

Shake Well Before Opening:

The Story Behind Mamma Bear

All the darkness in the world cannot extinguish the light of a single candle.

—St. Francis of Assisi

I grew up on a farm in rural Ohio. It wasn't a big farm, two hundred acres all told. We grew corn and hay, and had barns full of chickens laying eggs by the thousands. Life was secure, but there wasn't extra money laying around for things like college.

After high school I decided to take some time off. Now I'm a guy that likes to stay in a rut once I've found it, and it was fifteen years gone before I knew it. But I wasn't swimming in cash from my factory job, so I joined the Army for the GI Bill, spent six years as a cavalry scout and made sergeant by the time I graduated.

In 2002 I was accepted into med school. I switched branches to the Navy and got a full scholarship supplemented by a sizable grant from the Joseph Collins Foundation. Case Med was challenging, more so because I had a family in tow, but I made it through and got my MD in 2007.

After residency I was off to the Marine Corps Air-Ground Combat Center as Lieutenant Arnold, MD, US Navy Medical Corps. Two years in the desert convinced me I preferred the Army! When active duty was over I returned home, got hired by a local hospital and set up a clinic in my old stomping grounds. Things were going well. But in 2020 the pandemic hit, the clinic closed down, and I struck out on my own.

And then the sky fell.

On June 9, 2021, the DEA raided my clinic and accused me of illegally prescribing opiates. I hired a lawyer and voluntarily gave up my DEA certificate as a sign of good faith. I knew I had a solid defense. After all, they were saying that I had been handing out oxycodone nimbly-bimbly without appropriate diagnoses. Now, out of 1,127 patients in my care, all of 73 were on chronic pain management. I had always been very particular about documentation and reasons for treatment, just like the CDC advised. My folks were *functioning*. They were holding down jobs, caring for their families, and had a decent quality of life. And they weren't 'just being handed scripts'. They were seeing Physical Therapy, Aquatherapy, Orthopedics, Neurology, Neurosurgery, Psychology, Pain Management and Rheumatology. They were involved in acupuncture and were managed, not only on opiates, but neuropathics, NSAIDs and topical treatments. And I was not just 'dabbling' in pain management: I had trained at the Wade Park VA pain clinic under the direction of one of the area's best pain docs, and had been taught one-on-one in hospice care (which often requires combined opiates and benzodiazepines) by one of Ohio's top geriatricians (he actually offered me a job in 2022, but I had to pass because he wanted me to get my DEA certificate back and I wasn't getting into those crosshairs again).

But in time it became clear that things were not going to go well. My attorney advised a choice: drop *a hundred grand or more* on a trial... or take a plea for health care fraud. Still a felony, still untrue, but less risk of prison and no six-figure court battle.

I had a solid defense. What I *didn't* have was a bucket of cash. What was I to do? I would have had to sell my house and pretty much everything else to go to trial and then my wife and son would have been homeless, win or lose. I had been through a divorce in the past. I knew that court is *nothing* like it is on TV. It's not an equation where evidence plus testimony over law equals a verdict. It's intimidation, demagoguery, and whether the court even feels like admitting your evidence. And a public defender? In Ohio PD's are only free if you *have* no assets.

So, I took the plea. Twelve counts, for five patients and my settlement was formally entered on June 15, 2023.

It was probably the hardest decision I ever made. I knew what it could mean, how it would look, and what it could cost me. But it was the only viable way forward.

What amazed me was how little our judicial branch knows about the medical field. I was ostracized for 'often prescribing well in excess of the CDC-recommended dose'. That 'max' dose in the CDC's 2016 guidelines was in fact a benchmark, a point at which you were to 'press pause' and make sure you were doing things the right way. It wasn't a line you were never to cross, and the CDC has had to clarify that time and again because misguided and heavy-handed courts and medical boards, anxious to show the public they were fighting the opiate crisis, were terrorizing doctors into just cutting off people's meds.

Then the Medical Board took their shot at the prescribing accusation. I wasn't terribly concerned. I had read their expert's 'report': wrong dates of service, claims things weren't done which were clearly documented, or claims of statements made, that weren't... I was pretty sure he had just ctrl-F'd through my charts.

The hearing on prescribing was set for late January 2024. Once the felony conviction took hold, though, the Board decided they now had a *separate* issue and set a date for December 13th of 2023 to make a decision regarding the felony. There my attorney and I took our generously allotted *five minutes* to make our statement: there were two cases before them, and the original case, for which we had my rebuttals, our own expert witnesses, and patient testimonies, was due for hearing in six weeks. We asked simply that they take no action on my license that day but wait until January so we could present our full defense.

But to the Board I had pled guilty to health care fraud so they 'didn't need to hear any more'. Again I saw a cavalier attitude and lack of real-world experience: I was criticized for expressing a lack of faith in pill counts. 'These meds are stamped with codes,' I was scolded. 'It's easy to tell if a count has been supplemented.'

Now let's not forget pharmacies are businesses. They will buy their stock wherever they can get a good price, and different suppliers' pills can look different. Sometimes a pharmacist will issue a partial fill and make up the balance when the next shipment comes in—from whomever. Patients might get their meds filled a few days early and again might get a different pill to mix in with the tail end of last months' script. The point is that even a

completely legitimate patient who is *absolutely lockstep* in taking their meds may end up with a mix of pills through no fault of their own. Was I then supposed to accuse them of topping off with street meds and cut them off, with all the potential consequences of withdrawal or increased risk of suicide? I also had only a certain amount of faith in urine drug screens—you can pick up a kit *on your way to your doctor's office* for that surprise call-in that will fix your urine.

My solution was to see them. Often. To see how they acted, how they were dressed and groomed, how they answered questions, whether they made eye contact, who brought them, and how was *that* person acting in the waiting room? Were their histories consistent? How were they doing? How was their pain? Was it controlled? How could we make it better, now, and long-term?

Was it a perfect method? Of course not. But if someone was gaming the system it would be a lot harder to keep up appearances month after month than to pick up a handful of pills off the street to refill a bottle. I won't even get started on how the Board was using a 2018 standard to judge care that had been provided five years prior and ignoring their own grandfather clause to boot.

It only took a few more minutes and a vote was held and my Ohio license was gone. My unheard defense was now moot. I could appeal for another fifty grand, but who was even listening?

So there I was, everything I had built up over my entire adult life on the chopping block. I won't go into detail of how I fared the next few years; the isolation, the depression, the despair, the panic attacks and suicidal thoughts... those were very dark days. It took me a long time to come to terms with what had happened. In the end I realized that the problem wasn't so much my management of my pain patients but rather that I was sure I knew a better way to do it than my peers. Even if that were the case, carrying on down that path while ignoring their expectations was not the way to go about it. What could have happened if my next idea was pure snake oil?

Finding employment was a non-starter. The record was a huge obstacle. My old mentor's offer was in fact the only one, out of hundreds of resumes submitted. I started malpractice consulting because I found I had a knack for picking out details and, despite what the State thought of me, I still wanted to be of some use to people that needed it. The new line of work got me thinking about why medical errors happen and how they could be avoided. I started an MBA program to learn better ways of running my business and *that* gave me the skills to launch a completely new venture. I looked back to my times on the inpatient floor, in the nursing facilities, in the clinic, or in the homes of my Amish patients, and realized how truly useful it had been when someone was there to answer any question I had.

And Mamma Bear was born.

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