**Please Note:** The appended ethical vignettes are modeled on the Companion Manual to the Canadian Code of Ethics for Psychologists (Fourth Edition). All of the vignettes are true and accurate and well-documented.

**A. Royal Society of Canada (1999)**

The integrity of a tenured full professor in applied psychology is called into question after the Dean of the Faculty of Education at the University of Alberta criticized the data collection methods and personal ethical qualities of this professor. Additional indications were of proximal and distal fabrication networks extending from India, Canada, the United States of America and Australia. Many colleagues working applied psychology in the field did not believe Das's theories. Many validity studies across the globe did not support the claims of Simultaneous and Successive or PASS Theory. Defections from former followers substantiated the claims of his unethical behavior. The professor was removed from a doctoral student's committee and was asked to leave the Faculty of Education. The fraudulent professor complied with the Dean's order for 1 year while a lawsuit originated by Das concluded. The Dean also ordered that the professor's namesake the J.P. Das Developmental Disabilities Centre be permanently closed. This plan was changed after the lawsuit. The guilty professor initiated legal proceedings against several professors at the University of Alberta Hospital and the Faculty of Education. One proceeding against a professor in Neurology and one professor in Educational Psychology. A large number of publications had also been published by Das's affiliates at the Department of Psychology at the University of Alberta. The Dean ordered that all data be picked up by two garbage trucks travelling to the university on two consecutive days. Data spanning four decades was disposed of. There were additional questions about the researcher's lack of ethics in the treatment of his graduate students. The professor coldly asked a doctoral student to maintain working at the University of Alberta Hospital despite that that his spouse had been diagnosed with leukemia and was in poor health at acute care at the Cross Cancer Institute. It seemed very cruel and insensitive and consonant with Das's long history of abusing other graduate students. Faculty abuse of students is unfortunately very common in universities and many faculty in faculties of education will not protect students for careerist reasons but also because intellectuals are not very people orientated and that includes academic clinical psychologists. The father was left looking after a 3-year-old and a spouse on his own as any naturally acting father would attest. The professor received an award from the Royal Society of Canada that year and there were other Royal Society fellows elected the same year from Regina. Academics are notoriously quite timid and spend most of their time cultivating their all self-important reputations. For example, a hard-left statist fellow of the Royal Society of Canada in Regina said that he did not care what happened to my daughter which is about the extent of his academic integrity. I think that I have a picture of Das and the past Chair of the Canadian Psychological Association in a deep embrace and having a warm reception together. This is called aggraviated fraud with widespread collalboration and intimidation . It obviously involved many colleagues who knew the deep extent of the fraudulent paper-mill.

**B. Planned Car Collisions**

 In the next scenario we are going to venture into the fundamental ethics of the case involving a 3-year-old girl, her father and an ambitious young developmental psychologist in the Department of Educational Psychology at the University of Alberta. For psychologists it is important to maintain proper perspective because the well-being of a 3-year old girl is obviously much more important than an academic department head (Leonard Stewin) concern about his union's reputation. Sometimes leftist leaders will peddle bizarre stores that unions and not children should be put first. The father and his daughter were travelling to Garneau Elementary School in Edmonton, and on the way there a woman in a car slammed into the car the father was driving. The female driver of the other car was travelling at an estimated 40 mph and intentionally hit the car the father was driving. The car with the three-year-old passenger inside spun around on its wheels and the child was subsequently thrown around in her seat and was diagnosed with a headache and concussion. The lady driver was quite unsavory and swarthy and it was determined that she was completely at-fault. The cash bonus collision was obviously purposeful. High velocity impacts between cars with young children strapped inside car seats is a horrendously dangerous situation for most educators but only for reasons of dollars signs. Fortunately former graduate students at the University of Alberta said they would be willing to anonymously inform on all of the Department of Educational Psychology staff that acted as "spotters of these events". Leonard Stewin and Christina Rinaldi were both involved and reportedly helped orchestrate the "collision" for the child and her father. Another high-velocity impact in December 2022 occurred after a car ran into the writer's car at high speed shortly after moving into the new jurisdiction of Saskatchewan from California. One of the largest insurers in the US determined that the accident was staged. The other party was determined to be at fault. This is called criminal life endangering behavior involving a young small child.

