

**The Brutal Protection** (revised)  
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<http://www.newcriminologist.co.uk/article.asp?aid=1077726950>

## **The Brutal Protection**

**By Dr. Janet Parker**

Law Enforcement Agencies in general prefer to not investigate within the medical professions. They rely heavily on the State Professional Medical Boards to police their own members. The impediments to direct law enforcement investigation include access, complex medical terminology and a lack of understanding of practical medical practice. The Veterinary and Medical Community dislikes having law enforcement involved in anything that might affect their livelihood. There is an unspoken understanding that a doctor should only deal with the State Medical Board regarding complaints and not speak to law enforcement directly. This allows the State Medical Board and the medical professional organizations such as the AVMA and AMA to silence anything that might adversely affect their profession.

The medical establishment asserts that they can police themselves for drug problems within the medical profession and they do not acknowledge that criminal organizations operate within the medical community for drug diversion and money laundering. In order to avoid detection and prosecution by law enforcement, organized criminal operations use coercion, corruption or deception. These organized crime operations will go to great lengths to protect themselves and their investments and assets.

### **Consider the following scenario: (all names are fictional)**

As a Doctor of Veterinary Medicine, Cathy was proud of her successful career. During her college years she had gotten addicted to powder cocaine. She had struggled with family problems and depression all her life. After 6 years of drug abuse, she went to a drug rehabilitation center and was placed in the "Program" (the State Health Professions Program for Impaired Providers).

Years ago she had injured her back and she was inclined to self medicate to control the pain. The drug addiction treatment doctors arranged for her to see a chiropractor to control the back pain. They recommended aromatherapy and herbal massages to help her relax. Having depression for years she was on

antidepressant medication and seeing a therapist. A common side effect of antidepressant medication is the loss of sexual desire. So she wasn't surprised when her chiropractor suggested an herbal supplement to relax her and help her "express her sexual side".

The drug addiction treatment team assured Cathy, that this product was a safe natural product that exists normally in the brain. The massage therapist tells her that this natural product can relieve anxiety, fight stress and depression. The magic herbal supplement was GHB (Gamma Hydroxy Butyrate). The chiropractor, Dr. Berton slips some of this drug in her can of soda prior to her "manipulation". The drug does relax her and she feels much better for several days after her visit. But her newfound relief from back pain is short lived, so she calls the Chiropractor and asks for some of the herbal product to use at home. Dr. Berton grants her request and tells her it will help her sleep.

On the next chiropractic manipulation, Dr. Berton gives her more of the herbal medication. She gets woozy and feels very relaxed. She hardly noticed when he started to massage her in areas normally considered private. Her memories of the events that day are hazy. The next visit he gives more of the special herbal product, this time she loses consciousness and can't even remember what happened. When she becomes conscious again, she leaves the medical office confused and dazed. She can hardly remember that she had to redress herself since her clothes were all in disarray.

Soon she is using this product daily to control her back pain, help her relax and to fight depression. She is happy to have found such a miracle drug because she has just lost her employer provided medical coverage for mental health care and the treatment by her own psychiatrist. She stops taking her regular medication and stops seeing her therapist. To her amazement she finds her sexual desire returning while taking this miracle cure. With her renewed interest in having a sexual relationship, she decides to go on line with a dating service and starts dating the men she meets on line.

Cathy has become an unwitting victim of a drug-facilitated rapist. But it will take several more visits before she pieces together the memories and starts to realize that something inappropriate has occurred during her chiropractic visits. Her friend, Dr. Janis, was already concerned, because she had suspected that Cathy was abusing drugs again. Dr. Janis calls the state health provider "Physicians Health Program for Impaired Providers" with her suspicions about the special herbal cure and the Chiropractor.

Unbeknownst to Dr. Janis, she has by making that phone call unknowingly notified the drug mob's protection network. The medical community is a perfect place for such protection because it is insulated from the scrutiny of law enforcement. Someone closely associated with the Physicians Health Program is on the payroll of the mob. The Chiropractor, who works for the Physicians

Health Program for Impaired Providers, had learned years ago that dirty money is easy to clean and provides excellent protection for his extra curricular activities.

Collaboration is crucial to serious and organized criminals. They form groups and networks and the medical profession is a closed community only open to those with a medical degree. Diversion of drugs for criminal purposes can happen as an individual event, such as the Chiropractor who diverts GHB to do serial rape of his patients. But diversion also occurs wholesale, where supplies are provided to a criminal enterprise on an on-going basis to further their illegal drug production. This is often the case with methamphetamine operations, which need a variety of drugs and chemical supplies to continue their production.

