

**From:** Michael Langan mllangan1@me.com  
**Subject:** Re: Physician Health and Compliance Unit  
**Date:** June 9, 2016 at 2:06 PM  
**To:** Rush-Lloyd, Helen (DPH) Helen.Rush-Lloyd@MassMail.State.MA.US

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On Jun 7, 2016, at 9:02 AM, Rush-Lloyd, Helen (DPH) <[Helen.Rush-Lloyd@MassMail.State.MA.US](mailto:Helen.Rush-Lloyd@MassMail.State.MA.US)> wrote:

**Dear Dr. Langan,**

**Thank you very much for your detailed email. Although I have not had time to review it completely, I wanted you to know it has been received. Once I review it I let you know who the appropriate person is to respond.**

**Sincerely,  
Helen**

**Helen Rush-Lloyd  
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Massachusetts Department of Public Health  
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**From:** Michael Langan [<mailto:mllangan1@me.com>]  
**Sent:** Tuesday, June 07, 2016 3:32 AM  
**To:** Rush-Lloyd, Helen (DPH); Keefe, William T (SAO)  
**Subject:** Physician Health and Compliance Unit

Attachments available until Jul 7, 2016

Dear Ms. Rush-Lloyd,

Nice speaking to you today. Before presenting misconduct involving Physician Health and Compliance Unit (PHCU) Board counsel Deb Stoller I would like to familiarize you with the relationship of state physician health programs (PHPs) to medical boards and the serious concerns of fraud and abuse that are emerging.

Physician health programs (PHPs) have just recently come under scrutiny. A February Medscape for which I was interviewed discusses the coercion, secrecy, abuse of power and conflicts of interest involved but the comments section reveals much more. This and three related Medscape articles generated more than 1200 overwhelmingly critical comments. The great majority are thoughtful, measured and reasoned.

<https://disruptedphysician.com/2015/09/12/physician-health-programs-more-harm-than-good>

<https://disruptedphysician.com/2013/07/12/physician-health-programs-more-harm-than-good-state-based-programs-under-fire-pauline-anderson/>

These horror stories report the same patterns of denial of due process, false accusations, laboratory fraud and diagnosis rigging. My survey has generated over 700 responses <https://disruptedphysician.com/professional-health-program-php-survey/> and I am contacted by email or phone almost every day.

Physician health programs are similar to employee assistance programs (EAPs) for other occupations. These programs were started in the 1970s to assist doctors who developed problems with substance abuse or other mental health issues and were initially funded by state medical societies and staffed by volunteer physicians. Most EAPs developed in the presence of unions or some other group looking out for the employees best interests. Not so with PHPs.

They evolved without regulation, oversight or any meaningful accountability. As they evolved individuals representing outside interests joined state PHPs. (primarily the multi-billion dollar drug and alcohol assessment, treatment and testing industry) and as they gained power they removed the ethical doctors who started these programs who did not agree with the groupthink. Physician Health Services, Inc is the Massachusetts PHP and Dr. John Knight (removed in 2009) and Dr. J. Wesley Boyd (removed in 2010) were the last two qualified and ethical doctors who were removed in Massachusetts.

Once these doctors were removed they were threatened with heavy litigation for violation of “peer-review” and confidentiality agreements if they discussed any of the misconduct or abuse they may have witnessed. (“win or lose you’ll lose everything”). This, along with the unspoken but very real threat that they could be targeted by the PHP for monitoring has kept most doctors who have been removed from PHPs silent.

Doctors can be referred to the state PHP anonymously (“alcohol on breath” is the most common complaint leading to an assessment for substance abuse and throwing an instrument or yelling at staff are the most common complaints requiring a “disruptive physician” assessment.)

If called before a state PHP it is necessary to do anything and everything the PHP requests under threat of being reported to the medical board. If the PHP requests an “assessment” it must be done at an out-of-state “PHP-approved” facility by a specific date and the PHP will provide a list of 3-4 choices.

It has become clear that most PHPs are using the the same 20 or so assessment and treatment centers. Beth Woods identified the predominant use of these out-of-state facilities in her Audit of the NC PHP. The PHP could not identify what qualitative or quantitative measurements went into “approving” a “PHP-approved” facility. The Federation of State Medical Boards 2011 updated policy on physician impairment mandates that only “PHP-approved” assessment and treatment centers be used and specifically excludes non “PHP-approved “ assessment and treatment centers.

<http://www.ncauditor.net/EPSWeb/Reports/performance/per-2013-8141.pdf>

State medical boards enforce this policy through their Physician Health and Compliance Units.

The Massachusetts Board of Registration in Medicine only allows “ PHP-approved” evaluations although no criteria exist to support this mandate. Moreover medical directors of every “PHP-approved” facility belong to a 12-step group called "like-minded docs” and the centers are exclusively 12-step oriented. The ideological and financial conflicts of interest are staggering and the mandate by the state violates the Establishment clause of the 1st amendment. These facilities are cash up front and the average length of stay is 3-4 months. An assessment inevitably leads to treatment.

