

MEDICAL WHISTLEBLOWER

Stakeholder Advocacy Network

Defenders of Human Rights

UNITED STATES OF AMERICA
Submission to the United Nations
Universal Periodic Review

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Human Rights Council
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Executive Summary:

In this submission Medical Whistleblower provides information under sections B, C, and D (as stipulated in the Geneva Guidelines for the Preparation of Information under the Universal Periodic Review)

Section B raises concerns about U.S.A. shortcomings of ratification of international human rights standard and believes that there is lack of support for some human rights instruments of special importance to human rights defenders, and some issues with respect to legislation, human rights structures and policy measures.

Section C raises concerns about erosions of proper due process, inadequate independent investigation and lack of civil rights and human rights enforcement coupled with failures of accountability and inadequate oversight. Complaints brought by defenders regarding violations of human rights do not receive adequate investigation under U.S.A. law and there is no governmental agency empowered to protect the defenders.

Section D makes recommendations for action

A. Background

1. This report to the UN Universal Periodic Review is provided by Medical Whistleblower¹ both as an individual stakeholder and as an advocacy network, including - Whistleblowing Airline Employees Association², and the Illinois Family Court Accountability Advocates³. Medical Whistleblower joins with an array of U.S.A. organizations and individuals that are concerned about U.S.A.'s failure to implement its international human rights commitments to human rights defenders. Medical Whistleblower is located in Lawrence, KS, USA and was established in 2001 to meet the advocacy needs of persons who have stepped forward to provide information about medical fraud against vulnerable populations, patient abuse and neglect, and human rights violations. Many are *mandated reporters* under state or US federal law.

Information about human rights violations comes to Medical Whistleblower because of the group's position as an advocacy and information network.

2. Persons who are Medical Whistleblowers are by definition Defenders of Human Rights because they are persons who have stepped forward to provide information about medical fraud against vulnerable populations, patient abuse and neglect, and human rights violations. These defenders of human rights are concerned about human rights involving violations of minor children, elderly, disabled, mental health patients, prisoners, migrants, immigrants and patients in hospital treatment for addiction. Medical Whistleblowers come from all walks of life and many professional disciplines. Defenders of human rights within the medical community represent significant sources of intelligence about criminal activity and violation of patients' rights within a medical context due to their unique access to information not readily available to law enforcement. Patient abuse can be physical, financial, emotional, psychological or sexual abuse. Because of their efforts to "Tell Truth to Power" defenders of human rights (medical whistleblowers) often become themselves victims of crime and their own human rights violated. Defenders of human rights are often retaliated against by those whose criminal wrongdoings the defender is exposing.

B. Normative and Institutional Framework

Scope of international obligations

3. The United Nations Charter and The Universal Declaration of Human Rights, and the General Assembly resolution 53/144 of 8 March 1999, adopted the Declaration on the Right and Responsibility of Individuals, Groups and Organs of Society to Promote and Protect Universally Recognized Human Rights and Fundamental Freedoms, known as the Declaration on human rights defenders and subsequent resolutions (see in particular resolution 58/178 of 22 December 2003).
4. The United States has a responsibility in relation to actions and omissions of non-State actors as provided in article 12, paragraph 3, of the Declaration has been reiterated by numerous human rights bodies, including the Human Rights Committee and the Inter-American Commission on Human Rights.
5. In accordance with Article 13 of the Declaration human rights defenders have the right to solicit, receive and utilize resources for the express purpose of promoting and protecting fundamental human rights.
6. The right of freedom of association is extremely important to human rights defenders and this is recognized not only in Article 20⁴ of the Universal Declaration of Human Rights but also in Article 22⁵ of the International Covenant on Civil and Political Rights. The rights enshrined in the International Covenant on Civil and Political Rights, including the right to life and freedom of association and expression, should be protected from violations not only by State agents, but also private persons or entities.^{6, 7} The Inter-American Court of Human Rights has supported this right of every individual to form and freely participate in organizations and non-governmental groups for the purpose of observing, denouncing/reporting, and promoting human rights.⁸
7. And all applicable human rights instruments, voluntary pledges and commitments and international humanitarian law.