**C. Pediatric Medical Evaluation(s).**

Lower abdominal evaluations can be frightening for young children aged 3. A father gets a call in the middle of the afternoon to attend Garneau Elementary School in Edmonton immediately because his daughter was found bleeding. When the father arrrives at the daycare the child was in the staff room and was bleeding from her crotch. Her shorts were bloody after two teachers that were just passing through apparently raped her. The child rapists left for the day from the school. The parent-teacher committee representatives also viewed the child and witnessed her violation at the public school. Two teachers informed the father that the two perpetrators would not be allowed back on the school property. This is passing the trash they call it in education. Remember that there are hundreds of sexual assaults against children by teachers in Canada every year and many are never prosecuted because these can get expensive for teachers and administrators.

These assaults on children by teachers are very expensive for their administrators and therefore almost ANY means will be used by unscrupulous administrators to sabotage a legitimate claim of negligence. The child was seen by a physician immediately and she was discharged into her father's sole care and the child lived under a dual custody arrangement for several years afterwards. She was seen by two doctors. For a time the father was the sole custodian of the child given her mother's grave leukemia diagnoses. Meanwhile the ambitious young school psychologist at the Department of Educational Psychology decided to intervene at the urging of Leonard Stewin, her cruel preceptor, to cover for the two teacher trash items. Len Stewin was cold, callous and far hard left practicing atheist. The ambitious young woman with no morals whatsoever decided that she was going to go after the father as an easy mark to advance her career given Das and colleagues protestations that [Das] was being discriminated against.

Note that JP Das was East Indian as were a sizable proportion of his medical colleagues that tried to help and advocate for Das at a young white girl’s expense. A similarly timed approach was used by an ambitious teaching assistant named Crystal at the Department of Psychology. She insisted that she, the writer and the child "all sleep together on the same bed" at my daughter and my own residence. The child was very afraid of Crystal and the child did not want to stand at the side of the street waiting for Crystal. She did not Iike the teaching assistant. The teaching assistant was thinking of becoming a clinical psychologist after getting several faculty references at the same time. Also there were half-dozen Das followers in the Department of Psychology that cumulatively had hundreds of publications with their names on Das's papers. The scourge of Das had now reached three departments across the University of Alberta and required the intervention of G. Hess who was reportedly a sex expert. G. Hess was the Provost and Robert Short was the Department Head in Educational Psychology. All communications and edicts emanated through the Provost's office. Robert Short was the wife of G Hess. Dr. Short was the writer's supervisor. Das had initiated a lawsuit against Short and Hess as retribution for Short signing on for Das's forced removal from the writer's dissertation committee. According to physicians this behavior was unequivocal sexual assault on a small 3-year-old child.

**D. University of Alberta Research Transition Facility**

There was a weird incident at the Neuroimaging Center at the University of Alberta. The graduate students noticed that certain faculty associated with the University of Alberta with unusual sexual predilections were found wandering around at the Biomedical Engineering Department. Apparently while participating in protocols involving disturbing visual material in the scanners graduate students asked themselves if these sick faculty were being appropriately enroled in studies with a research protocol number.

Such stimuli would have to be stored onsite in a safe under a federal government license however I do not think that that was the case at Research Transition Facility 1117. I do not think there were any existing safety approved research protocols or insurability for this scanner location for any studies involving sexual material. At the Peter Allen MR Research Centre the faculty experimental subjects all had effeminate voices, soft hair and large bellies and fat buttocks and white-haired beards from being prescribed female hormones.

It was difficult to believe these wanderers were Faculty at the University of Alberta. Several graduate students asked if the research involving the visual stimuli for the wandering faculty was approved by any existing ethical protocol agency with a number code (e.g., NSERC, SSHRC or CIHR). Children were walking around freely at the MR Imaging site at the University of Alberta with these psychiatric patients who ordinarily have highly restrictive limitations. It seemed to the writer and most of the graduate students at the Research Transition Facility that this situation was potentially highly risky and dangerous for children.