How this racket works can be seen here: <https://disruptedphysician.com/2015/03/06/three-shells-and-a-pea-asam-fsphp-and-lmd-4/>

In their 2012 paper [Ethical and Managerial Considerations Regarding State Physician Health Programs](#) Knight and Boyd note “if a PHP highlights a physician as particularly problematic, the evaluation center might—whether **consciously or otherwise**—**tailor its diagnosis and recommendations in a way that will support the PHP’s impression of that physician.**”

[https://mllangan1.files.wordpress.com/2014/07/ethical\\_and\\_managerial\\_considerations\\_regarding-99844.pdf](https://mllangan1.files.wordpress.com/2014/07/ethical_and_managerial_considerations_regarding-99844.pdf)

Of course “tailoring a diagnosis” to anything except the actual diagnosis is fraud.

Once discharged doctors are forced to sign 5-year monitoring contracts with the state PHP. This inevitably includes random drug and alcohol testing 1-3 x per week which is also cash out of pocket. PHPs use non-FDA approved laboratory developed tests of unknown validity that they introduced.. No FDA oversight exists for these tests and without regulation or oversight can be misused with impunity.

<https://disruptedphysician.com/2016/01/23/why-are-we-tolerating-the-use-of-junk-science-against-those-in-the-medical-profession-a-direct-question-that-begs-for-a-direct-answer/>

Reports of laboratory fraud are pervasive. I have heard from dozens of doctors who report that right before their five-year contract was about to end they received a positive test (usually the alcohol biomarker EtG) from the PHP and were asked to have another assessment at an out-of-state facility then diagnosed with “relapse” and forced to sign another five-year contract.

I have also heard about many suicides that were reportedly triggered by falsified tests. Rather than face another 5-years under the PHP these doctors took their own lives. Dr. Pamela Wible and I have been trying to expose the relationship between PHPs and physician suicide which is largely hidden for a variety of reasons.

<https://www.idealmedicalcare.org/blog/do-physician-health-programs-increase-physician-suicides/>

<https://disruptedphysician.com/2015/05/16/physician-suicide-and-physician-wellness-programs-we-really-need-to-start-talking-about-the-elephant-in-the-room/>

PHPs have just two business relationships 1. assessment and treatment industry 2. drug and alcohol testing industry

No accountability exists. The NC PHP audit found that “abuse could occur but remain hidden.” This is primarily due to the barriers put in place that prevent doctors from obtaining any evidence of wrongdoing. “Peer-review,” protections, drug and alcohol confidentiality laws and other healthcare regulations are misused to prevent doctors from obtaining their own records.

Accountability requires both the provision of information and justification for one’s actions. PHPs block the provision of information and no outside organizations exist to hold them to account. Additionally they have “point people” who are placed on ethics committees at medical societies, at departments of public health and at medical boards who effectively deflect, delay and dismiss valid complaints. The Mass Medical Society has a point person who prevents the ethics committee from ever seeing a complaint against PHS. They are blocked.

In addition both the ASAM and the FSPHP (which arose out of the ASAM) have pushed self-serving public policy that has removed doctors rights and provided them with more power and an absence of accountability. For example a 2011 ASAM public policy statement recommends regulatory agencies recognize and defer to state PHP authority in all things related to physician health as questioning their authority could “undermine” a culture of professionalism.

State AGOs have agreed to give absolute deference to state medical boards and PHPs. This creates a complete systems failure. Laboratory fraud and color of law abuse remain undetected but run rampant as the very agency responsible for investigating laboratory fraud and color of law abuse has agreed to provide deference. They do not look. As a result, doctors who try to report abuse and crimes to their state AGO or FBI are not taken seriously. PHPs have also convinced local law enforcement that doctor discipline is best handled within the medical board/PHP system. I have heard from doctors who tried to report crimes to the police who were turned back over to the state PHP as their valid complaints were believed to be merely the delusions of a sick doctor.

[http://www.asam.org/docs/default-source/public-policy-statements/104pip\\_coordination\\_4-11.pdf?sfvrsn=0](http://www.asam.org/docs/default-source/public-policy-statements/104pip_coordination_4-11.pdf?sfvrsn=0)

In summary the current PHP program does not properly treat doctors who actually need help and does not protect the public. It is also a system of abuse that is giving false-diagnoses to healthy doctors. Doctors who do not meet the diagnostic criteria for a disease are being diagnosed with the disease in order to provide unnecessary (and costly) treatment. Laboratory fraud, diagnosis rigging, threats, coercion and retaliation are standard.

More recently, several health professionals have filed a class action suit in the Eastern District of Michigan against several entities, including the state’s Health Professional Recovery Program.

The lawsuit alleges, among other things, that the involuntary program has become a “highly punitive” one in which “health professionals are forced into extensive and unnecessary substance abuse/dependence treatment”

(<https://mllangan1.files.wordpress.com/2015/03/michigan-case-2-15-cv-10337.pdf>).

