**  
9/05 – 10/05
- ▶ **Chillicothe:**  
10/05 – 2/06



# Volkman's Co-Conspirators



**Denise Huffman**



**Alice Huffman**



# Investigation

“Individuals who are not medical professionals with a license such as clinic owner or managers and pharmacy owners who are not pharmacists may be charged with unlawful distribution of controlled substances or conspiracy to distribute controlled substances “outside the scope of professional practice.”

# Cash-Only Business



# Investigation

HUFFMAN has told patients that if they don't like the fee increases, that for \$500.00 she could get them cocaine, grass, anything.



# Law Enforcement Waiver

Tri-State Health Care  
Treatment Attestation for Pain Management Services

I, Mary (Cathy) Carver, am seeking healthcare services for the treatment of Paul H. Volkman, MD, PhD. I understand that my accuracy, completeness and truthfulness in reporting my history and symptoms will directly contribute to the development of my treatment plan and the improvement in my painful condition. I acknowledge that I intend to provide all necessary releases for healthcare information so Paul H. Volkman, MD, PhD may receive my previous healthcare records from other clinicians. I know that if I am not accurate, complete and truthful in providing my history and symptoms Paul H. Volkman, MD, PhD cannot safely treat me for my painful condition.

I intend to disclose the names of all prior treating practitioners and to inform Paul H. Volkman, MD, PhD of all current prescribers of controlled substances. I do not intend to seek medications for any purposes other than my personal medical needs. I will not deliberately misrepresent my history, prevent Paul H. Volkman, MD, PhD from obtaining my previous medical records, fail to inform Paul H. Volkman, MD, PhD about the existence of other sources of prescription medication, or allow anyone other than myself to take medications prescribed to me. I understand that obtaining controlled substances (prescription medications) through false representations is a crime and that I will be reported to law enforcement officials for attempting to fraudulently obtain these medications for non-therapeutic purposes.

I am seeking treatment for the purpose of reducing or relieving my pain. I am not appearing to seek care from Paul H. Volkman, MD, PhD as a part of an ongoing investigation of Paul H. Volkman, MD, PhD. I am a legitimate patient voluntarily seeking healthcare services for a painful condition.

Mary C. Carver  
(Patient's Signature)

(Patient's Printed Name)

Liz Madden  
(Witness' Signature)

Liz Madden  
(Witness' Printed Name)  
10.15.2003

CARVER\_KATHY\_040

“I am not appearing to seek care from Paul H. Volkman, M.D., PhD as part of an ongoing investigation...”

# Investigation

United States v. Moore  
423 U.S. 122(1975)

“[R]egistered physicians can be prosecuted under [21 U.S.C.]§ 841 when their activities fall outside the usual course of professional practice.” at 124

# “Dear Dr. Hurwitz” (10/03)

Dear Dr. Hurwitz:

Thanks for getting back to me. It is a pleasure to make contact with another professional of like mind and approach. I am new to the pain business, about 7 months, and have had to develop dosing schedules and strategies in total isolation (amidst scorn, vilification, and disapproval). It is reassuring to find that the approach that I have adopted appears similar to yours. Of course, you have been thrown in jail for your efforts, so I'm not sure why I am reassured.

Paradoxically, due to Denise's former and continuing contact with area DEA and FBI agents, our clinic has been well insulated from local corrupt officials and police. Denise once told me, when I asked if we were in any real danger, that the likes of Proctor and his cronies would never face anyone, and were frankly nervous about confrontations. In any case, she and her daughter and neices all have guns in their purses.

As far as security, we have 3 to 4 large armed men in the clinic, and video and infrared cameras all about the building. Whenever the police hang out and take down patient license plates (to find out home addresses and send people over to steal prescriptions) our guys go out and ostentatiously take pictures of the cops, who drive away in a huff. I tell the patients to buy a heavy safe for their pills. I have an apartment in the town which has a security system and is about 3 minutes from the clinic. I always carry a cell phone and essentially never go out except to and from the clinic. I always wear my seat belt so I won't get stopped and harrassed by the Portsmouth police.

We are striving to be totally self contained, by having our own pharmacy so it really doesn't matter what the local pharmacists think of me and whether they fill any of my scripts. I think that is the only way for a pain clinic to operate.

Just 2 days ago a local drug mill (Iron Rock) where 200 to 300 people a day paid \$250 to get in and get a handful of pain pill scripts (never seeing a doc), and where the local police got \$50 for everyone entering was shut down by the feds. By the way, all of these bogus scripts were cheerfully filled by the local druggists, but not mine!

Regards, and good luck.

Paul Volkman, MD

“It is a pleasure to make contact with another professional of like mind and approach . . .

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# Investigation

## FACTORS

No Doctor – Patient Relationship

Lack of [Complete] Medical Records

No cursory physical exam &  
medical history

Prescriptions for people not present

# “Total Isolation”

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“We are striving to be totally self-contained by having our own pharmacy.”





# “A brilliant, tough matriarch”

>>chronic pain patients and the doctors who attempt to treat them.  
>>  
>>Southern Ohio is a deeply depressed area with essentially no functioning  
>>industry and few jobs except for service sector. Lots of car repair shops  
>>and fast food. Lots of drugs, prostitution, corruption, violence and  
>>despair. Several doctors in the area have recently been convicted of  
>>selling narcotic prescriptions (David Proctor, Santos, Fortune Williams),  
>>and there are levels upon levels of corrupt officials who were paid off to  
>>look the other way. There have been murders in broad daylight seen by half  
>>the town which remain mysteriously unsolved; reports of cut up bodies found  
>>in the new bridge foundations on route 23. It is common knowledge that  
>>there are several clinics where narcotic prescriptions are freely dispensed  
>>to anyone who can pay the \$250 "office visit" (no doctor ever sees these  
>>"patients"). The New Boston, Ohio police get \$50 for everyone who goes  
>>through the doors. The only honest policeman in the department, Mat Powell  
>>(who now works for us as a security guard) has been hounded off duty with  
>>bogus charges; he is now suing the town and the police department for \$5.7  
>>million. Many pharmacists are much more interested in selling their  
>>narcotics out the back door than in filling legitimate scripts; if  
>>threatened with an inspection they are hit by unfortunate "robberies".  
>>  
>>Our clinic, Tri-State Health Care, was started several years ago by Denise  
>>Huffman, a brilliant, tough matriarch who essentially runs a family business  
>>that keeps her dozen or so kids, neices, etc. together. She really started  
>>the clinic because she couldn't find a reliable doctor to treat her for her  
>>severe neck pain, her husband, a disabled electrician for his terrible back  
>>and hip pain and her son who developed terrible foot and leg problems after  
>>a botched orthopedic procedure followed by a severe wreck. Denise, her  
>>daughter Alice, and her two neices Liz and Tara carefully screen prospective  
>>patients and keep screening them with pill counts, urine drug tests, and  
>>KASPERS to detect multiple scripts and doctor hoppers. Denise has worn a  
>>wire into one of the drug mills and cooperated with local DEA and FBI agents  
>>to help convict Proctor. We have about 700 patients most of whom are mine  
>>workers, pipe fitters, construction workers, truck drivers, carpet layers  
>>who have been ruined by years of hard work and various wrecks, but who  
>>eagerly return to working 60 to 80 hours a week when given enough pain  
>>medicine so they can walk.  
>>  
>>Starting about a month after I arrived at the clinic, local pharmacists  
>>began calling each other (we think at the instigation of some of the crooked  
>>ones and/or Proctor and his business associates) and spreading transparent  
>>lies that they all used as covers for not filling my prescriptions, like I  
>>was under investigation. I did not have a license, I was working for  
>>Proctor, etc. etc. Soon, there were no pharmacies in the area which would  
>>fill my pain medicine scripts, and my patients were driving to Columbus,  
>>Cinn, and Huntington to try to get their medicine. At that point Denise and

“Our clinic was started . . . by Denise Huffman, a brilliant, tough matriarch...”

“Denise and I realized that the only way to continue was to start our own pharmacy and dispense all the scripts that I wrote...”

# “Guns in their purses”

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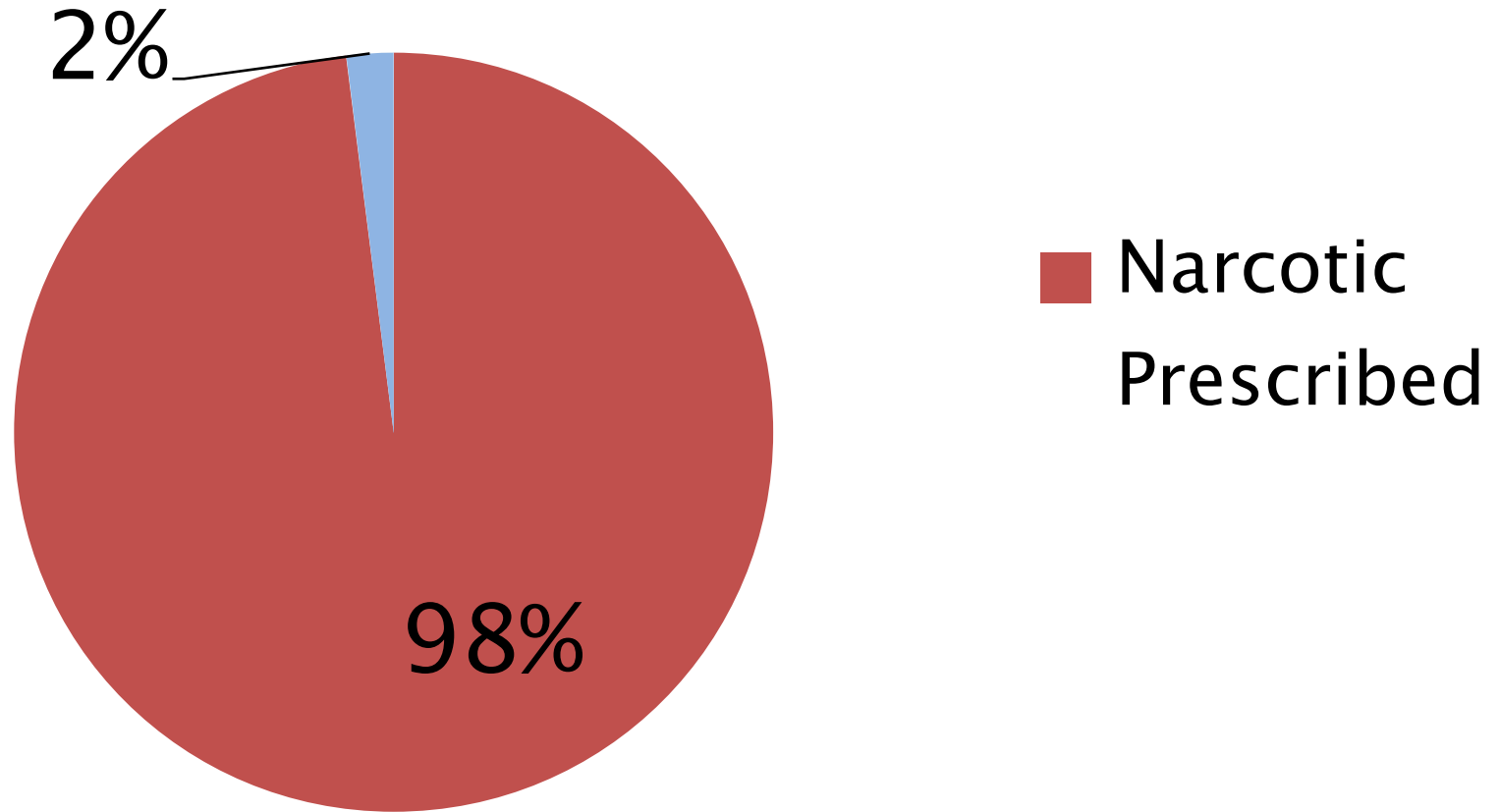
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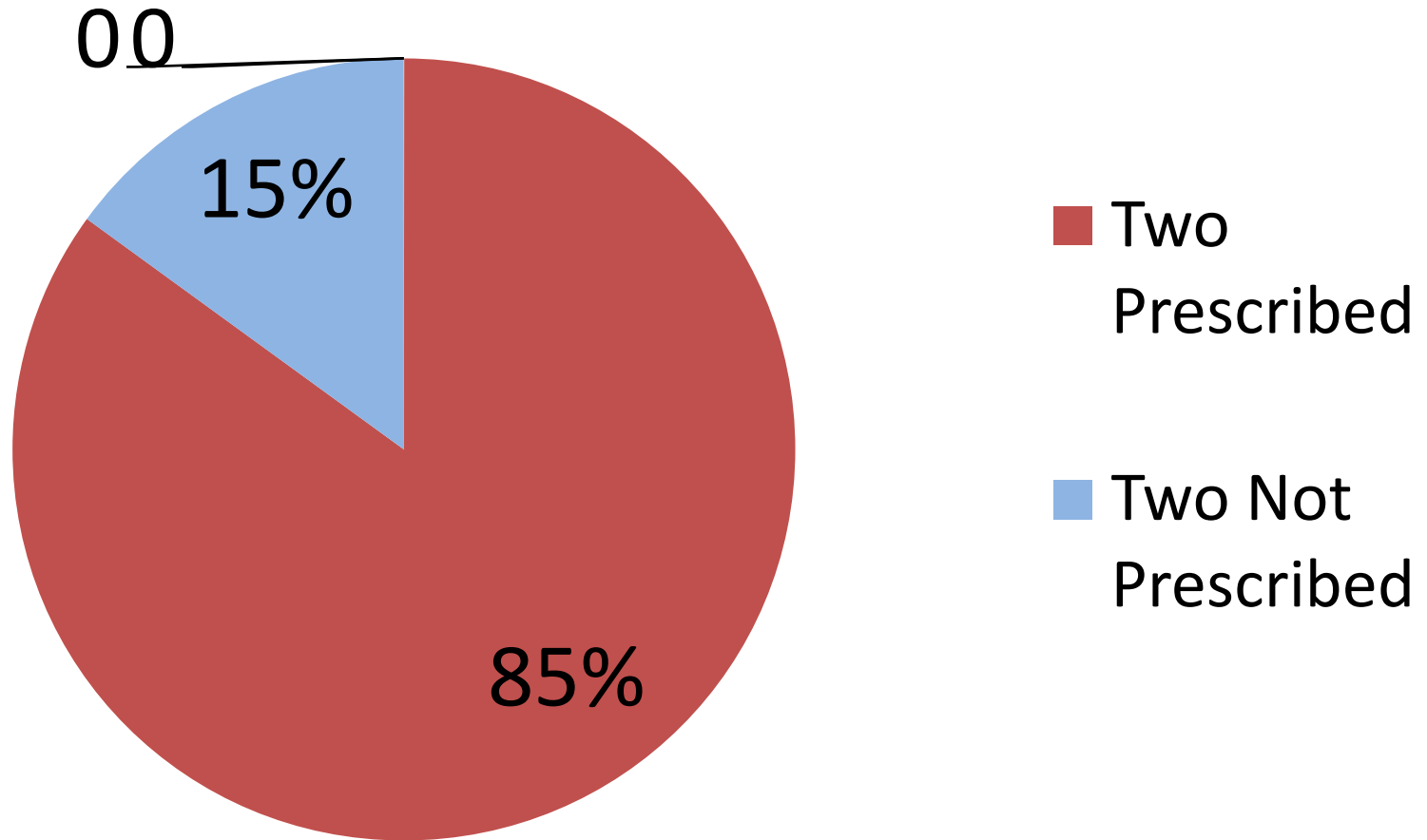
# Volkman's Prescriptions