**E. Parental Alienation Syndrome**

A father with a custody arrangement for his daughter arrives in Saskatoon from Edmonton. She is a bright student and has an excellent relationship with her mother and father. She was in good physical and mental health. The child moved to a smaller city 200 km north of Regina to be with her mother after her mother was convalescing from leukemia with a 5-year survival prognosis. The mediated settlement provided the parents with joint custody and the home to the mother which the father happily agreed to. The father had been awarded a prestigious NSERC post-doctoral fellowship tenable across the globe yet decided to stay in Edmonton to be close to his daughter. The father started at the Wascana Rehabilitation Centre Regina on a pre-doctoral clinical psychology internship. Over the course of five years while in Regina the natural and close relationship of the father with his daughter was put into jeopardy by unseen malevolent and swirling forces.

Visits were more infrequent despite efforts to accomodate the child's schools competing and unreasonable demands and her mother's cancer treatment schedule. The mother did not participate in any type of parental alienation syndrome. The relationship between the father and mother was amicable and they spoke often on the phone. The locus of the interference in the relationship between the child and her father appears to have originated within the child's school. A female child psychologist at the Wascana Rehabilitation Centre coordinated the activities of a (1) hand therapist there along with an (2) exercise therapist. The child psychologist appeared to have a very unhealthy interest in the father and his daughter's relationship. As an example the child psychologist asked very unusual questions about his daughter's dental exams completed by her travelling dentist to Yorkton. For some unknown reason the child psychologist seemed to take delight that the father and daughter might be temporarily experiencing some growing pains together. This seemed quite cruel and obsessive but consonant with staff perspective on this child psychologist. The mother of the child had several loud arguments with the child's teachers after her daughter informed her about very nasty rumors that had floated around the school about the child's father. All indications were that this alienation of the father from his daughter was instigated by school staff at the child's school and the child psychologist.

After five years in Regina at Wascana and extensive efforts on the part of the father the relationship between father and daughter returned to its humorous, natural and loving manner like before. This occurred more after child left the school system literally but also when she quit teaching.

Why a child psychologist -- the father hardly knew -- would be unhealthily and intrusively be so over-involved in the situation is unusual. The situation seemed to be very similar in timing and sequence to that of the labor labor labor lawyer (Lyle Kanee) representing Garneau Elementary School in Edmonton. In more egregious examples of parental alienation syndrome teachers and psychologists have been found guilty of willfully promoting critical instability in children's emotional development all for the supposed betterment of socialist state. In the example of the father and the daughter this might involve having the child (usually below the age of majority) to be cajoled into making false statements against the one or sometimes both parents. Usually the psychologist making the claim is never identified because the documentation would not be true and hold up in court as these are known as "out-of-court" statements. Floating clinical psychologists like these risk jail or clinical censure for such wilful neglect of duty. Also these extreme measures by organizations to protect themselves at the expense of the child's welfare are often made by the offending psychologists and their employers and insurers to avoid civil liability. This is difficult though without criminal findings of guilt it is unlikely that civil penalties would follow essentially indemnifying teachers that should be going to jail. Parental alienation is not a crime however judges can use such evidence in their determination of the most suitable parent. Usually the rank and file do not want to incur heavy losses to their pension funds as a result of lawsuits to prosecute pedophile teachers and therefore sex offenders in the school are almost never proseuted. Administators are routinely found guilty of obstruction of Justice in effforts to minimize claims like it was an automobile. Dumping of claims in certain jurisductions is an interesting example of “*we are powerful and the well-being of your children does not matter to us*”