Individuals such as Cathy are often seen as a target for recruitment into the criminal network because they themselves are vulnerable, perhaps in debt to the criminals, drug dependent and considered unlikely to go to the police. Dr. Cathy, as a veterinarian, has access to materials and drugs (such as Phenylpropanamine and Ketamine) that would be of interest to these criminals. Vulnerable individuals (such as drug addicted doctors and nurses) are often forced to sell or divert drugs, or provide moneylaundering services. Medical businesses provide cover for purchases of regulated items, such as precursor chemicals, and for shipments of illicit commodities.

Dr. Janis and Dr. Cathy are soon to find out the brutal realities of whistleblowing on criminal drug activity within the medical community. Organized Criminal Operations such as the one associated with the Chiropractor and his new treatment for depression, can use threats and actual violence to silence potential witnesses, or to force individuals to act against their will. But it is much more effective to use the internal means of Bad Faith Peer Review and Professional Sanctions to silence whistleblowers. Criminal Drug Trafficking Organizations usually don't like to use any means that will draw attention to their activities. They prefer a protection scheme that is insulated from the scrutiny of law enforcement. Their preferred strategy is to use law enforcement to further their own aims, by making the whistleblower the target of an investigation. They seek individuals placed in positions of authority within the community or organization that can alert them to law enforcement efforts and orchestrate entrapment schemes against anyone foolish enough to expose or confront the mob operation. These individuals are usually very well compensated for their protection efforts. Drug addiction treatment professionals often have a personal history of drug addiction. They have past and current contact with drug addicts and drug dealers. They are the perfect target for the mob's protection recruitment efforts.

But the Drug Addiction Treatment Program for Impaired Providers provides a special kind of protection for criminal enterprises not found in other sources.

Because of the unique position of the drug addiction treatment team in being able to force treatment against someone's consent. The use of forced psychiatric examination is a highly intrusive mechanism which is easily manipulated by the criminal protection network to threaten and coerce medical whistleblowers into silence.

According to a subcommittee witness representing the American Psychiatric Association, a finding by an examining psychiatrist of mental illness based on an employee's refusal to respond to a psychiatrist during involuntary examination would be indication of incompetence on the part of the psychiatrist. (Report by of the Committee on Post Office and Civil Service of the House of Representatives Committee Print No. 95-20, 95th Congress, 2d Session 11/3/1978) However such paid hacks routinely label the whistle blowing doctors as hostile or non-cooperative.

It would seem fundamental to basic civil rights and human freedoms, that an employee, on a matter as sensitive as is a psychiatric examination, needs access to the courts in order to preserve his reputation, future, and capacity to earn an income. However the state statues regarding the special status of the Drug Addiction Treatment Program for Impaired Providers, expressly forbid any access to the court system. In order to prevent drug addicts and alcoholics from evading medical treatment, the state legislatures have through a series of laws provided these non-governmental agencies with absolute power and authority with little or no oversight. They do not need to abide by law enforcement standards and have the ability through HIPPA and other privacy laws to completely hide their activities from law enforcement. These laws have stripped the medical whistleblower of the normal legal protections for action against those who have seriously harmed the targeted whistle blower economically, psychologically or physically. These laws give the Physicians Health Program complete immunity for any civil and criminal liability. The use of hostile coercive and deceptive tactics, is the norm for the Physicians Health Program for Impaired Providers.

In most states in the USA, any complaint to the Department of Health against a doctor is immediately given to the Physicians Health Program for investigation. Therefore a staff member or cooperating doctor within their program has complete civil and criminal immunity for anything they do to the medical whistleblower. The powers of the staff and deputized agents of this non-governmental agency, include use of state and federal funds to pay for hostile psychiatric examinations of the whistle blowing doctor, forced psychiatric hospitalizations, covert surveillance, drug sting entrapment efforts, surreptitious drugging of non-compliant doctors in the field and complete access into the whistleblower's personal medical and employment files. These criminal protection efforts can be started with only the accusation of a suspicion of impairment of the targeted doctor. The Physicians Health Program for Impaired

Providers with or without authority from the medical board, can contact the targeted doctor's employer, employees, family, family doctor, personal therapist, neighbors, friends, church members, professional associates and suggest to them that the whistleblower is impaired and needs to be placed in treatment. Surprisingly no proof of impairment is even needed. The drug addict criminal making the accusation will even be provided with a state funded attorney to protect his rights as the accuser. The targeted whistle blowing doctor will **not** be given any free legal assistance, not even as a rape victim, if the rapist is a staff or deputized agent of the Physicians Health Program. The target will be told by the District Attorney's Office that they can not represent her as the rapist is a contract employee of the state and there is a "conflict of interest".