- ▶ Wrote for “the best and the most”
- ▶ Euphoria-inducing drugs:
  - Oxycodone
  - Hydrocodone
  - Benzodiazepines (Xanax or Valium)
  - Soma
- ▶ Large numbers of pills
- ▶ High doses of pills
- ▶ The more you came, the more you got

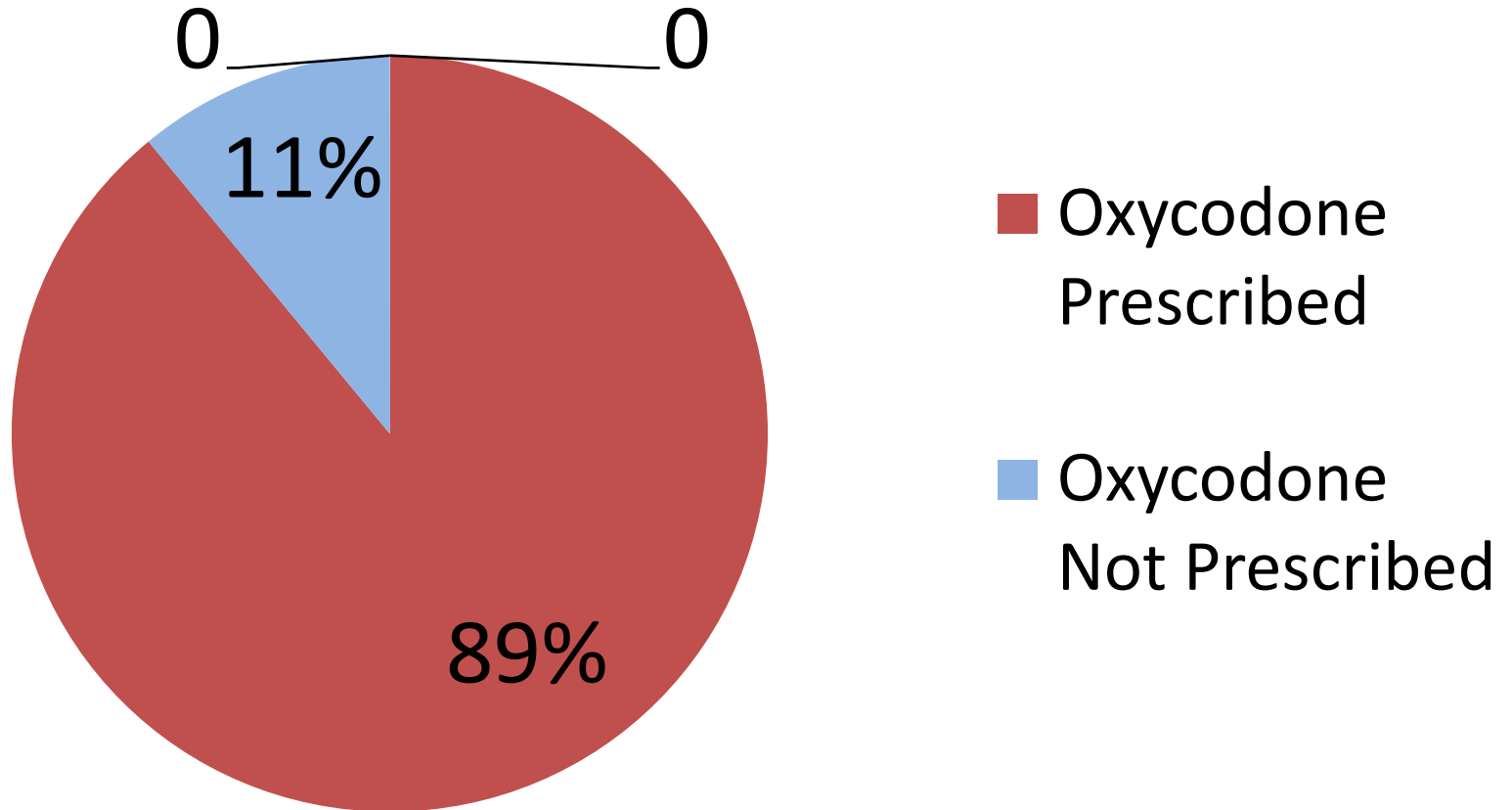
# Narcotic prescribed 98% of time



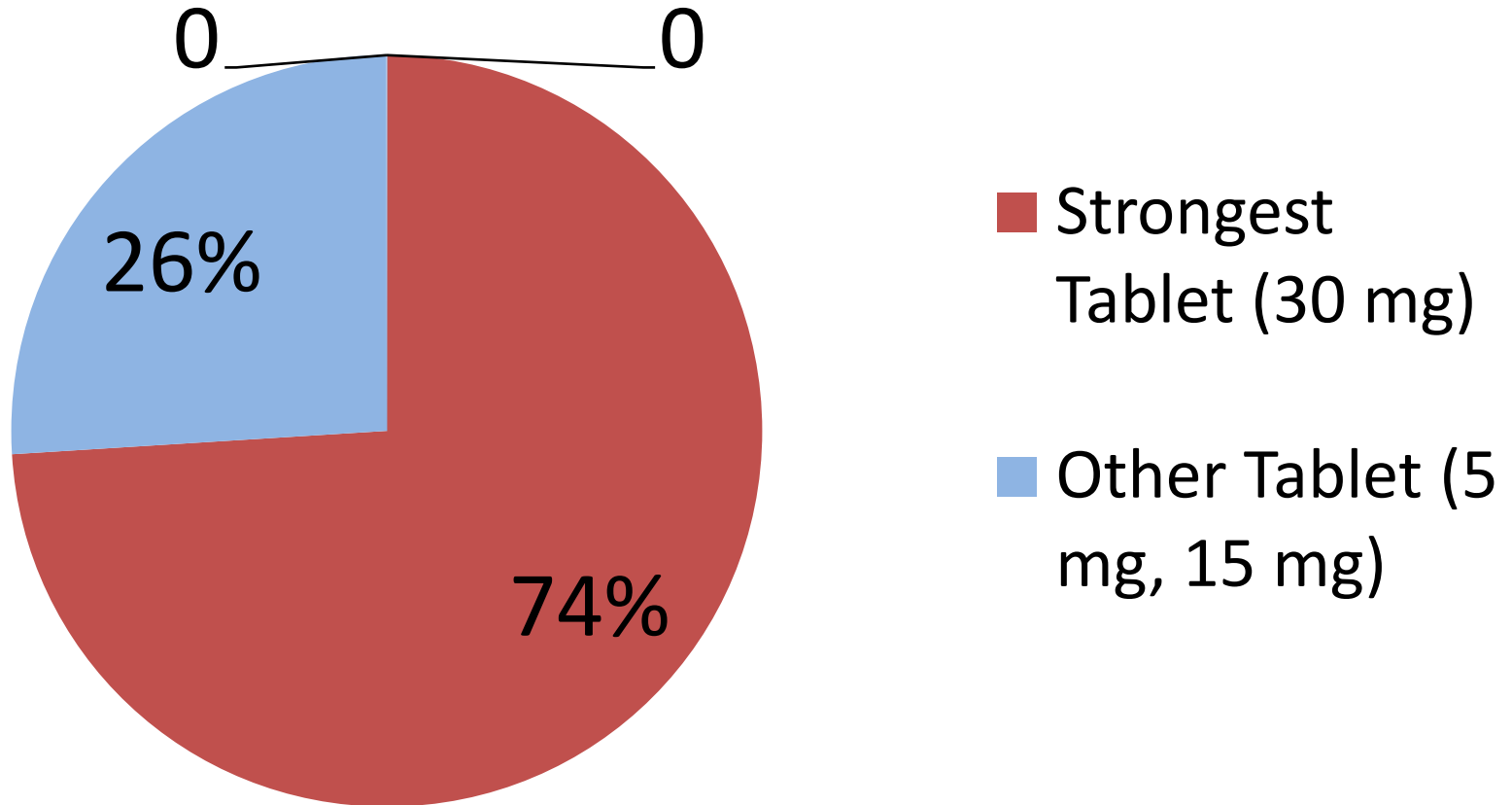
# Two Immediate Release Narcotics Prescribed 85% of time in Same Visit