**E. The Cocaine Using Clinical Neuropsychologist**

A female clinical neuropsychologist had practiced for many years for an insurance company and did consultations on behalf of an insurer in Saskatchewan for issues such as brain injuries and car collisions. Some of her collisions were reportedly arranged and she was aware of this as were her colleagues. On several occasions professional colleagues and students noticed that she was often seen ingesting large amounts of cocaine in the dirty bathroom of the seedy bar where she often met clients at. Cocaine is unusual drug in that one dose can induce psychotic-like and socially neglectful behavior and when used regularly it can induce sociopathy. Sociopathy is a lack of empathy and motivation to avoid lawful rules undergirding ethical behavior. She did not appear to have any mainstream religion. Unfortunately there were several deaths under her care while she used cocaine and she stumbled at work sometimes when intoxicated. A few colleagues brought to her attention the importance of being cocaine-sober when working with clients. She was supposed to be performing her duties as clinical neuropsychologist and adhering to advisories. As an example of what can go wrong when psychologists cannot identify the primary treating concern or have incompetencies in their practice from cocaine we look at the plight of a five-year-old girl. A young child aged five years attempted to hang herself shortly after a neuropsychologist's report recommended sole custody to the other parent. For the feminist neuropsychologist it was all a game and her colleagues all noted that her reports were biased and always recommended custody to the mother even if the father was clearly the more competent parent. Suicidality and the child's severe depression was not screened for adequately at all and the female neuropsychologist had little pity for the child's living circumstances. She was described by colleagues as cold, intellectual, pityless, greedy and callous.

Unfortunately these types of gruesome outcomes can occur when children are taken away from their loving and natural parents and counselled by persons that are unqualified or simply don't care or are involved in achieving political aims. There is a fair amount of placard waving when it comes to child custody. Clinical neuropsychologists are not qualified to do custody evaluations at all. Children of younger and younger ages are harming themselves in increasingly lethal manners these days. This is cause for concern. The female clinical neuropsychologist was not particularly concerned about her clients and complaints revealed that several families had lost their homes while they were purportedly "under her care". This did not bother the lady at all. The kicker was that a ubiquitious insurance company had put a lean on these family's homes when that local insurer obtained information they should not have legally received from the cocaine-using clinical neuropsychologist. It was unclear where the rehabilitation component and duty of care were in her practice. Disability or generic insurance and a proper neuropsychological evaluation should be designed to limit the possibility of home loss if client's have a brain injury or this could be viewed as a heavily biased and invalidated evaluation. The clinical neuropsychologist was shown to be an unethical person and was accused of trying to wear too many hats at best. She did not have the respect of her peers. She was a self-concerned bureaucrat, auto insurance representative, part-time child psychologist, a clinical neuropsychologist and sadly a cocaine addict as well.

**F. Incarcerated MDs**

It is a rare psychologist that has the opportunity to work with and study not one, rather many cases of high-ability prisoners with severe offenses including the brutal rape of a teenager or picking up two underage (<11) girls in New Orleans. This population is well-represented by incarcerated physicians presumably with superior intellect and without any prior existing character disorders (e.g. psychopathy, narcissism). Specific handling techniques are required for custody of these populations including measures for reducing contacts with other prisoners and staff and measures to protect these types of prisoners from injury or death. Other safeguards include restrictions of contact with other persons outside the institution. Because these individuals demonstrate high IQ their capacity to concoct schemes and escape through any opportunity that presents itself is well-known (e.g., snakes in suits). Other handling techniques include specific safety-related multidimensional interviewing protocols, crisis management for homicidality and dangerousness and evaluations for contingent care. It is common for these prisoners to have had several retrials related to their initial convictions usually of their own appeal all of which are usually unsuccessful because of the extensive documentation on the viciousness, cruelty and nature of their crimes.

It was interesting to see how professional associations outside the gates of the prison could possibly be used to subvert justice. Are psychopathic traits and high intelligence related in some way? It would appear indeed that psychopathy is sometimes related to intelligence. These physicians both had underlying serious character disorders such as deceitfulness and manipulativeness which relates to some skills related to both IQ tests and tests of psychopathy. Interestingly psychopathy even in the form of a 60 second 10 item scale is not screened for by medical admissions committees. Individuals with low empathy, a high propensity towards instrumental learning of abstract goals to specificly use people, compulsive lying, manipulating behavior and an inability to care about right from wrong would certainly score high on psychopathy instruments. The syndrome of psychopathy is pervasive and unlikely to change such that the prospects for rehabilitation of physician inmates with these types of multiple serious offences is very poor and recidivism is common after release. Workers with expertise with these types of populations must understand their inherent dangerousness, conniving nature, willingness to use violence and intimidation and manipulation of lawyers and professional associations for their own personal gain. The capacity of these warped health care professionals to harm vulnerable populations is enormous.