So if Dr. Cathy reports that she believes she has been raped, she can expect to be placed without her consent into a psychiatric inpatient center until she learns that silence is golden. Likewise Dr. Janis can expect to be the target of a Bad Faith Peer Review and will soon find it hard to find a job and earn a living. Dr. Berton, the drug facilitated rapist, has only to call in an anonymous complaint to put Dr. Janis at risk of involuntary psychiatric referral at the hands of the criminal mob. He is likely to be financially rewarded for his actions.

The code of silence is enforced by threats against the targeted whistle blower's medical license. Considerable peer pressure is brought to bear on the whistleblower, making it hard to find employment in the medical field. It is hard to prove allegations when employers and co-workers are encouraged to fabricate or exaggerate complaints in the record. Ways silence can be obtained, include framing an associate through altering the record, pressuring hospital staff, paying drug addicts for perjured testimony, and utilizing unscrupulous private investigators to booster their case.

So if you were a Drug Mob Boss - where would you want to hide your money laundering activities.

*As the late historian Lord Acton warned - Political power is the most serious threat to liberty.*

*" Power tends to corrupt, and absolute power corrupts absolutely."  
(1834-1902)*

## **References:**

The Semmelweis Society: Medical Peer Review: Safety or Libel?  
<http://semmelweissociety2.tripod.com/index.html>

GAP The Governmental Accountability Project  
<http://www.whistleblower.org/template/index.cfm>

[http://www.whistleblower.org/content/press\\_detail.cfm?press\\_id=131](http://www.whistleblower.org/content/press_detail.cfm?press_id=131)

The Center for Peer Justice, Inc. <http://www.peerreview.org/index.html>

The National Institutes of Health Whistleblower website  
<http://www.honestdoctor.org/>

The National Whistleblower Center <http://www.whistleblowers.org/>

Whistleblowers Australia, This website is dedicated to all the honest police and brave members of the public who are prepared to speak about police corruption and mismanagement. Whistleblowers Australia is prepared to support and provide valuable advice to any police or members of the public before, during and after they report criminal police activity. Even today after the success of the Fitzgerald & Wood Royal Commissions Police whistleblowers continue to be harassed, victimized and branded by the guilty as mentally defective. Honest cops still fall victim to payback allegations that are nearly always more strenuously investigated by IA Branches than the original complaint.  
<http://www.whistleblowing.com.au/>

Steve Twedt, "Medical groups look into 'bad faith' peer reviews" Pittsburgh Post-Gazette Sunday, October 24, 2004 <http://www.post-gazette.com/pg/04298/400170.stm>

Bryan G. Hall, "The Health Care Quality Improvement Act of 1986 and Physician Peer Reviews: Success or Failure?"  
[http://www.usd.edu/elderlaw/student\\_papers\\_f2003/health\\_care\\_quality\\_improvement\\_act.htm](http://www.usd.edu/elderlaw/student_papers_f2003/health_care_quality_improvement_act.htm)

Whistleblowers Australia "Abuse of Medical Assessments to Dismiss Whistleblowers" December 1997 [brian\\_martin@uow.edu.au](mailto:brian_martin@uow.edu.au)  
<http://www.uow.edu.au/arts/sts/bmartin/dissent/documents/psychiatry.html>

Jean Lennane, "Battered Plaintiffs - injuries from hired guns and compliant courts" April 2000 [jlennane@sydney.net](mailto:jlennane@sydney.net)  
[http://www.uow.edu.au/arts/sts/bmartin/dissent/documents/Lennane\\_battered.html](http://www.uow.edu.au/arts/sts/bmartin/dissent/documents/Lennane_battered.html)

More Tales of Peer Review! <http://www.peerreview.org/shampeerreview.htm>

ALLAN TOBIAS, MD, JD "The Shamming of Physicians and Other Providers"  
[http://www.peerreview.org/articles/tobias\\_newsletter\\_feb\\_2003.htm](http://www.peerreview.org/articles/tobias_newsletter_feb_2003.htm)