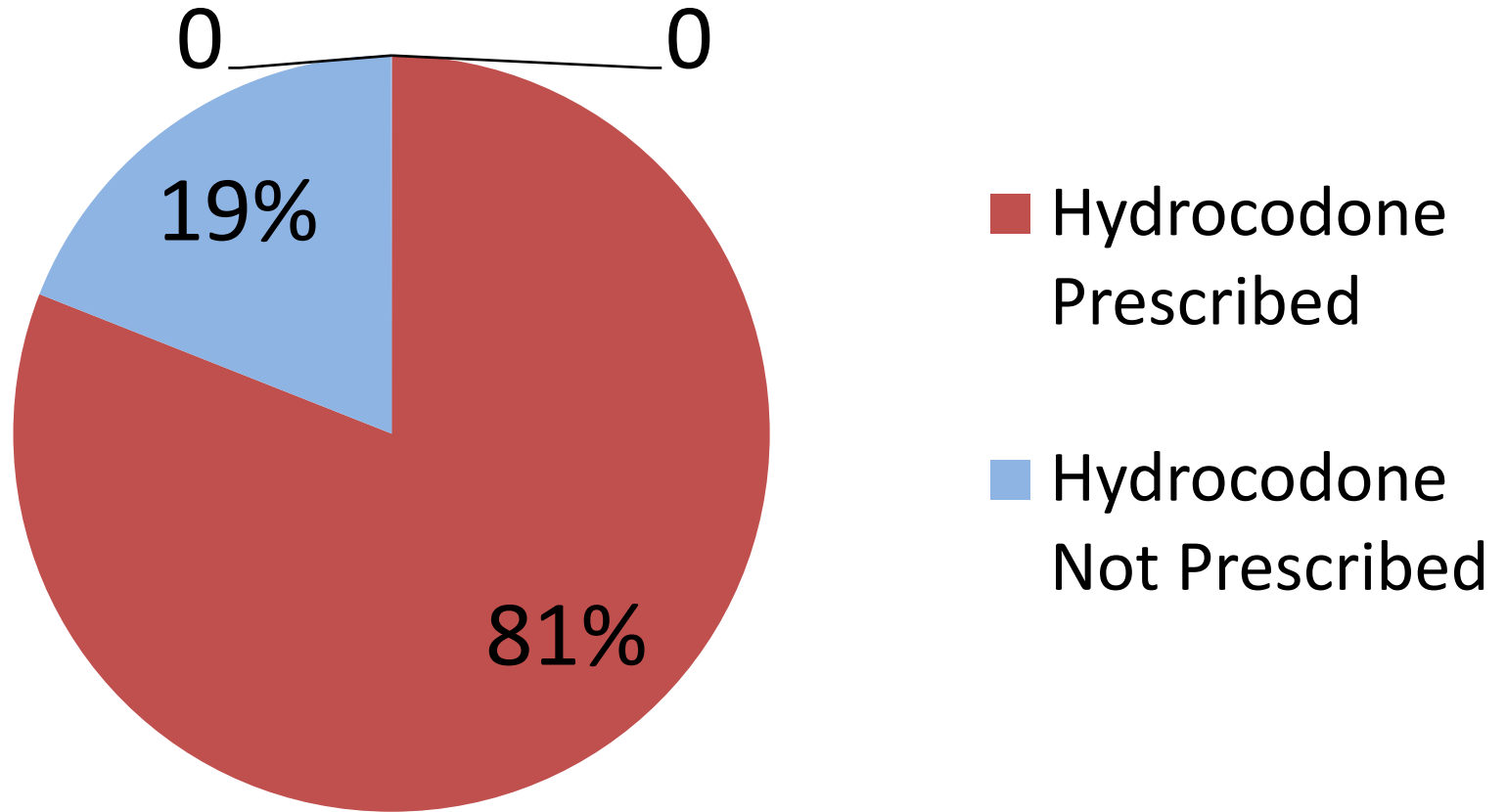
# Oxycodone Prescribed 89% of time



# 30 mg prescribed 74% of time

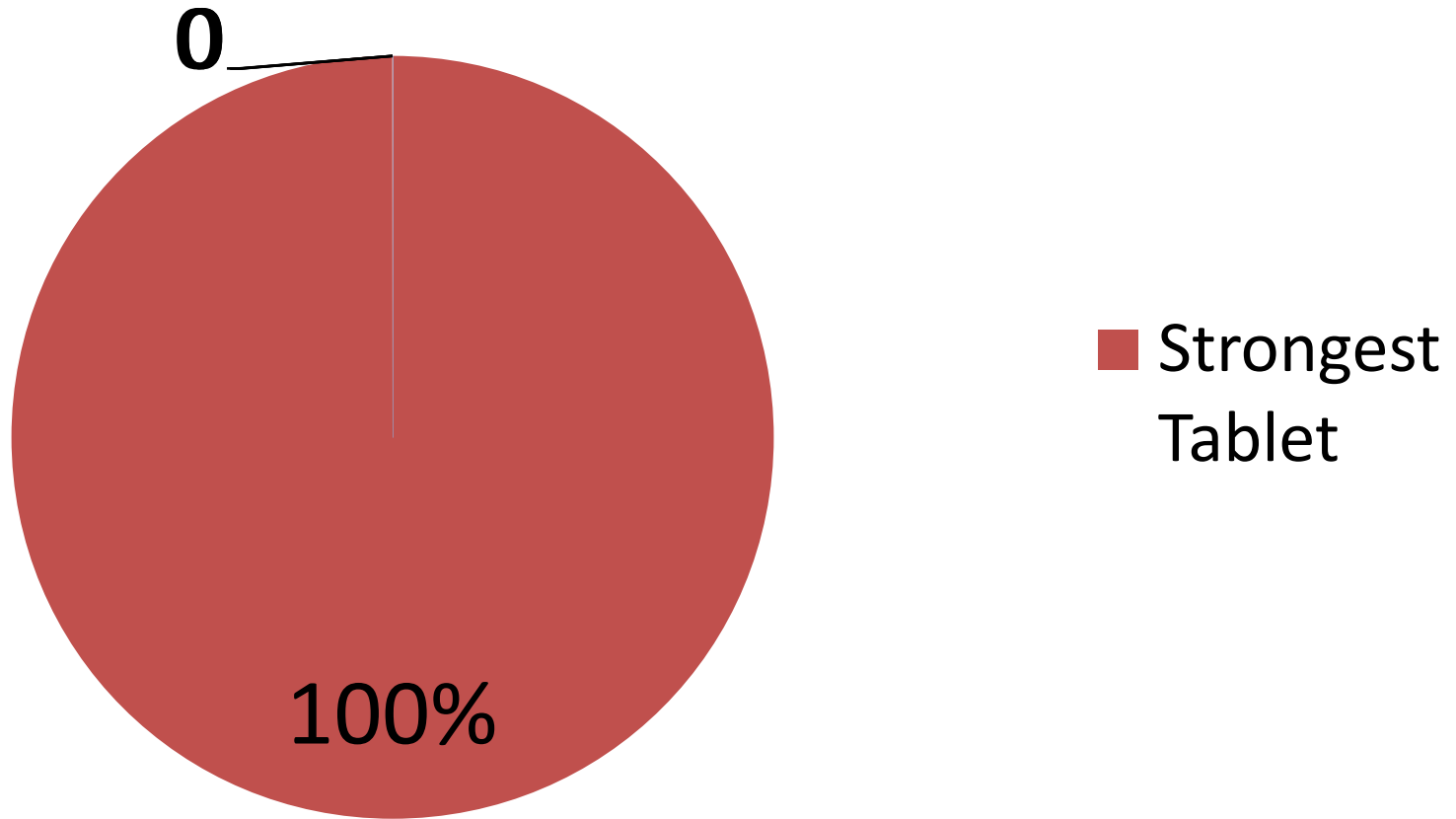


# Hydrocodone prescribed 81% of time

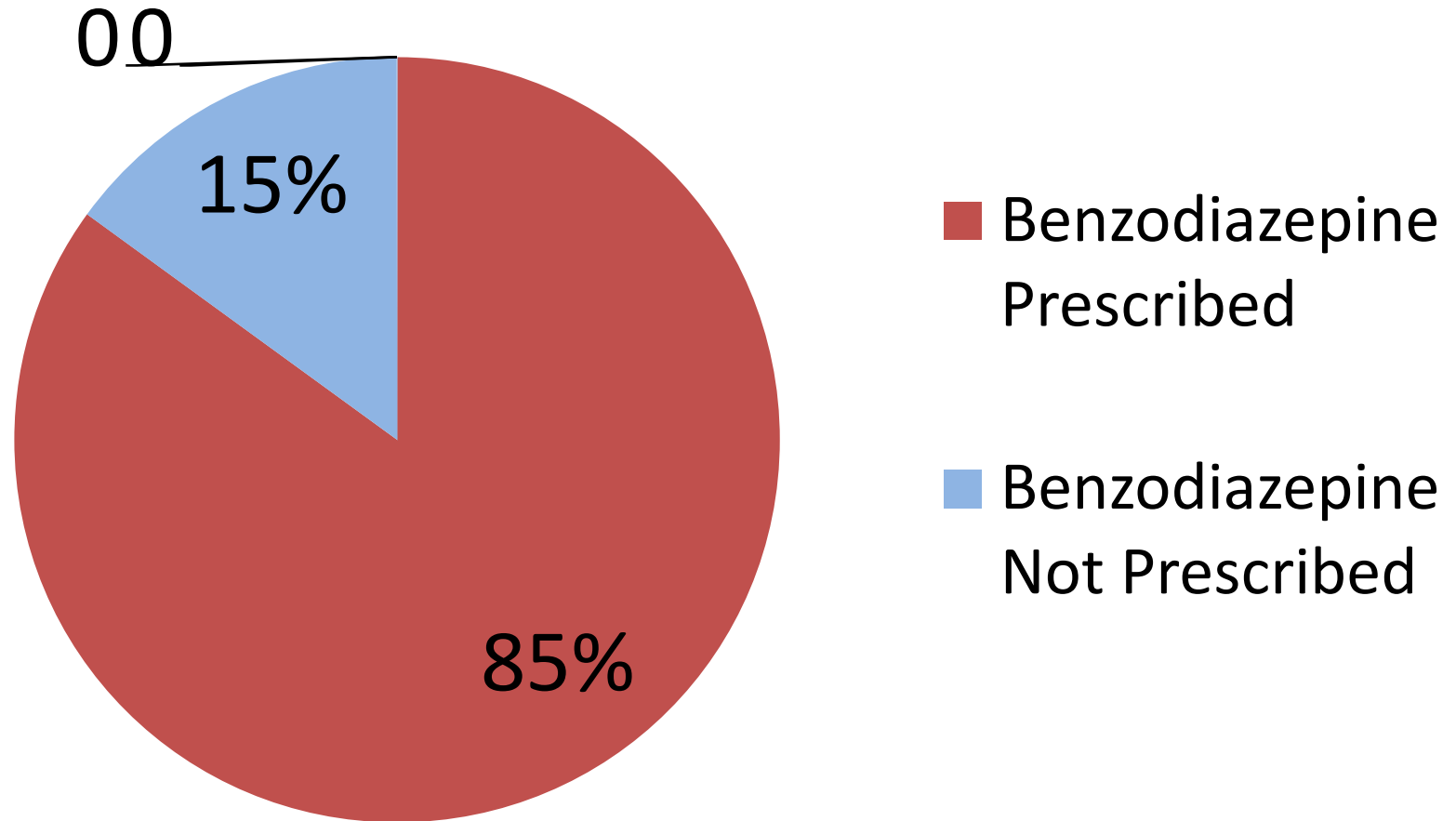




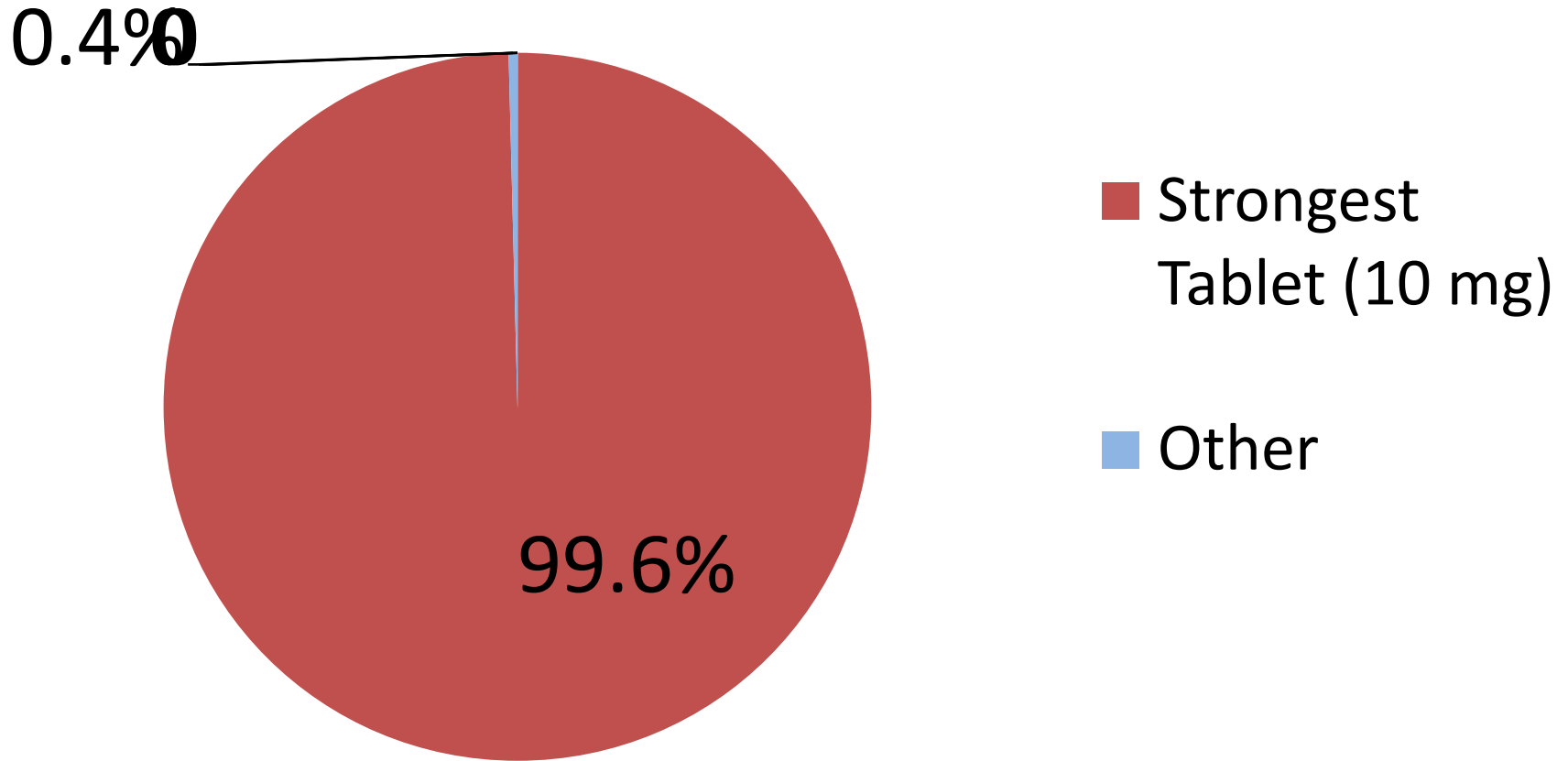
# Strongest hydrocodone 100% of time



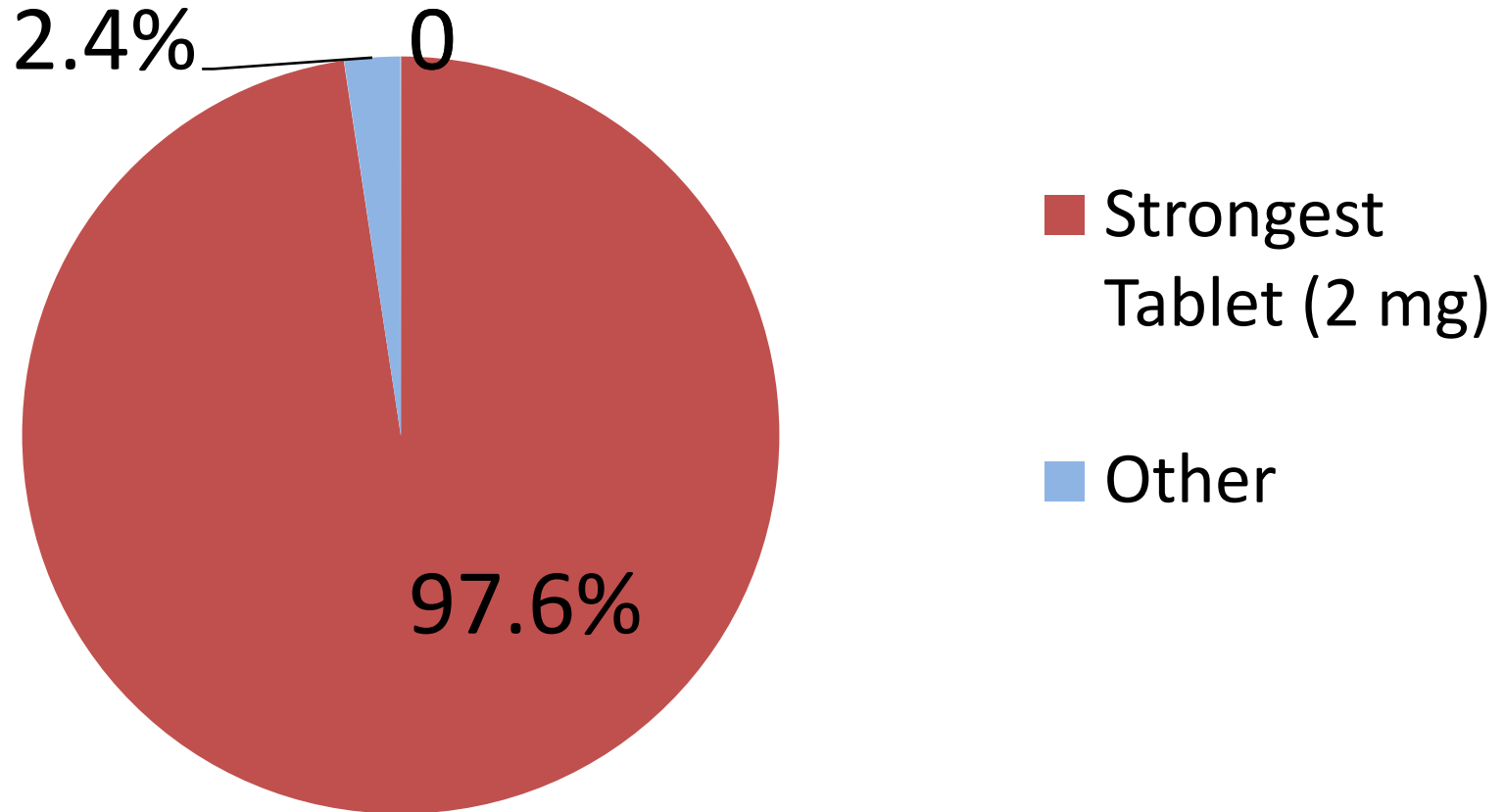
# Benzodiazepine prescribed 85% of time



# Strongest Valium – 99.6%



# Strongest Xanax – 97.6%



# Pharmacist Concerns

- ▶ Concerned about prescriptions
  - Types of pills
  - Strength of pills
  - Number of pills
  - Combination of pills
- ▶ Concerned about patients
  - Travelled long distances
  - No visible signs of pains
  - Young
  - Arrived in groups
  - Not concerned about cost

# Effects

# Death by Multi Drug Intoxication

# Operation of Dispensary



# Result: 1 million missing pills

Tri-State Health Care  
Paul H. Volkman, MD, PhD.  
1219 Findlay Street  
Portsmouth, Ohio 45662  
T: (740) 355-6876 F: (740) 355-6946

Date: 1-19-03

Ohio State Board of Pharmacy  
77 South High Street  
17<sup>th</sup> Floor  
Columbus, Ohio 43266

Dear Sirs,

I am writing in response to the inspection report of our dispensary, given to me on 12-30-03. This is regarding the renewal of my Dangerous Drug Distribution License for change of address purposes. The inspection was performed by Todd Zebbeck and Joe Kinser.

The inspectors found and addressed several issues with me which concerned compliance with the regulations having to do with the documentation of our dispensing of controlled substances. Enclosed with this letter is the pink copy of their inspection report.

We are now currently in compliance with all issues addressed in the Dangerous Drug Distributor Inspection Report. We have obtained the proper log books which are bound with numbered pages, and are tamper proof. We also have a proper log book as previously mentioned for each controlled substance being dispensed. All log books are current and up to date and are being kept current. All controlled medication being dispensed, as well as non-controlled medication, is being logged as it is filled. I am also identifying and witnessing all of the dispensed medications. I initial the back of each prescription and verify each filled medication before it is dispensed.