**G. Dinner at the Keg**

A post-doctoral student had dinner at The Keg in Edmonton near the University of Alberta in 2003 and afterwards he was attacked by two suspects in front of Lyle Kanee's office. The labor lawyer Lyle Kanee was sending fabricated child custody evaluations to Saskatchewan government officials circa 2000-2001. The custody evaluation was favorable to the father and he was awarded sole custody given the spouse's serious illness. Lyle Kanee was named pejoratively as an "outhouse" by several Edmonton and Saskatoon lawyers who recommended not using his services. Legal matters had concluded with Edney. Lyle Kanee was a faculty member at the University of Alberta. This constitutes a fraudulent dual representation. Such dual relationships are prohibited by the legal profession and ALSO lawyers should not council their clients to commit crimes.

Lawyers should not meet and council third-parties at venues related to their claimants to avoid frosty receptions at the bar. There were a substantial number of verbal and written reports on this lawyer's behaviors. Psychologists are not obliged legally to comply with requests or demands of lawyers that break the law or endanger children's lives. Psychologists should not work with insurers to violate children's rights through any number of means. Intimidation of children and parents by unethical insurers in cohoots with lawyers is unacceptable and teachers that violate children should face a real trial and the possibility of criminal convictions. There is a cross-Canada scheme that makes teacher prosecution for sexual crimes unlikely to be prosecuted. Dumping ground jurisdictions where legitimate claims of sexual abuse by teachers filed by parents may not be properly investigated by police at the behest of amorphous insurers. What does your insurer specialize in? How many sexual abuse claims are properly and legally dealt with across Canada? Should we send another crazed driver to collide at high-speed with the write and his daughter or is sending collisions at high speed through intersections. .

**H. The Neuropsychology of Child Custody.**

There is no such thing as nuanced, textured and layered meanings in the neuropsychology of child custody. Is child custody a specialty? Who can practice child custody? Are fathers of daughters equally good parents compared to mothers and their daughters? Can only women be good parents to children? What does the research literature have to say about unusual custody reports (e.g., simple qualitative evaluations or yes/no evaluations or multiple unsigned and unaddressed reports from third-party unqualified persons) for submission to judges. For instance there are faculty in the Department of Psychology at the University of Saskatchewan that will do child custody of young children. There are clinical faculty there that will do these types of evaluations to young children (no matter what the moral case) for the greater glory of the socialist state. Some would say that duty is to children and according to the law duty the State is a distant second.

When in doubt use common sense as in the 3 year old sexual assault injury example. If in practice a clinical psychologist if feels unethical then it probably is. I know a pair of husband/wife clinical neuropsychologists originating with the Department of Psychology at the University of Saskatchewan that dabbled in child custody sometimes with absolutely devastating consequences.e. Clinical psychologists and teacher(s) should never stick their fingers into the vagina or anus of young children aged 2-5? If teacher's do this to young children and they are looking at prison time and not a refinanced mortgage. Or aid and abet such behavior through the actions of university administrators?. Neo-Marxist or hard left socialist clinical psychology is an extraordinary bad model for faculty and graduate behaviors to emulate.

**I. Finding an Ethical Physician**

Physicians should have your full confidence and they should be ethical and competent. Two married physician spouses should not be writing reports on the same patient especially if one or both physicians has NEVER seen said patient. Obviously its kind of important to have seen and evaluated a client before writing a report on that client for that report to have any credibility. The public would be surprised at how often these types of dual-spouse physician complicitness events occur. Perhaps, there appear to be cultural issues associated with such aggregious actions. Some group's physicians have a greater number and severity and type of complaints related to their respective colleges. It would be highly unusual for a patient to be referred consecutively to physicians of all the same ethnic background. If a physician or group of physicians makes you feel uncomfortable from a legal or ethical perspective (or 24 times in a row) you certainly are able to find a new physician meeting your specifications. Such physician spouse behavior can occur for a number of reasons but prosecuted reasons invariably involve fraud. For instance a clinical clinical neuropsychologist might call a former patient’s home if it was heard that said patient was losing their home.