Legislative framework

8. There is currently no coherent and fully integrated system in the U.S.A. to provide for the protection of human rights defenders. There are many conflicting and competing laws regarding whistleblower protection including the False Claims Act (Qui Tam),⁹ Sarbanes-Oxley Act,¹⁰ and other specific whistleblower laws. Many of these laws state that retaliation against a whistleblower is prohibited but none of them provide mandatory investigation of retaliation when it occurs. It then becomes necessary for the defender themselves to mount a civil court case to win their rights back, usually at great financial cost and emotional strain. In the medical, educational and social welfare professions there are state mandatory reporting laws but these do not include protection for mandated reporters.

Institutional and human rights structure

9. Medical Whistleblower recommends that the U.S.A. should ratify United Nations Convention on the Rights of Disabled Persons (CRDP), the Convention on the Rights of the Child (CRC), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the International Covenant on Economic, Social and Cultural Rights, The International Convention for the Protection of All Persons from Enforced Disappearance, the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (ICRMW).

10. Medical Whistleblower recommends that the U.S.A. work with the [International Coordinating Committee](#) (ICC) of [National Human Rights Institutions](#) to promote and monitor the rights of persons with disabilities as set out in Article 33 of the CRPD and continuing the excellent work done by the [Asia Pacific Forum](#) (see [background paper](#) on Disabilities and Article 33.)

11. The U.S.A should work the United Nations' Commission on Narcotic Drugs, United Nations Office on Drugs and Crime, and the [International Narcotics Control Board](#) to create a *compassionate care model* for drug abuse treatment based on human rights principles and consistent with proper law enforcement efforts to stop illegal trafficking of drugs and to provide for effective syringe exchange programs and control of AIDS.

Policy Measures

C. Promotion and Protection of Human Rights on the Ground

Lack of human rights protection for human rights defenders, inadequate investigation of their complaints and lack accountability to human rights standards

12. **Equality and non-discrimination:** Human rights defenders who are in the medical community are called upon to report inequality and discrimination in regards to the delivery of health care. They often are face to face with the difficult realities of the managed care system in the U.S.A. and on the front line against medical fraud against vulnerable populations like those economically disadvantaged, immigrants, migrants, the elderly, persons of color, those of different religious faiths or national origin, those who have a disability or different sexual orientation. Medical professionals who are also human rights defenders also need to speak out about gender related inequality in health care.

13. There are state and federal *mandated reporter* laws in the U.S. A. requiring medical personnel and other professionals to report certain types of abuse, neglect and human rights violations. Persons who step forward to report under mandated reporter statutes are promised on paper that they will be protected when they disclose problems but in reality there is no agency in the state or federal government empowered to protect them or to track the progress of a human rights defender case through the system from initial intake to final resolution. Instead what happens is that the human rights defender's identity is leaked to the person, organization or corporation that they are making the allegation against. This means almost immediate retaliation against the human rights defender and possible loss of employment and even potentially the loss of their career. Systems expected to protect defenders of human rights are not reliable. Mandated reporters encounter a corrupted judicial system that denies due process through covert activities and ineffective legal representation. Professionals often lose license to practice or their right to employment in chosen careers if they perform their mandated legal duty.

14. A positive step would be to implement a means to track all defenders of human rights cases (*mandated reporter cases*) to make sure that retaliation is not occurring, gather basic statistical information and to determine outcomes. Although most if not all mandated reporter cases are defenders of human rights cases, there are many other professions who may be defenders of human rights so that is a broader category than *mandated reporter*.

15. When facing this kind of retaliation human rights defenders in the U.S.A. do not have a known agency that they can turn to for protection. The Department of Justice does not cover protection for investigations that occur in the Food and Drug Administration (FDA) or the Health and Human Services Department (HHS). The investigators for the FDA are not trained law enforcement officers and therefore do not have law enforcement authority to initiate protection for persons who provide them testimony. Local departments of Child Protective Services (CPS) also do not have the authority to protect their witnesses when an investigation regarding child abuse is launched. Therefore the person who comes forward to provide information regarding human rights abuses such as child abuse are immediately targeted for reprisals and there is nowhere they can effectively go for protection or to report the retaliation. In addition, those wishing to silence the defender of human rights can come anonymously against the defender's professional license and/or security clearance. Violators of human rights to defend themselves launch counter attacks on the defender's professional and personal reputation. Lack of proper training of investigators on how to protect both the integrity of the investigation and the professional reputation of the mandated reporter has often negatively impacted the wellbeing and safety of the defender.