I am addressing this issue before the Inter-American Commission on Human Rights in Washington at an upcoming meeting. Many in the US government and also at the UN international level believe that the State Medical Boards know what is happening inside the treatment centers and also the actions of the PHP. There is no transparency and no accountability and the Medical Boards don't look, don't care and won't do anything about the abuse. I am going to attempt to educate these international human rights advocates as to what the PHP actually does, why they are granted such power, why they act with governmental immunity for the harm that they reap on targeted doctors and why this PHP program is not proper treatment for the patient and also doesn't protect the public. The British Medical Journal is also coming out with a very critical report on PHP abuse shortly.

Drs. Knight and Boyd can confirm the fraud at PHS.

Assistant state auditor Billy Keefe [william.keefe@sao.state.ma.us](mailto:william.keefe@sao.state.ma.us) had been considering an audit when I spoke to him last. I am ccing him on this.

Deputy legal director of the MA ACLU Sarah Wunsch has called the MA PHP a “racket” and has brought this to the ACLUs attention at the national level.

The reason I have presented all of this is to enable you to appreciate the gravity of the serious and grave consequences of this misconduct and the need to immediately address the misconduct of Deb Stoller. This is a public health emergency.

Very few doctors are able to obtain evidence of the fraud. I have been able to obtain evidence of both the “diagnosis rigging” and laboratory fraud confirmed by outside agencies. This has all been provided to Ms. Stoller but never addressed by the Board.

Few doctors get their cases out of the PHP/Board system. Mine is currently under advisement by Supreme Court Justice Hines who on April 29 ordered the Board to come to an agreement with me that restored my license within 60-days.

The certified administrative record filed with the SJC was absent any and all documents related to the fraud. Ms. Stoller concealed everything. They claim to have inadvertently lost or misplaced documents that are critical. We have requested that they provide evidence that the documents were ever entered into evidence by the hearing officer. They refuse. (because it is obvious they never were).

However, Governor Baker’s two news acts concerning the oversight of state boards and access to public records gives us an opportunity to both prove the misconduct and do something about it. I would like to request this be investigated as soon as possible because of the implications.

Multiple suicides that have occurred as a result of the same falsely created tests that were done by Joseph Jones (VP of laboratory operations at USDTL.) This is top down corruption as Luis Sanchez was the past president of the FSPHP. The “tone-at-the-top” is corrupt. I am sure you would agree there should be zero tolerance for forensic fraud. PHS gets away with it because Deb Stoller protects the perpetrators of the fraud. If anyone reported the misconduct of Dr. Sanchez to the Board it would be quickly tabled.

Ms. Stoller was aware of the complicity between PHS and USDTL to falsely create evidence since December of 2011 and did nothing. She was aware the test was not only invalid but falsely created and presented it as valid to take action against my license with full knowledge of its falsity.

This is the first felony she was engaged in. She is also guilty of misprision of a felony. The fax from PHS to USDTL July 19, 2011 (which meets the DOJ definition of wire fraud) clearly shows collusion between PHS and USDTL to falsely create evidence that was then presented as valid with full knowledge of its falsity. This was used to take action against my license, a constitutionally protected property right and therefore a felony. Ms. Stoller ignored this and was complicit in presenting it as valid.

All of the documents found in the links below showing clear fraud and perjury are absent from the administrative record. They were concealed starting in 2011. Exculpatory evidence as well as evidence implicating PHS and Dr. Sanchez in crimes has never entered the administrative record and this evidence has not been easy to obtain. It was obtained with a lot of blood, sweat and tears so it cannot be ignored.

<https://disruptedphysician.com/2016/02/14/flagrant-corruption-by-massachusetts-php-help-me-hold-them-accountable/>

<https://disruptedphysician.com/2015/09/09/documentary-evidence-of-top-down-corruption-see-how-php-colludes-with-usdtl-labs-in-forensic-fraud/>

<https://disruptedphysician.com/2015/03/23/backfire-step-1-expose-the-injustice-forensic-fraud-being-committed-by-phps-in-collusion-with-corrupt-labs/>

<https://disruptedphysician.com/2015/04/07/backfire-step-3-reframe-fraudulent-concealment-of-fabricated-forensic-test-correction-false-statements-under-color-of-law-need-to-hold-accountable/>

Massachusetts Board Policy 94-002 specifically created Board counsel for the Physician Health and Compliance Unit (PHCU) outside the Medical Board's Enforcement Division and also granted PHCU Board counsel the ability to act as their own hearing officer. Now we know why.

PHCUs were created in the same cloth as the "PHP-approved" assessment centers and non-FDA approved labs. Deb Stoller works for PHS not the state. Both she and Sanchez need to be held accountable. Their crimes are equally abhorrent. Please help me make sure that this is not tabled or whitewashed. A lot depends on it. All of the Board petitions below were also missing from the records and the actions of Ms. Stoller can be seen in the affidavit below which was written when Ms. Stoller refused to obey Justice Botsfords order for a rehearing last year. She is currently snubbing Justice Hines order to come to an agreement as she feels she is beyond reproach. Please help me make sure that justice is served.

Sincerely, Michael Langan, MD

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1:20:2015 Petition to Invalidate Suspension.pdf  
3.4 MB

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