We have documented and disposed of all broken medication, as well as some that had been returned. This was witnessed by myself and another staff member. And last but not least, all C-222 forms are currently up to date with dates medications were received and the quantities that were received. I believe myself and my clinic is now in compliance with all regulations according to the Ohio State Board of Pharmacy. Thank you for the length of time given to us to bring our records up to date and for the valuable information and education we received from your inspectors. Please schedule a date to re-inspect our dispensary as soon as possible to ensure that our license is renewed within a reasonable time. Again, thank you.

Sincerely,



Paul H. Volkman, MD, PhD.

“I am also identifying and witnessing all of the dispensed medications. I initial the back of each prescription and verify each filled medication before it is dispensed.”





# Inside Tri-State - 1/04



61 Minutes  
Waiting Room

6 Minutes  
“Assessment” by Staff

36 Minutes

Wait for Doctor

9 Minutes  
“Examination” by  
Doctor



# No Medical Examination

Pulse 70 Respiration 20 Blood Pressure: Systolic 140 Diastolic 80 Weight 120

**Physical Examination** DATE 1-10-04  
 Patient Last Name [redacted] First Name Denise Address 7 Falkman  
 GENERAL: Age 52 Temp 99 Pulse 70 Respiration 20 Blood Pressure: Systolic 140 Diastolic 80 Weight 120  
 Check  if findings are normal after examination. Mark X in appropriate space in column at left, if findings are abnormal on examination and describe in space below.

**SKIN**  
 Color  Rash  
 Moisture  Nail  
 Turgor  Nodules  
 Pigment  Hair  
 Erythema  Other  
 Petechiae

**HEAD - EYES**  
 Conjunctiva  Pupil  
 Sclera  Reflex  
 External  Examination  
 Fundus  Lid-lag  
 Movement  Swelling  
 Abnormality  Other

**EARS**  
 Drum  Mucous  
 Hearing  Other  
 Discharge

**NOSE**  
 Antrum  Sinus Tenderness  
 Mucosa  Transillumination  
 Septum  Other

**MOUTH**  
 Breath  Tongue  
 Lips  Salivary Ducts  
 Teeth  Other  
 Gums

**THROAT**  
 Swallow  Forward Dev.  
 Pharynx  Lymph  
 Palate  Other

**NECK**  
 Stiffness  Venous  
 Masses  Trachea  
 Thyroid  Other

**LYMPH NODES**  
 Cervical  Inguinal  
 Axillary  Supraclavicular  
 Other

**CHEST**  
 Crack  Resonance  
 Symmetry  Other

**BREAST**  
 Masses  Nipple  
 Discharge  Other

**HEART**  
 Apical  Scapular M1  
 Impulse  A2  
 T1  
 Pulsion  Murmur  
 S3/S4  Gallop  
 Rate  Rhythm  
 Other

**LUNGS**  
 Percussion  Spoken Voice  
 Breath Sounds  Whispered Voice  
 Adventitious Sounds

(over)

**Physical Examination**

Neck pain, Headaches,  
 Low back pain, Gastritis, HTN.