16. A positive step would be to do better human rights and cross-professional training for local law enforcement and other designated investigators so that they understand their obligations and duties under international law. Because investigations into these allegations by mandated reporters are handled primarily at the local level, this is where training should occur. In addition greater cross-agency communication and accountability is needed especially between law enforcement, health and child protective services departments and the judiciary. This training must include a complete review of the *mandated reporter* and the Medical Quality Assurance system to assure that these systems do not systematically violate the human rights of the defenders themselves. Those acting within the judicial system or in quasi-judicial systems such as state medical board reviews must also be educated to the specific obligations and duties to human rights defenders. Associated legal professionals and social service professionals need to be trained in how to act in accordance with international human rights law for both defenders and those they defend.

17. **Right to life, liberty, and security of the person:** Defenders of human rights are the reporters of others rights but all too often they find themselves fighting for their own right to life, liberty and the security of person. Defenders may experience:

- Denial of safe shelter, clean air, water, food and basic medical care
- Physical assault and sexual assault of defenders
- Harassment –verbal, nonverbal and sexual, stalking, privacy violations
- Hostile workplace psychiatric evaluations
- Abuse in clinical trials, violations of informed consent and abuse of guardianship
- Torture, cruel and degrading treatment
- Murder

18. Defenders who are women are particularly vulnerable to particular kinds of abuse when they step forward to report human rights violations. Sexual harassment and even sexual assault of the human rights defenders can occur in these instances. Defenders who are medical professionals face these dangers within the medical workplace. The Bureau of Labor 2001 statistics reported that 5 million U.S. hospital workers are at high risk of physical assault. There were 2,637 nonfatal assaults on hospital workers in 1999 a rate of 8.3 assaults per 10,000 workers according to Bureau of Labor Statistics (BLS). So the danger facing defenders of human rights is significant. Defenders who are reporting on violations of women – financial abuse, emotional abuse, and sexual abuse, often face an unresponsive social system that frequently re-traumatizes the victims.

19. According to Rape, Abuse & Incest National Network ([RAINN](#))¹¹ it is a shocking statistic that in the U.S.A. 1 in 6 women has been the victim of an attempted or completed rape in her lifetime.¹² 17.7 million American women have been victims of attempted or completed rape.¹³ Among developmentally disabled adults, as many as 83% of the females and 32% of the males are the victims of sexual assault and about 44 percent of rape victims are under age 18. 15% of sexual assault and rape victims are under age 12.¹⁴ 9 of every 10 rape victims in the U.S.A. were female in 2003¹⁵ and about 3% of American men — or 1 in 33 — have experienced an attempted or completed rape in their lifetime.¹⁶

20. Medical Whistleblower as an advocacy network works with those medical professionals who provide medical services to prisoners and also to those who work as prison guards or in law enforcement positions. Thus Medical Whistleblower obtains direct first person accounts from these professionals and also from prisoners and former prisoners. Many of these professionals are *mandated reporters* but some are not or do not realize that the mandated reporter laws apply to them. When nearly one in 20 prisoners reports being raped or sexually abused behind bars, it is clear that prison authorities are not doing enough to prevent these serious crimes.¹⁷

21. Although in the U.S.A. 545 women are raped every day, only one in 50 women who have been raped reports the crime to the police.¹⁸ 29,000 acts of rape or sexual assault happen in the workplace each year.¹⁹ There are significant cultural, professional and personal obstacles for medical professionals, social workers, therapists and even law enforcement officials who are mandated reporters, to report that they themselves have been victims of sexual assault or sexual harassment. Often if the sexual assault victim/survivor is a licensed professional they face the loss of their professional license and serious impact to their professional reputation and creditability. Thus defenders of human rights who are sexually assaulted remain silent in their pain and often do not seek professional help. Medical Whistleblower provides a safe avenue for social support, networking and information for these defenders while they struggle to deal with many personal and

professional issues. There is both an emotional and financial impact on the workplace as victims/survivors report diminished work functioning and even loss of their employment. It needs to also be remembered that in regards to homicides at work – worker-on-worker fatalities account for approximately 7% of all workplace homicides.²⁰ Thus when you are reporting a criminal violation of human rights laws – murder of a defender of human rights can occur.

