



Government Terrorism Against Physicians



By John McCarthy, MD

DR. GREG WHITE, who practices pain management in Redding, California, opened the front door of his home to go to his office and found shotguns in his face. Ten officers in SWAT gear from the Shasta Interagency Narcotics Task Force (SINTF) swarmed into his home,

half of them coming over his back fence and breaking in the back door. He was forced to the ground and handcuffed. His pregnant wife awakened to shotguns in her face, and she was handcuffed.

Their home was ransacked for four hours while the officers chanted some battle song. Nothing was found in his home, which was left in shambles. Simultaneously, 10 other officers ransacked his office, intimidating and interrogating his staff and patients. They seized opiate prescription medications that belonged to patients, which Dr. White was monitoring for safety reasons. All his patient records, computers, and triplicate forms were seized.

Law enforcement told the press they were investigating him for deaths of patients treated with methadone. He was treating medically complicated patients under the Intractable Pain Treatment Act, using methadone for some of his patients. Fifteen months after the raid, no charges have been filed, but law enforcement recently told the press that the "investigation" continues. He has received none of his records or equipment back, although he has been able to get new triplicate forms from the Bureau of Narcotic Enforcement.

Beyond the terror inflicted on Dr. White and his wife was the terror inflicted on his patients who had their medications seized. Narcotic police endangered the lives of these patients by putting them into acute opiate withdrawal. SINTF went so far as to contact all local pharmacies, at times arriving in SWAT gear, threatening criminal charges if they honored Dr. White's prescriptions. Although he still had a valid license and opiate prescribing privileges, the pharmacies were too frightened to fill any prescriptions. Local physicians who might have been willing to assume care were frightened that they, too, would become victims of a SWAT raid.

How often do raids like this occur? Frequently, but no one is keeping track. Four years ago, SINTF raided another Redding physician in a pain management practice, a Dr. Charles Fisher. He was charged with the deaths of a number of patients (one of whom was a "passenger" in a fatal car accident). He was recently cleared of all charges. But the psychological trauma, and the destruction of reputations and practices, doesn't go away because a physician is exonerated.

While these two doctors were pain specialists, methadone programs have been frequent targets of SWAT raids. Recently, a non-profit methadone clinic in the Bay Area was raided by Department of Justice police investigating a Medi-Cal billing question. Over 20 officers in SWAT gear stormed this small facility. Staff at first thought they were being robbed by a gang of criminals dressed as cops, because no one was told what was happening and guns were pointed at the dispensing nurses. All staff, and even some patients, were forced into a room at gunpoint and handcuffed. Patient care was totally

interrupted. Staff were told they couldn't talk and had their personal belongings searched.

A series of SWAT raids targeted at methadone programs occurred under former California Attorney General Dan Lungren, investigating so-called Medi-Cal fraud. I have intimate awareness of this — our two clinics were raided by 19 officers. We experienced a raid that was conducted after patients had left the clinic and no guns were drawn. The officers were professional. No patients missed medications. We were allowed to copy records needed to assure continuity of care. Staff, however, was still traumatized and many had acute stress symptoms with insomnias and nightmares.

Although this raid was not deliberately abusive, we must ask why medical practices are subject to these assaults in the first place.

The billing issue which triggered "our" raid was truly unbelievable. We were raided by 19 officers over \$600 in billing. I was able to show the officer in charge within a few minutes of their arrival that this billing was for psychiatric services not covered by drug Medi-Cal. We weren't double billing. We were trying to provide psychiatric care.

We got all of our records back in 3 weeks with a comment that our records were the best they had seen. While I felt relieved, I also knew that this whole thing should never have occurred. Our attorney couldn't believe a judge had signed a search warrant with such flimsy "evidence." The information on our billing was available if anyone cared to just ask for it in an appropriate way.

Physicians victimized by these raids often feel abandoned by their colleagues. Any press is going to be bad press, since one will be judged guilty by reason of being raided. Organized medicine, especially the CMA, was of no help in either of these two Redding cases, even though hundreds of patients were "abandoned" because of law enforcement actions. The California Society of Addiction Medicine did contact the Shasta county District Attorney to offer experts to look at Dr. White's records. Their offer was rejected.

Today, any physician is at risk for a SWAT raid. Attorney John Wagner wrote in our magazine (May/June 2002) of the criminalization of both reimbursement and medical decision-making. He described these "strike attacks" on physician offices, approaching with guns drawn, deliberately terrorizing staff and patients — all justified by the suspicion of a billing problem. What effect does this police-state style of enforcement have on doctors' willingness to participate in vitally necessary government supported healthcare?

Physicians are opting out of Medicare in droves. Our past SSVMS president, Bryant Sheehy, has written about opting out because he fears being caught committing some sin of omission. I think that one of the main reasons most physicians won't support a national healthcare plan to meet the needs of the millions of uninsured is because they fear becoming targets of the cruelty that increasingly characterizes government behavior.

Physicians were rightly frightened by the enforcement arm of the Clinton health plan. The plan went under, but the enforcement arm lived on. The Bush administration has now ruled that doctors can be raided by SWAT teams over a billing dispute with private health plans.

The problem of SWAT team assaults against physicians and health clinics appears to not have been an issue for organized medicine. But this Fall our Sierra Sacramento Valley Medical Society endorsed a resolution that was recently approved by the CMA House of Delegates. It asked the CMA to involve law enforcement and the legislature in a process of finding alternatives to terrifying raids concerning the use of opiates in the management of pain or addiction.

Physician experts need to be involved before a raid to make sure biases and ignorance are not the reasons for the investigation. Patients need to be protected from the fallout of raids or from a situation where there is a real problem with the physician. Records must be made available to safety net physicians, and the process needs to be monitored by

physicians to be sure all patients are cared for. Finally, there needs to be documentation and monitoring of all these raids as to their necessity and methods. Rogue law enforcement behavior needs to face public scrutiny and there must be accountability for abuse of medical staff and endangerment of patients.

Concurrently, state Senator Sam Aanestad has introduced SB 995 in this legislative session to mandate a regional board of five physicians and five law enforcement officials to review questions about improper use of opiates for pain, prior to any raid. Dr. Aanestad introduced the bill in response to the raid on Dr. White, which occurred in his district.

This is critical legislation to protect both physicians and patients, and it must be complemented by similar legislation that addresses questions of so-called fraud, where the use of terror tactics, like SWAT raids, is inappropriate. Furthermore, because fraud units are "rewarded" with increased funding for monies recouped, they are allowed to raid practices at will on the flimsiest of "evidence," as I personally found out.

It seems to me the increasing and unnecessary use of force against medical practices is part of a prolonged pattern of increasing cruelty in our society. Americans are now the most imprisoned people on earth. We have criminalized social problems like homelessness, addiction, and mental illness.

Now we are criminalizing the practice of medicine. Medical practices have no potential for violence, and investigations should not be a form of punishment. Law enforcement has been given too much latitude in the use of SWAT raids. Are we immune to the terrifying and traumatic nature of having guns aimed with malevolence? People should not be treated as guilty until proven innocent.

One of the clear goals of the SINTF "investigation" was to prevent Dr. White from practicing — without any due process. And the investigation and "punishment" can be prolonged for years, without even filing charges.

It is truly sad to see our society come to rely more and more on such government terrorism to maintain itself. None of this bodes well for health of individuals or society.

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