MEDS: Xanax 2mg QID  
 Soma 350 tid  
 Oxy 30 - QID  
 Percocet 5/325 - tid  
 Norco 10/325 tid

Pain - 8/10  
 Spasms - occ in legs  
 Sleep - 4-5 hrs.

Has been out of meds w/5 days.

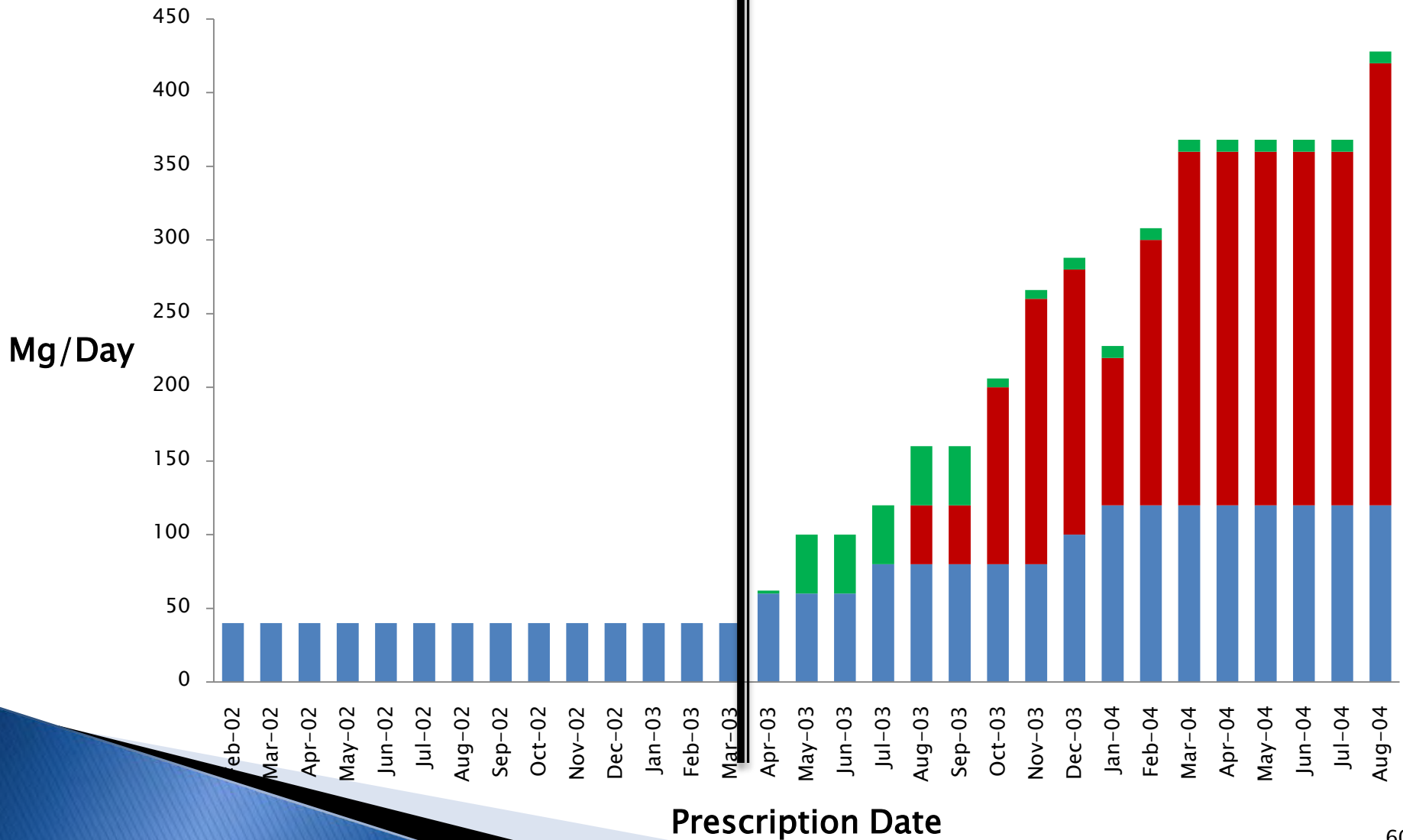
1. Xanax - 1 tab 3-4x/day
2. Soma - 1 tab tid
3. Oxy 30 - 1 tab 4-5x/day
4. Perc - 1 tab tid
5. Norco - 1 tab tid
6. Percocet 500 = 1 BID

- No one
  - took pulse
  - listened to breathing
  - took blood pressure
  - weighed her
- Received Oxy 30, Percocet, Norco, Soma, Xanax

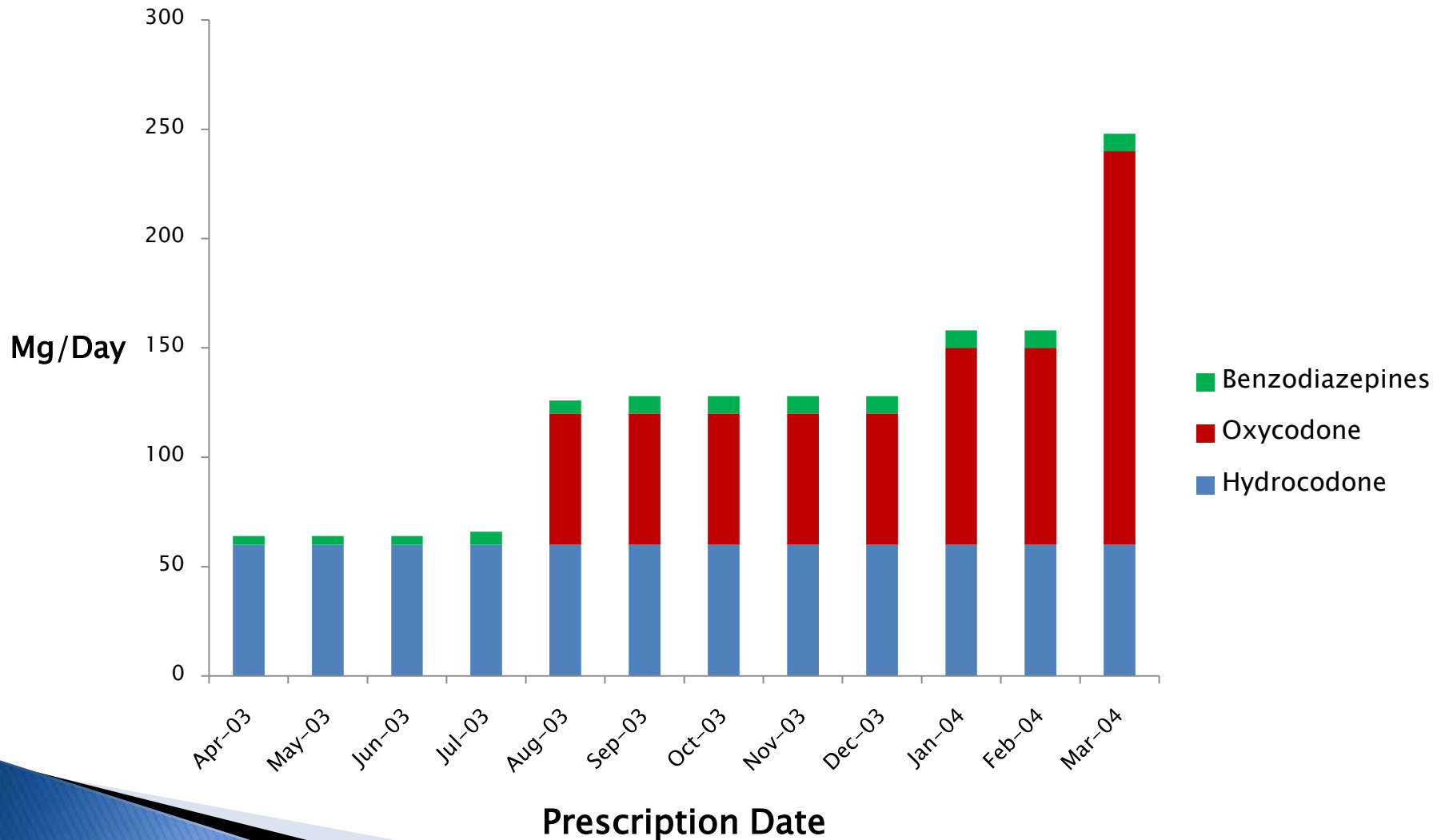
# Basic Exchange: Cash for Scripts



# Prescriptions – Before & After



# Trend: More Drugs over Time



# Forged Medical Records

d) Obesity, hypertension  
e) Pain right knee and leg  
f) Muscle spasm, Muscle aches, twitching, stiffness, soreness  
g) Insomnia due to chronic severe pain  
h) muscle spasms

**G. Pain Effect:**  
a) Inadequate control of her pain and associated symptoms has restricted her function. Patient has stated that she is continuing to have severe intractable pain / muscle spasms / reduction of medications. Daily function and quality of life has decreased without proper pain control.

**H. Coexisting Diseases:**  
Anxiety/General anxiety disorder/Pain related sleep disturbances  
a) Trouble falling, staying asleep due to increased pain  
b) Difficulty concentrating  
c) Irritability  
d) Fatigue  
e) Trembling, Shakiness, Feeling keyed up  
f) Excessive worry  
g) Hypertension

**I. Effect of pain on Psychological function:**  
Her psychiatric condition is related to the chronicity of the physical stressors present in her conditions. In addition she has had an exacerbation of anxiety /sleep disturbances from multiple falls/accidents.

**J. Treatment Prior to Tri-State Health Care:**  
a) Extra Strength Tylenol (Pain relief)  
b) Motrin (Pain relief)  
c) Naproxen (NSAID)  
d) Anaprox 1bid (NSAID)  
e) Daypro 600mg (NSAID)  
f) Soma 350mg (Muscle Relaxant)  
g) Lorcet 10/650  
h) Xanax 2mg  
i) Elavil 25mg

Prior to coming to Tri-state Health care she had been taking Lorcet 10/650 Qid pain, afternoon, muscle pain, stiffness, tension, fatigue, restlessness, irritability, anxiety. She medications well but explains pain has not been controlled recently with Soma changed decreased. Lorcet 10/650 decreased. Pt states anxiety disorder, muscle soreness-tension, pain and severe pain has increased with these medications decreased and normal daily intolerable due to severe pain.

**L. Medical Indication for Controlled Substance Use**  
a) Chronic pain which is seriously symptomatic for this patient  
b) Unresponsive to non narcotic modalities (Diagnoses noted above)

f) Muscle spasm, Muscle aches, twitching, stiffness, soreness  
g) Insomnia due to chronic severe pain  
h) muscle spasms  
i) nervousness  
k) severe obesity, smoking, hypertension

**G. Pain Effect:**  
a) Inadequate control of his pain and associated symptoms has restricted his function. Patient has stated that he is continuing to have severe intractable pain / muscle spasm / reduction of medications. Daily function and quality of life has decreased without proper pain control.

**H. Coexisting Diseases:**  
Anxiety/General anxiety disorder/Pain related sleep disturbances  
a) Trouble falling, staying asleep due to increased pain  
b) Difficulty concentrating  
c) Irritability  
d) Fatigue  
e) Trembling, Shakiness, Feeling keyed up  
f) excessive worry

**I. Effect of pain on Psychological function:**  
His psychiatric condition is related to the chronicity of the physical stressors present in his conditions. In addition he has had an exacerbation of anxiety /sleep disturbances from injuries/car accidents.