22. Facing significant workplace bullying, intimidation, false accusations, false arrest, loss of licensure, and many other forms of psychological and physical trauma, as well as severe financial losses, defenders of human rights can in some instances turn to substance abuse to mask their psychological and emotional desperation, hopelessness and despair. Within the U.S.A. the system of care for those with substance abuse problems can be brutally abusive, and especially so to those who are professionals in law enforcement, medicine, or the legal profession. These professionals face loss of their professional lives and can have extreme coercive efforts used to silence their reports of human rights violations. False allegations against defenders under the mental health laws or substance abuse treatment statutes give non-state actors the appearance of color of law authority and severe abuse of the Medical Quality Assurance system and the Health Care Quality Improvement Act (HICQIA) has led to psychological trauma and even defenders attempting or committing suicide.

23. There are many other NGO's that provide direct therapeutic services but none that we know of address the specific needs of licensed medical professionals in an appropriate manner that preserves their professional credentials and employment. Rather than protecting the right to employment the Medical Quality Assurance System funnels the victim/survivor through a social service provider system meant for welfare recipients and which degrades and stigmatizes the defender of human rights and oftentimes permanently destroys their professional or medical careers. The current system uses a process that secretly informs the medical databank and thus causes blacklisting and retaliation in employment to the targeted defender of human rights. The defenders of human rights who are professionals require a medical license, certification or security clearance to work and oftentimes find themselves facing loss of the accreditation when they speak out about human rights violations or are a target of abuse themselves. The administrative court system that controls medical licensing issues is biased against them and is often a kangaroo court that supports the political and financial agenda of those who are powerful within the medical, law enforcement or prison administration management. The goals of the Medical Quality Assurance System, as it now functions, is to protect hospitals, medical corporations and big pharmaceutical companies from malpractice liability and to shunt responsibility for problems within the medical system to the lowest status person as a scapegoat. Often this is the defender of human rights who is reporting the violation. This Medical Quality Assurance system does not protect patient safety or the U.S.A. taxpayer.

24. **Administration of justice and the rule of law:** Defenders of human rights face many injustices every day in the U.S.A. court system including:

- Lack of adequate government response to human rights concerns
- Lack of due process through the civil, criminal and administrative court system
- Lack of affordable, available qualified legal assistance
- Corporations interfering with governmental regulatory bodies and defenders employment
- Lack of independence of the judiciary and awareness of their obligations to protect defenders.
- Use of legal procedures against human rights defenders
- Denial of Freedom of Information Requests (FOIA)
- Removal of medical licenses and security clearances

- Lack of oversight by superior officials, monitoring bodies, the judiciary and prosecutors.
- Impunity – failure to realize the principle of “State responsibility”
- Arbitrary arrest, pre-trial detention, prosecution and detention
- Criminal conspiracy to deprive rights, Racketeering Influenced Corrupt Organizations (RICO), Fraud
- Witness intimidation and obstruction of justice
- Lack of adequate crime victim protections and compensation

25. Freedom of religion or belief, association, and peaceful assembly and the right to participate in public and political life: The right to be active in public and political life is necessary to effectively advocate for the human rights of others. Access to needed information, by which to prove allegations, is indispensable for the work of human rights defenders and thus the need to be able to have freedom of belief, freedom of association and freedom of expression. Medical professionals in the U.S.A. are often threatened with loss of their employment or hospital privileges when they become active in labor union activities. For those medical professionals working within the prison system this is a serious problem as they are first to see the results of prison violence including torture, cruel and degrading treatment and also prison rape. Medical Whistleblower views members of the labor unions organizing medical professionals as upholding the rights of doctors to form labor unions and to strike in defense of the human rights patients and of the prisoner population. In addition those human rights defenders in the area of national security have been prohibited by law from having a public voice and freedom of association is crucial to them to be able to gather information in order to effectively counter national security policies that violate human rights. Medical Whistleblower supports reforms in national security policy that will allow an effective voice for these ethical and honest defenders of human rights.