Jane Orient, MD "DO PHYSICIANS HAVE CIVIL RIGHTS?"  
[http://www.peerreview.org/articles/do\\_physicians\\_have\\_civil\\_rights.htm](http://www.peerreview.org/articles/do_physicians_have_civil_rights.htm)

Yann H.H. van Geertruyden, "THE FOX GUARDING THE HENHOUSE: HOW THE HEALTH CARE QUALITY IMPROVEMENT ACT OF 1986 AND STATE PEER REVIEW PROTECTION STATUTES HAVE HELPED PROTECT BAD FAITH PEER REVIEW IN THE MEDICAL COMMUNITY" J. Contemp. Health L. & Pol'y 239, Copyright (c) 2001 The Catholic University of America Journal of Contemporary Health Law & Policy Winter, 2001  
18 J. Contemp. Health L. & Pol'y 239

Andrew Jack in London and Victoria Griffith in Boston "Drugmakers to publish more data on trials" January 6 2005 00:52  
[http://www.whistleblowers.org/FT\\_com\\_-\\_World\\_-\\_International\\_economy\\_-\\_Drugmakers\\_to\\_publish\\_more\\_data\\_on\\_trials.htm](http://www.whistleblowers.org/FT_com_-_World_-_International_economy_-_Drugmakers_to_publish_more_data_on_trials.htm)

Jean Lennane "The canary down the mine: what whistleblowers' health tells us about their environment" Paper given at Department of Criminology, Melbourne University, conference: "Whistleblowers: protecting the Nation's conscience?" November 17, 1995 [jlennane@sydney.net](mailto:jlennane@sydney.net)  
[http://www.uow.edu.au/arts/sts/bmartin/dissent/documents/Lennane\\_canary.html](http://www.uow.edu.au/arts/sts/bmartin/dissent/documents/Lennane_canary.html)

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postal address: STS, University of Wollongong, NSW 2522, Australia  
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<http://www.uow.edu.au/arts/sts/bmartin/dissent/>

Finbarr O'Reilly, "Women Achieve Workplace Equality -- As Bullies" National Post (September 21, 2000)  
<http://www.bullybusters.org/news/press/natlpost000921.html>

Benedict Carey, "Fear in the Workplace: The Bullying Boss" (June 22, 2004)The New York Times <http://www.bullybusters.org/news/press/nytimes062204.html>

Diane E. Lewis "Bullying Bosses" Boston Globe Sunday, June 5, 2005  
<http://www.bullybusters.org/news/press/globe060505.html>

Myron Peretz Glazer, Penina Migdal Glazer The Whistleblowers: Exposing Corruption in Government and Industry 1991-02-01  
Basic Books ISBN: 0465091741

C, Fred Alford, Whistleblowers: Broken Lives and Organizational Power 2002-02-01 Cornell University Press ISBN: 0801487803

Roberta Ann Johnson, Whistleblowing: When It Works-And Why 2002-12-01 L. Rienner Publishers ISBN: 1588261395

MICHAEL SCHEUER, Imperial Hubris: Why the West is Losing the War on Terror MICHAEL SCHEUER Potomac Books ISBN: 1574888498

Terance D. Miethe, Whistleblowing at Work: Tough Choices in Exposing Fraud, Waste, and Abuse on the Job (Crime and Society Series) 1999-01-01 Westview Press ISBN: 0813335493

Marcia P. Miceli, Janet P. Near, Blowing the Whistle 1992-01-01 Lexington Books ISBN: 0669195995

James Thurlow and Julien Wiggins "Whistleblowing : A Review of the Senate Recommendations" 1994 (Tas) 82 PPL  
<http://www.foi.law.utas.edu.au/active/abstracts/abstracts/1994Tas82PPL.html>

Bob Woffinden "Cover-up" The Guardian Saturday August 25, 2001 Twenty years ago, 1,000 people died in an epidemic that spread across Spain. Poisoned cooking oil was blamed - an explanation that suited government and giant chemical corporations. It was, argues Bob Woffinden, who investigated the scandal in the 80s, the prototype scientific fraud that has found echoes around the world <http://www.guardian.co.uk/print/0,3858,4244093-103425,00.html>

Lord Acton, "The History of Freedom in Antiquity" An Address Delivered to the Members of the Bridgnorth Institute, February 26, 1877, *Acton Institute for the Study of Religion and Liberty* 161 Ottawa NW, Ste. 301 • Grand Rapids, MI 49503 phone: (616) 454-3080 • fax: (616) 454-9454 • email: info@acton.org  
<http://www.acton.org/publicat/books/freedom/antiquity.html>