**J. Treatment Prior to Tri-State Health Care:**  
a) Extra Strength Tylenol (Pain relief)  
b) Motrin (Pain relief)  
c) Naproxen (NSAID)  
d) Anaprox 1bid (NSAID)  
e) Daypro 600mg (NSAID)  
f) Soma 350mg (Muscle Relaxant)  
g) Lorcet 10/650  
h) Xanax 2mg

Prior to coming to Tri-state Health care she had been taking Lorcet 10/650 Qid pain, afternoon, muscle pain, stiffness, tension, fatigue, restlessness, irritability, anxiety. She medications well but explains pain has not been controlled recently with Soma changed decreased. Lorcet 10/650 decreased. Pt states anxiety disorder, muscle soreness-tension, pain and severe pain has increased with these medications decreased and normal daily intolerable due to severe pain.

**L. Medical Indication for Controlled Substance Use**  
a) Chronic pain which is seriously symptomatic for this patient  
b) Unresponsive to non narcotic modalities (Diagnoses noted above)

d) Bilateral Sciatica Neuritis, R leg, hip pain  
e) Pain and numbness both legs.  
f) Muscle spasm, Muscle aches, twitching, stiffness, soreness  
g) Insomnia due to chronic severe pain  
h) muscle spasms  
i) Gastritis

**G. Pain Effect:**  
a) Inadequate control of her pain and associated symptoms has restricted her function. Patient has stated that she is continuing to have severe intractable pain / muscle spasm / reduction of medications. Daily function and quality of life has decreased without proper pain control.

**H. Coexisting Diseases:**  
Anxiety/General anxiety disorder/Pain related sleep disturbances  
a) Trouble falling, staying asleep due to increased pain  
b) Difficulty concentrating  
c) Irritability  
d) Fatigue  
e) Trembling, Shakiness, Feeling keyed up  
f) excessive worry

**I. Effect of pain on Psychological function:**  
Her psychiatric condition is related to the chronicity of the physical stressors present in her conditions. In addition she has had an exacerbation of anxiety /sleep disturbances from multiple injuries/car accidents since 1997.

**J. Treatment Prior to Tri-State Health Care:**  
a) Extra Strength Tylenol (Pain relief)  
b) Motrin (Pain relief)  
c) Naproxen (NSAID)  
d) Anaprox 1bid (NSAID)  
e) Daypro 600mg (NSAID)  
f) Soma 350mg (Muscle Relaxant)  
g) Lorcet 10/650  
h) Xanax 2mg  
i) Elavil 25mg

Prior to coming to Tri-state Health care she had been taking Lorcet 10/650 Qid pain, afternoon, muscle pain, stiffness, tension, fatigue, restlessness, irritability, anxiety. She medications well but explains pain has not been controlled recently with Soma changed decreased. Lorcet 10/650 decreased. Pt states anxiety disorder, muscle soreness-tension, pain and severe pain has increased with these medications decreased and normal daily intolerable due to severe pain.

**L. Medical Indication for Controlled Substance Use**  
a) Chronic pain which is seriously symptomatic for this patient  
b) Unresponsive to non narcotic modalities (Diagnoses noted above)

b) Collapsed wrist  
c) RSD  
d) Surgery x 2

**G. Pain Effect:**  
a) Inadequate control of his pain and associated symptoms has restricted her from normal daily functioning. Patient has stated that he is continuing to have severe intractable pain / muscle spasms with reduction of medications. Daily function and quality of life has decreased without proper pain control.

**H. Coexisting Diseases:**  
Anxiety/General anxiety disorder/Pain related sleep disturbances  
a) Trouble falling, staying asleep due to increased pain  
b) Difficulty concentrating  
c) Irritability  
d) Fatigue  
e) Trembling, Shakiness, Feeling keyed up  
f) excessive worry  
g) history of bi-polar disorder

**I. Effect of pain on Psychological function:**  
His psychiatric condition is related to the chronicity of the physical stressors presented by these medical conditions. He states a past history of bipolar disorder.

**J. Treatment Prior to Tri-State Health Care:**  
a) Extra Strength Tylenol (Pain relief)  
b) Motrin (Pain relief)  
c) Celebrex (NSAID)  
d) Naproxen (NSAID)  
e) Anaprox 1bid (NSAID)  
f) Daypro 600mg (NSAID)  
g) Darvocet N100 (Pain Medication)  
h) Soma 350mg (Muscle Relaxant)  
i) Valium (Anxiety and muscle spasm)  
k) Lorcet 10/650

**L. Medical Indication for Controlled Substance Use**  
a) Chronic pain which is seriously symptomatic for this patient  
b) Unresponsive to non narcotic modalities (Diagnoses noted above)  
c) Non-narcotic alternative therapies have been exhausted

**M. Management Plan:**  
atives of improved sleep, reducing and controlling pain entration ability, improvement of daily functioning. ese areas compared to the time when she has been on drug tab 10/500 qid to Percocet 10/650 qid. Stop Arthrotec. Return one month to see if improvement in pain and functioning

“b) The patient has currently improved in these areas compared to the time when she has been on drug holidays from controlled substances”

# Problem: Risks of Opiates

- ▶ Benefits: Pain Relief
- ▶ Risks
  - Addiction
  - Diversion
  - Patient Safety
    - Frequency (“stacking”)
    - Combination (“synergistic”)
    - Interaction with health conditions

# Toxicological Chaos

**Progress Notes** *Moving Schedule*

PATIENT: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ PAGE: \_\_\_\_\_  
 F  M

DATE: *5-12-04* Important: Please date and initial every entry.

*1st* 2 Nuro 7-8am  
 1 Oxy 30  
 1 Xanax  
 1 Soma  
 1 Alacalcid

*2nd* 2 Nuro @ 10am  
 1 Oxy 30  
~~1 Xanax~~  
 1 Soma

*3rd* 2 Nuro @ Noon  
 1 Oxy 30  
 1 Xanax

*4th* 2 Nuro @ 2pm  
 1 Oxy 30  
 1 Soma

*5th* 2 Nuro @ 4pm  
 1 Oxy 30  
 1 Soma  
 1 Xanax

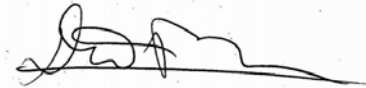
**Progress Notes**

*6th* 2 Nuro @ 6pm  
 1 Oxy 30

*7th* 2 Nuro @ 8pm  
 1 Oxy 30  
 1 Soma  
 1 Xanax

Pt. goes to bed @ 9 or 10 pm +  
 gets up @ 7 or 8am.

① Nuro-14      ④ Soma-5  
 ② Oxy-7        ⑤ Alacalcid-1  
 ③ Xanax-4

Pt. Signature 

3-5 pills every 2 hours  
 30 pills per day



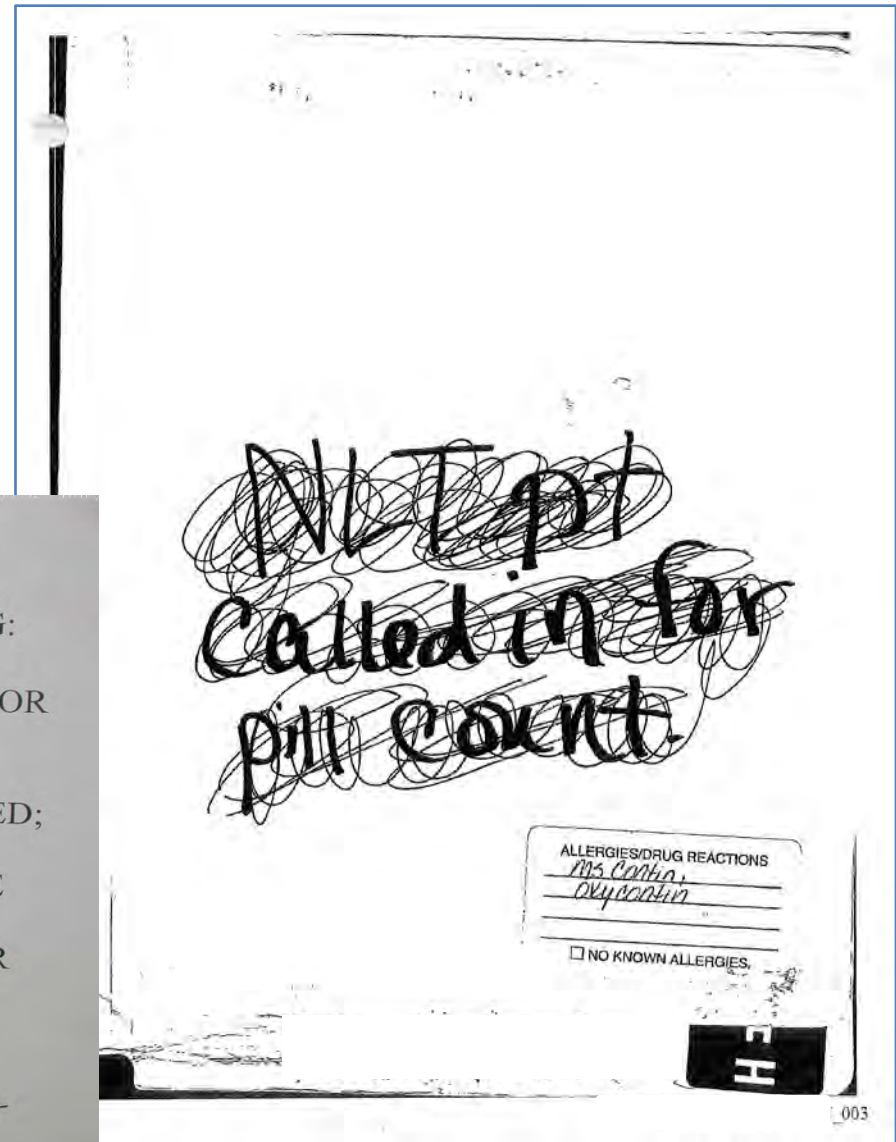
# Sham Controls

- ▶ Prior Records
- ▶ Pill Counts
- ▶ Urine Screens

ALL NEW PATIENTS MUST HAVE THE FOLLOWING: COPIES OF X-RAY, MRI, CT-SCANS etc... THE PAIN MUST BE DOCUMENTED BY OTHER PHYSICIANS FOR AT LEAST 1YR. PRIOR TO BEING SEEN AT THIS OFFICE. YOUR PREVIOUS PHYSICIAN MUST DOCUMENT OTHER FORMS OF PAIN CONTROL USED; ALSO A SPECIALIST MUST HAVE SEEN YOU, A REFERRAL FROM A PHYSICIAN IS PREFERRED. WE NEED THE NAMES & CURRENT NUMBERS OF ALL PHYSICIANS THAT HAVE TREATED YOU FOR YOUR CONDITION.