26. Right to work and to just and favorable conditions of work: Nothing is more intolerable than having to go into a hostile workplace day after day and face a bully who is attempting to ruin your career and employment. But that is exactly what happens to defenders of human rights once they come forward and report allegations against their co-worker, boss or employer. [Workplace bullying](#)²¹ is a form of psychological violence. It can cause Post Traumatic Stress Disorder (PTSD) and have adverse effects on a defenders physical and psychological health. Britain and Canada have both enacted workplace anti-bullying legislation. Seventeen states in the U.S.A. are now considering such legislation²² according to the [Workplace Bullying Institute](#).²³ The repeated infliction of verbal abuse, intimidation, threats and the undermining of an employee’s work performance causes psychological trauma and lasting emotional scars. When defenders seek treatment for their symptoms they are often stripped of their medical licenses and security clearances and prevented from working at full capacity. Defenders who suffer PTSD need to receive compassionate therapeutic care based on a human rights or independent living model consistent with article 33 of the CRPD.

27. Right to social security and to an adequate standard of living: Defenders of human rights face loss of employment, become victims of malicious fraud and have their careers and finances destroyed. Defenders face the following:

- Lack of protections and compensation under crime victims’ rights law, The Violence Against Women Act of 2005 (VAWA), Equal Employment Opportunity Commission (EEOC), Unemployment Compensation, Workmen’s Compensation Act, American’s with Disabilities Act (ADA), employment law and The Rehabilitation Act
- Removal of medical licenses and security clearances necessary to perform job.
- Secret blacklisting and medical databank reporting

- Unable to get information through Freedom of Information Act (FOIA) to prove their innocence.

28. **Right to education and to participate in the cultural life of the community:** Defenders of human rights are often by virtue of their activism and advocacy efforts targeted for denial in the right to certain educational benefits and to participate fully in the cultural life of the community. Access to full participation is necessary to be an effective advocate. Nowhere is this more important than in issues that affect gender, those with disabilities, national origin, race, age, social and economic justice and sexual orientation. For human rights defenders who come from a grassroots perspective and are themselves members of these disadvantaged classes the need to make efforts of inclusion is even more significant. These are the persons who can give a true perspective on the everyday problems faced by these populations. Many defenders can be suffering disabilities that may or may not be apparent. Peer mentors of these groups can be human rights defenders especially those advocating for the homeless or returning veterans.

29. **Minorities and indigenous peoples:** Access to health care is a human right but it is often denied to those who need it most. There is a shocking lack of basic health care to minorities and to Native Americans. The Indian Health Care Improvement Act became law this year and we hope to see improvements in health care for American Indians and Alaska natives. But there is also a lack of proper law enforcement protection to those populations and nowhere is this more evident than on Bureau of Indian Affairs land.²⁴ It is a shocking fact that American Indian women residing on Indian reservations suffer domestic violence and physical and sexual assault at rates far exceeding women of other ethnicities and locations.²⁵ American Indian women experience physical assaults at a rate 50% higher than the next most victimized demographic, African-American males.²⁶ These crimes are extremely difficult to investigate and prosecute because of conflicting jurisdictions and lack of adequate investigatory resources and training. Indian women suffer crimes of violence which remain unresolved and unprosecuted. Congress has the authority to fix this problem of unprosecuted domestic violence committed by non-Indians in Indian Country but has not done so. Importantly Federal Agents of the Federal Bureau of Investigation (FBI) are often empowered to investigate on Indian Country land but must go through much paperwork to do so. The doctors, therapists and social workers who see these victims are *mandated reporters* and clearly expected to be defenders of human rights but local law enforcement officers and FBI agents are *mandated reporters* also. In addition many medical professionals are themselves members of a minority group and thus suffer discrimination as they seek to help others in their communities.