*Paul H Williams*

\* DR. Volkman's new Cell # 1-740-357-9270 \*



# “Levels” and “Clinical Trials”

- ▶ “Levels” = numbers showing whether taking medicine as prescribed
- ▶ “Clinical trials” = take pills and sit in waiting room



Time	Medication	Level
Test 7pm		
4:45A	Oxy 30mg	7,000
6:15A	Perc 5mg	0
7:15A	Oxy 30mg	9,000
8:15A	Perc 5mg	1,000
9:15A	Oxy 30mg	11,000
10:15A	Perc 5mg	2,500
11:15A	Oxy 30mg	15,000
12:15P	Perc 5mg	3,000
1:15P	Oxy 30mg	19,000
2:15P	Perc 5mg	4,500
3:15P	Oxy 30mg	23,000
4:15P	Perc 5mg	6,000
5:15P	Oxy 30mg	37,000
6:15p	Perc 5mg	8,000
		<u>136,000</u> expected
		actual pt level 1,086
UDS in office: +oxy trace opiates +benzo		

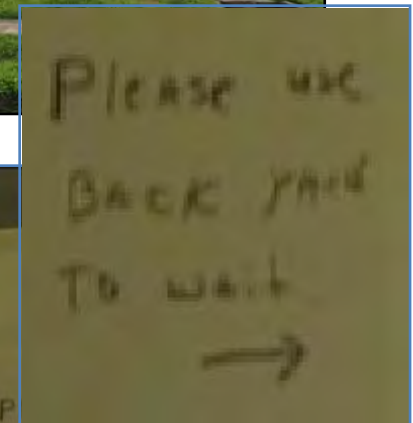
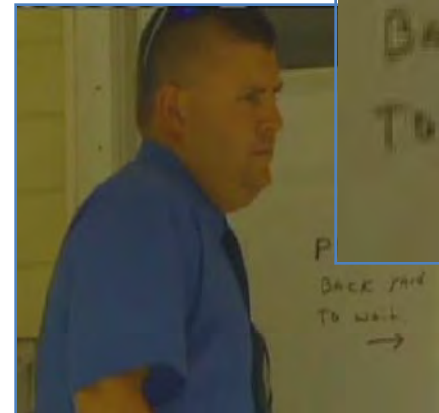
# Observations of Tri-State – 6/05

- ▶ No equipment to view X-rays
- ▶ No equipment to view MRI's
- ▶ No way to wash hands (no soap)
- ▶ No thermometer
- ▶ Pills in desk drawers
- ▶ Urine specimens on floor
- ▶ Medical records in kitchen or stove



# Center Street: 9/05–10/05

- ▶ Run out of his apartment
- ▶ Rough part of town
- ▶ Parking quickly became an issue
- ▶ New day for individuals kicked out of Tristate
- ▶ One witness: like a grocery store – people come in and out, very busy



# "Drug Sheet"

**Physical Examination**

DATE 9-16-05

GENERAL: Age 29 Temp 98.6 Pulse 112 Respiration 18

Check  if findings are normal after examination. Mark X in appropriate space in column at left, if findings are abnormal on examination and describe in space below.

**SKIN**

Color  Eruption   
 Moisture  Pits   
 Turgor  Nodules   
 Pigment  Hair   
 Ectoparasites  Other   
 Paresthesia

**HEAD - EYES**

Conjunctiva  Fields   
 Sclera  Pupil   
 Cornea  Exotropia/Esotropia   
 Pupil  Lid-lag   
 Movement  Tension   
 Accommodation  Ophthalmoscopic   
 Acuity  Other

**EARS**

Drums  Masked   
 Hearing  Other   
 Discharge

**NOSE**

Arteries  Nasal Tenderness   
 Mucosa  Tenderness   
 Secretions  Other

**MOUTH**

Tongue  Other   
 Lips  Salivary Ducts   
 Teeth  Other   
 Gums

**THROAT**

Tonsils  Post-nasal Drip   
 Pharynx  Uvula   
 Palate  Other

**NECK**

Swallow  Tenderness   
 Lymph Nodes  Trachea   
 Thyroid  Other

**LYMPH NODES**

Cervical  Inguinal   
 Axillary  Supraclavicular   
 Other

**CHEST**

Shape  Respiration   
 Symmetry  Other

**BREAST**

Mastitis  Nipples   
 Discharge  Other

**HEART**

Apical Impulse  S4  M1   
 T1  P2  T3   
 T4  T5  T6   
 T7  T8  T9   
 T10  T11  T12   
 T13  T14  T15   
 T16  T17  T18   
 T19  T20  T21   
 T22  T23  T24   
 T25  T26  T27   
 T28  T29  T30   
 T31  T32  T33   
 T34  T35  T36   
 T37  T38  T39   
 T40  T41  T42   
 T43  T44  T45   
 T46  T47  T48   
 T49  T50  T51   
 T52  T53  T54   
 T55  T56  T57   
 T58  T59  T60   
 T61  T62  T63   
 T64  T65  T66   
 T67  T68  T69   
 T70  T71  T72   
 T73  T74  T75   
 T76  T77  T78   
 T79  T80  T81   
 T82  T83  T84   
 T85  T86  T87   
 T88  T89  T90   
 T91  T92  T93   
 T94  T95  T96   
 T97  T98  T99   
 T100

**LUNGS**

Friction  Spoken Voice   
 Intercostal  Whispered Voice   
 Breath Sounds  Other   
 Adventitious Sounds

last here in June 05  
 Oxy 30 8/day  
 Perc 5 8/day  
 Xanax 2 BID  
 Soma 4/day  
 Pain 2/10  
 Spasms occal  
 sleeping 8  
 been on Advant  
 perc 5  
 + total 6 5  
 Plan:  
 Oxy 30 9/day  
 Perc 5 9/day  
 Xanax 2 BID  
 Soma 4/day  
 Disal. 6/day  
 Ret 4 wh  
 Wllh

**Physical Examination**

DATE 9/26/05

GENERAL: Age 29 Temp 98.6 Pulse 88 Respiration 18

Check  if findings are normal after examination. Mark X in appropriate space in column at left, if findings are abnormal on examination and describe in space below.

**SKIN**

Color  Eruption   
 Moisture  Pits   
 Turgor  Nodules   
 Pigment  Hair   
 Ectoparasites  Other   
 Paresthesia

**HEAD - EYES**

Conjunctiva  Fields   
 Sclera  Pupil   
 Cornea  Exotropia/Esotropia   
 Pupil  Lid-lag   
 Movement  Tension   
 Accommodation  Ophthalmoscopic   
 Acuity  Other

**EARS**

Drums  Masked   
 Hearing  Other   
 Discharge

**NOSE**

Arteries  Nasal Tenderness   
 Mucosa  Tenderness   
 Secretions  Other

**MOUTH**

Tongue  Other   
 Lips  Salivary Ducts   
 Teeth  Other   
 Gums

**THROAT**

Tonsils  Post-nasal Drip   
 Pharynx  Uvula   
 Palate  Other

**NECK**

Swallow  Tenderness   
 Lymph Nodes  Trachea   
 Thyroid  Other

**LYMPH NODES**

Cervical  Inguinal   
 Axillary  Supraclavicular   
 Other

**CHEST**

Shape  Respiration   
 Symmetry  Other

**BREAST**

Mastitis  Nipples   
 Discharge  Other

**HEART**

Apical Impulse  S4  M1   
 T1  P2  T3   
 T4  T5  T6   
 T7  T8  T9   
 T10  T11  T12   
 T13  T14  T15   
 T16  T17  T18   
 T19  T20  T21   
 T22  T23  T24   
 T25  T26  T27   
 T28  T29  T30   
 T31  T32  T33   
 T34  T35  T36   
 T37  T38  T39   
 T40  T41  T42   
 T43  T44  T45   
 T46  T47  T48   
 T49  T50  T51   
 T52  T53  T54   
 T55  T56  T57   
 T58  T59  T60   
 T61  T62  T63   
 T64  T65  T66   
 T67  T68  T69   
 T70  T71  T72   
 T73  T74  T75   
 T76  T77  T78   
 T79  T80  T81   
 T82  T83  T84   
 T85  T86  T87   
 T88  T89  T90   
 T91  T92  T93   
 T94  T95  T96   
 T97  T98  T99   
 T100

**LUNGS**

Friction  Spoken Voice   
 Intercostal  Whispered Voice   
 Breath Sounds  Other   
 Adventitious Sounds

seen 9/19  
 at Trust  
 Married /Widowed/ Divorced /Lives Alone  
 /Care Taker  
 ADLs: Put on  
 Work: Oxy 30 9/d  
 Perc 5 9/d  
 Xanax 2 5/d  
 OTC medication in past month: Yes  No   
 Soma not filled  
 Disal not filled  
 Medications List: Lungs:  
 GI: Today  
 Green smpts  
 Patient States takes Medication as Prescribed?  
 Yes  No  Date: Oxy 30 #135  
 Perc 5 #135  
 Sleep: # of hours per night  
 Type of sleep  
 Wllh

Physical Examination

# 800% increase, no exam

**Physical Examination** (3rd visit) DATE 9-30-04

Patient Last Name: [Redacted] **Began** Address: **P. Volkman**

GENERAL: Age **92** Temp. **—** Pulse **114** Respiration **—** Blood Pressure: Systolic **137** Diastolic **87** Weight **210**

Check  if findings are normal after examination. Mark X in appropriate spaces in column at left. If findings are abnormal on examination and describe in space below.

**SKIN**  
 Color  Enlarged  
 Moisture  Nails  
 Tactile  Rashes  
 Pigment  Hair  
 Erythema  Other  
 Pylusae

**HEAD - EYES**  
 Conjunctiva  Flashes  
 Sclera  Protein  
 Cornea  Exophthalmos  
 Pupils  Anisocoria  
 Refraction  Diplopia  
 Fundus  Optic atrophy  
 Visual field  Other

**EARS**  
 Drum  Middle ear  
 Hearing  Other  
 Discharge

**NOSE**  
 Mucosa  Sinus tenderness  
 Uvula  Transillumination  
 Septum  Other

**MOUTH**  
 Breath  Tongue  
 Gums  Salivary ducts  
 Teeth  Other  
 Gums

**THROAT**  
 Tonsils  Post-nasal drip  
 Pharynx  Uvula  
 Palate  Other

**NECK**  
 Thyroid  Abdominal  
 Lymph nodes  Cervical  
 Trachea  Thoracic  
 Other

**LYMPH NODES**  
 Cervical  Axillary  
 Thoracic  Inguinal  
 Abdominal  Other

**CHEST**  
 Shape  Wheezes  
 Symmetry  Other

**BREAST**  
 Masses  Nipples  
 Discharge

**HEART**  
 Apical impulse  Sounds M1  
 A2  
 P2  
 Thrill  Third  
 Pulsation  Murrurs  
 Shock  Gallop  
 Rale  Friction  
 Rhythm  Other

**LUNGS**  
 Percussion  Sputum  
 Breath sounds  Whispered voice  
 Adventitious sounds  Other

**Current Complaints:** *Back pain radiating to hip and leg. (L) shoulder pr. sch. to pt. on home care. Round went for in pt. health care.*

**Social Status:** Married / Widowed / Divorced / Lives Alone *Married*  
 Care Taker *lives at home with wife & 2 children*

**ADLs:** *able to do own self care, 10, 11, 12, wife does housework, apartment - clean work*

**Work:** *disabled - draws social security*

**Any New Complaints:** *0*

**OTC medication in past month:** Yes  No  *gabapentin*

**Last seen Aug. 5, 2005**

**Last Labs/UPS:** *sent for.*

**Medications List:**  
*Oxy 30mg #180  
 Soma 350 #90  
 Valium 10mg #90  
 Aspirin 101 325mg*

**Pain:** Location, Description, Duration  
*Back pain 4*

**Synopsis:** Location, Intensity, History  
*Deep bilateral*

**Sleep:** # of hours per night *6*  
 Type of sleep *IV*

**Plan:** *Oxy 30 8  
 Valium 10 3*

**HEART**

Apical Impulse

Thrill

Pulsation

Shock

Rale

Rhythm

Sounds M1

A2

P2

Third

Murrurs

Gallop

Friction

Other

# Chillicothe: 10/05 – 2/06



- ▶ 6–10 cars waiting at 6:00 am
- ▶ Brought in \$9,500 in one day
- ▶ Video monitoring, but no examination table
- ▶ No ability to read X-ray or MRI film



# Operations at Chillicothe

- ▶ Volkman
  - Didn't want to see x-rays
  - Didn't listen to heart or lungs
  - Didn't even have a stethoscope
  - Complained patients made more than he did
  - Said patients would “limp in and dance out”
- ▶ Wheelchair by day / dancing by night
- ▶ Workers there past 1:30 am
- ▶ “Strong but irregular heartbeat” – a concern, but not at that office



# “Informed Consent”

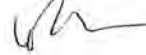
A: CHF/Cor pulmonale  
Chronic Pan / LBP

P: Discussed condition  
pt. With O<sub>2</sub> sat 85  
on RA pt may experien  
resp. depression due to  
combination of Xanax,  
Soma, Oxycodone, Hydroc  
Pt accepts risk of  
resp. depression + prema  
demise because of impro  
quality of life with his  
pan medication:

“... Pt may experience respiratory depression due to combination of Xanax, Soma, Oxycodone, Hydrocodone. Pt. accepts risk of resp. depression + premature demise because of improved quality of life with this pain medication.”