30. **Migrants, refugees, and asylum-seekers:** Currently there are not enough medical professionals trained to do evaluations for those who are seeking asylum and may be victims of torture. The Physicians for Human Rights (PHR)²⁷ runs an excellent program to provide training to doctors who wish to do asylum evaluations but there are not enough volunteer doctor evaluators for the number of persons needing these services. It must be recognized that these PHR torture evaluations are not available for those who are U.S.A. citizens. In addition there need to be additional resources for the Immigration Court so that proper legal process and evaluation of these cases can occur. All who have contact with these persons should get human rights training.

31. **Human rights and counter-terrorism:** Nowhere is it more important to have persons of honor and ethical and moral character than in our national security service. It takes great courage to be a national security whistleblower and human rights defender especially when already working in a dangerous environment. But brave defenders have stood up for human rights and braved the stigma of being a whistleblower within the national security, law enforcement or intelligence professions. It must be pointed

out that many of these professionals although not in the medical profession may have contact with those who need medical care and assistance or who have suffered abuse, mistreatment or even torture. In addition, many medical professionals do serve in national security positions or work with the security forces. Executive orders and administrative measures have been used to limit the action of human rights defenders, in the name of security. National security personnel face retaliation when reporting to the Merit Protections Board or the appropriate Office of Inspector General. Protecting their right to provide testimony regarding issues of fundamental human rights is critical not only to our national integrity but also to our national security and defense as well. If in times of war, the U.S.A. as a nation is not perceived as abiding by international humanitarian law and the Geneva Conventions, then we put the safety of our own men in combat at risk of brutal reprisals. Medical Whistleblower strongly supports appropriate national whistleblower protection legislation to give these courageous defenders the protection and support they deserve.

32. D. Recommendations for Action

- To establish an independent federal governmental office for the investigation of Defenders of Human Rights complaints which is accountable to all 3 branches of government and works closely with the Department of Justice (DOJ) to prevent, investigate, and support prosecution of human rights violations. The office should also coordinate the collaborative efforts of the many governmental and non-governmental agencies and organizations that affect quality of care in health-related settings.
- To strengthen all appropriate Offices of Inspector General related to human rights and fund investigation of all defenders of human rights complaints.
- Cross-training between those in the medical profession, law enforcement, the judiciary and other professions to provide more timely and effective investigation, to prosecute abuse and corruption, and to protect victims.
- Systematically review and correct deficiencies that allow bad faith/sham peer review under the Medical Quality Review system and administrative court system. Proper security clearances must be required for persons authorized to affect medical licensure. It must be determined that retaliation for mandated reporter activity is not the reason for removal of security clearance or license removal.
- Adequate funding to all appropriate agencies to protect defenders of human rights and also to NGO's and stakeholder grassroots organizations.
- Allocate funding to Independent Living Centers, to provide support based on an independent living model to defenders of human rights who experience trauma and related Post Traumatic Stress.
- Act now on legislative action now in front of the various US Congressional committees that would enhance human rights and/or protect human rights defenders.

¹ Medical Whistleblower, P.O. Box C, Lawrence, KS 66044 MedicalWhistleblower.viviti.com

² Whistleblowing Airline Employees Association, <http://www.airline-whistleblowers.org/index.html>

³ Illinois Court Accountability Advocates, 318 W Half Day Rd Ste 196, Buffalo Grove , IL 60089

⁴ Article 20 of the Universal Declaration of Human Rights

⁵ Article 22 of the International Covenant on Civil and Political Rights

⁶ Human Rights Committee, general comment No. 31 on article 2 of the Covenant on the nature of the general legal obligation imposed on States parties to the Covenant, 26 May 2004.

⁷ Discrimination against Women and ILO Convention No. 111 concerning Discrimination in Respect of Employment and Occupation.

⁸ *Kawas Fernández v. Honduras*

⁹ False Claims Act, 31 U.S.C. § 3729 *et seq.* also called the “Lincoln Law”

¹⁰ The *Sarbanes–Oxley Act* of 2002 (Pub.L. 107-204, 116 Stat. 745, enacted July 30, 2002),

¹¹ Rape, Abuse & Incest National Network (RAINN), 2000 L Street, NW, Suite 406, Washington, DC 20036, phone: 202.544.3064, fax: 202.544.3556, info@rainn.org, <http://www.rainn.org/>

¹² *National Institute of Justice & Centers for Disease Control & Prevention. Prevalence, Incidence and Consequences of Violence Against Women Survey. 1998.*

¹³ *Prevalence, Incidence and Consequences of Violence Against Women Survey. 1998.* National Institute of Justice & Centers for Disease Control & Prevention.

¹⁴ *U.S. Department of Justice. 2004 National Crime Victimization Survey. 2004.*

¹⁵ *U.S. Department of Justice. 2003 National Crime Victimization Survey. 2003.*

¹⁶ *National Institute of Justice & Centers for Disease Control & Prevention. Prevalence, Incidence and Consequences of Violence Against Women Survey. 1998.*

¹⁷ Bureau of Justice Statistics (BJS), “Sexual Victimization in State and Federal Prisons Reported by Inmates, 2007

¹⁸ National Crime Victims Rights Resource Guide 2005

¹⁹ *Crime Characteristics: Summary Findings.* 2001. U.S. Dept. of Justice, Bureau of Justice Statistics. Washington, DC. Retrieved January 9, 2004. http://www.ojp.usdoj.gov/bjs/cvict_c.htm

²⁰ [Partnering in Workplace Violence Prevention: Translating Research to Practice](#) —a landmark conference held in Baltimore, Maryland, on November 15–17, 2004. <http://www.cdc.gov/niosh/docs/2006-144/> Typology of violence: I: Criminal intent 85% of all homicides, II: Customer/client 3% of all homicides, III: Worker-on-worker - Worker-on-worker fatalities account for approximately 7% of all workplace homicides, IV: Personal relationship - 5% of all workplace homicides

²¹ Tim Field’s website [Bully OnLine](#) is the world's largest resource on workplace bullying and related issues Bully OnLine is a project of [The Field Foundation](#) <http://www.bullyonline.org/>

²² . In 2008 a Wisconsin victim of workplace bullying, took her own life. Now there is a Wisconsin bill AB 894 (sponsored by Rep. Roys) in front the Wisconsin Assembly Labor Committee.

²³ The Workplace Bullying Institute, PO Box 29915, Bellingham, WA 98228, USA +1 360-656-6630 [Workplace Bullying Institute](#) <http://www.workplacebullying.org/2010/04/08/ab-894/>

²⁴ The Tribal Law and Order Act (S. 797 / H.R. 1924) is still in the spotlight in both the US House of Representatives and the Senate.

²⁵ Addressing the Epidemic of Domestic Violence in Indian Country by Restoring Tribal Sovereignty By Matthew L.M. Fletcher, March 2009 American Constitution Society for law and policy, Associate Professor, Michigan State University College of Law; Director, Indigenous Law and Policy Center.

²⁶ Brief for National Network to End Domestic Violence et al. as Amici Curiae Supporting Respondents at 2, *Plains Commerce Bank v. Long Family Land and Cattle Co.*, 128 S. Ct. 2709 (2008) (No. 07-411). See *id.* at 3-4 (citing Lawrence A. Greenfeld & Steven K. Smith, U.S. Dep’t of Justice, *American Indians and Crime* (1999); Steven W. Perry, U.S. Dep’t of Justice, *American Indians and Crime 1992-2002* (2004); Calli Rennison, U.S. Dep’t of Justice, *Violent Victimization and Race, 1993-1998* (2001); Patricia Tjaden & Nancy Thoenne, U.S. Dep’t of Justice, *Full Report of the Prevalence, Incidence, and Consequences of Violence Against Women: Findings From the National Violence Against Women Survey 22 ex. 7* (2000)).

²⁷ Physicians for Human Rights, 2 Arrow Street, Suite 301, Cambridge, MA 02138 USA, Tel: (617) 301-4200 Fax: (617) 301-4250 <http://physiciansforhumanrights.org/>