12-8-05

12-8-05

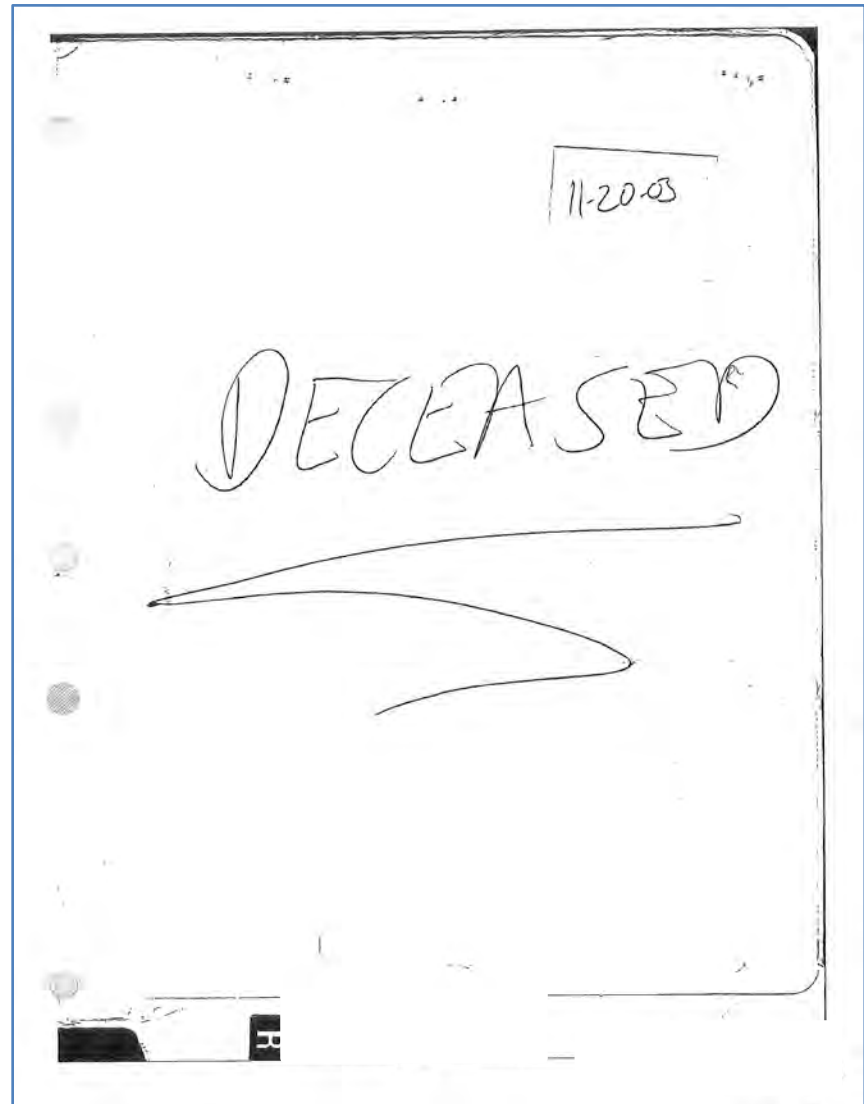


# A first-time patient – 10/21/05

Drug	Amount	# Pills / Day	# Pills / Month
Oxycodone	30 mg	8	240
Lortab	10 / 325 mg	8	240
Xanax	2 mg	3	90
Soma	350 mg	3	90
<b><i>Total</i></b>		<b><i>22</i></b>	<b><i>660</i></b>

# At least 12 patient deaths

- ▶ 9 under age of 40
- ▶ All prescribed combination of opiate and sedatives
- ▶ 11 received increase on last visit
- ▶ 8 died within 3 days of visit



# IV. Charges

- ▶ Conspiracy – 1 count
- ▶ Illegal Distribution – 13 counts
- ▶ Deaths – 11 instances
- ▶ Firearms – 2 counts
- ▶ Drug House – 4 counts

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MAY 15 2007 10:29

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF OHIO  
WESTERN DIVISION

UNITED STATES OF AMERICA : CRIMINAL NO.  
: : **1107CR 0060**  
vs. : **INDICTMENT**  
: 18 U.S.C. § 2  
DENISE HUFFMAN (1) : 18 U.S.C. § 924(e)(1)  
ALICE HUFFMAN BALL (2) : 21 U.S.C. § 841(a)  
PAUL H. VOLKMAN (3) : 21 U.S.C. § 841(C)  
: 21 U.S.C. § 846  
: 21 U.S.C. § 856 (a)(1)  
: 21 U.S.C. § 856 (b)

BECKWITH

THE GRAND JURY CHARGES THAT:

At all times material to this Indictment:

Introduction

1. Beginning on or about October 1, 2001, and continuing up to and including the date of the Indictment, the defendant, DENISE HUFFMAN (hereinafter referred to as "HUFFMAN"), operated two pain clinics: Tri-State Health Care & Pain Management (hereinafter referred to as "Tri-State"), and South Point Pain Management (hereinafter referred to as "South Point"). Tri-State was originally opened in South Shore, Kentucky, on or about October 1, 2001. Tri-State was later relocated to 1200 Gay Street, Portsmouth, Ohio, on or about April 1, 2003. HUFFMAN then relocated Tri-State to 1219 Findlay Street, Portsmouth, Ohio, on or about December 30, 2003, where it was operated until being relocated by HUFFMAN on or about February 1, 2006 to South Point, Ohio. The South Point location is still in operation.

1

# Illegal Distribution

- ▶ United States must prove physician acted outside course of professional practice and not for legitimate medical purpose
- ▶ Instructions on good faith:

“Good faith” in this context means good intentions and an honest exercise of professional judgment as to a patient’s needs. It means that the Defendant acted in accordance with what he reasonably believed to be proper medical practice.

# “Death resulted”

- ▶ United States must prove that “death resulted from use of the substance distributed”
- ▶ Instructions on death charges:

... the Government need not prove that the death was foreseeable to the Defendant. But the Government must prove beyond a reasonable doubt that the death would not have occurred had the mixture and substance . . . Dispensed by the Defendant not been ingested by the individual.”

# V. Trial

- ▶ 110 potential jurors
- ▶ 10 weeks: 3/1/11–5/9/11
  - 8 weeks of trial
  - 5 ½ days of deliberation (over 2 weeks)
- ▶ 80 witnesses
  - Traveled from 8 states
  - 70 called by US
  - 10 called by Defendant
- ▶ 300+ exhibits in 28 binders

# Fact Witnesses

- ▶ 17 patients
- ▶ 4 family members
- ▶ 2 co-conspirators
- ▶ 9 employees
- ▶ 2 landlords
- ▶ 1 yoga instructor



# Medical Witnesses

- ▶ 5 experts
- ▶ 7 pharmacists
- ▶ 8 coroners
- ▶ 8 pathologists
- ▶ 11 toxicologists



# Death Charges – Science

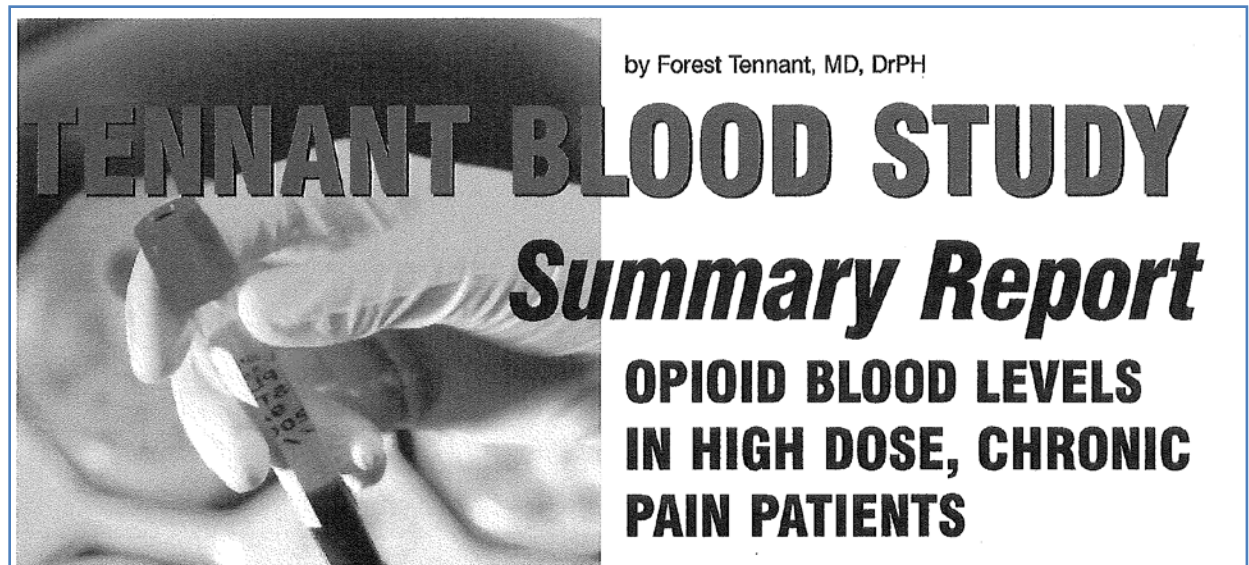
- ▶ Types of Drugs
- ▶ Effect of Drugs
- ▶ Dosing & Metabolism
  - Amount
  - Frequency
  - Number of Drugs
- ▶ Patient–Specific Red Flags
  - Physical
  - Psychological

# Key Evidence

- ❑ Medical Records
- ❑ Prescription Records
- ❑ Data re: other doctors
- ❑ Autopsy Report
- ❑ Toxicology Report
- ❑ Coroner re: Scene
- ❑ Death Certificate
- ❑ Family Members

# The Defense of Tolerance

- ▶ Individual
- ▶ Requires proof of regular compliance
- ▶ Dynamic – can be gained, can be lost
- ▶ Limited – fatal dose does exist



# The reality of the “fatal dose”

Name	Amount of Increase	Days After Visit
B.B.	800%	2
M.C.	25% + 33%	2
D.C.	50%	5
J.E.	33%	1
A.G.	50% + New Drug	2
S.H.	300%	1
S.J.	2 New Drugs	4
C.J.	100%	5
D.P.	25%	1
E.R.	4 New Drugs	2
K.R.	100%	1

# Verdict – 5/9/11

- ▶ Conviction on 18/20 counts
  - Conspiracy – Guilty on 1 count
  - Drug houses – Guilty on all 4 counts
  - Firearm – Guilty on 1 of 2 counts
  - Illegal distribution – Guilty on 12 of 13 counts
- ▶ Deaths – guilty on 4 of 11 charges

# Sentencing – 2/14/12

- ▶ Effect of Proving Death
- ▶ Drug Amount
- ▶ Enhancements
  - Vulnerable Victims
  - Abuse of Position of Trust
- ▶ Comparative Sentences
- ▶ Consecutive versus Concurrent

# It COUNTS!

February 23, 2012

Email:

From Ohio Department of Health

Subject: Scioto County is Sharing Some Good News

I wanted to let you know that we have had a reduction

in overdose deaths.... there has been a 17% decrease

in accidental OD's and a 42% decrease in drug related deaths.



# CONCLUSION