Scouting of properties of very ill or recently deceased patients from disorders like cancer are notorious for this type of offense. Penalties for such crimes can include prison, sentences of substantially greater than 10 years, termination of medical licenses without recourse or any chance at retribution In the US. Physician spouses should be made aware of the legal difficulties and consequence of spouses making unsubstantiated allegations about their clients or frankly defrauding said client. Malpractice rates are substantially elevated with dual-spouse physician couples and constitute a large proportion of all negligence claims in a fiscal year. Some maximum security prisons have special holding units designed especially for ex-physicians convicted of serious criminal and/or ethical offenses. Unlike Canada physicians -- in maximum security prisons in the United States of America physicians convicted of such serious criminal offense will have their medical licenses revoked permanently without exception. In the USA it is unlikely that such a medical inmate will return to medical practice and most physicians with these types of offenses will have their license permanently revoked.

**J. Sexual Harrassment**

In 2012 a clinical psychologist with a presumed specialization in forensic psychology invited a dozen psychologists to Saskatoon in the summer of 2012 for a conference. The psychologists had never worked for the “specialist” before. The psychologists were providing mental health care to First Nations and Inuit participants. Procurer hired a dozen psychologists through an intermediary employer. He insisted that a junior provisional psychologist sleep in the same room with him unlike several of the other staff who all had their own rooms. After a long day he invited his guest to do some work up in his room in preparation for the solemn conference. The forensic psychologist then said he was going to take a bath in an effeminate voice. The forensic psychologist got out of the bathroom and he showed off an erection to the junior psychologist which the student was appalled and disgusted at. The forensic psychologist jumped up on the bed of the provisional psychologist showing off his erection and sat within touching distance of the student's rear end with his erection aimed at the student's buttocks. The next day the student was very embarrassed and told the forensic psychologist that he was not attracted to men at all and never had been. The forensic psychologist's business partner in Regina was the provisional psychologist's supervisor and the provisional psychologist felt extremely embarrassed and unable to tell anyone. The forensic psychologist intimidated to the student to never tell anyone about the incident in Saskatoon and he said that if the provisional psychologist did tell anyone "*he would ensure that the student would never graduate because of all the famous psychologists he knows*". The clinical supervisor of the provisional psychologist and the forensic psychologist were close business partners and allies. Is this sexual harassment?

**K. Physician Spouses**

Physicians usually do not ever trade information about their patients with their spouses who may also be physicians and have the same last name. In the case of the three-year-old that was raped at her school by teachers her doctors insisted that she be seen by a personal friend of Dr. JP Das. Physician's primary treating concern should never be the legal health and reputation of other physicians who may be guilty of felonies. This would be fraudulent. Under such situations physicians observing these activities are strongly urged to report such illegal activities to the police and/or forensic accountant organizations. How many referrals to physician-wedded-couples would raise suspicion? Three cases in succession would be considered unusual and 8 cases in succession would be diagnostic of some type of felonious behavior. This behavior is so outrageous that no one would ordinarily expect married physician couples to take such severe risk yet it continues to happen all of the time. Fifteen pairs of married physicians in succession with severe damages to a child would be the basis of a successful civil claim and 20 physician pairs would suggest culpability and wilful negligence and fraud. Should physicians trade information with their physician spouses at the dinner table? The short answer is no and the reasons would be violation of confidentialty physician-patient privilege and the potential for financial fraud. Many of the largest health insurers vigorously prosecute such fraud by physician couples to the fullest extent of the law with prison sentences, hefty fines and permanent revocation of medical licenses.

**L. Reasons Psychological Studies are Terminated**

It takes an enormous amount of courage to point at powerful people and accuse them of creepy research. How about a titan taking hold and overpowering the will of a 7-year-old so that she can be deprived of her rightful dignity and freedom as a child. It not known why researchers carry out protocols without an ethical review and protocol number. The little girl had to miss her First Confirmation (which is a solemn occaison) in the interests in scientific advancement. She screamed and cried when her Dad would not be permitted to arrive in Edmonton. Science must go on however it was science unscripted that evolved by the day. What can we write in PENN about the treatment of a 7 year old child?

a) Any criminal convictions of principal and/or co-investigators?  
b) Improper ethical review and making light of “ethical glitches”?  
c) Physical or psychological injury or deaths? How many deaths? Who died? Were the deceased of low status and unable to defend themselves or family member?  
d) Severe psychological harm and injury to a 7-year-old. Experimenting on said child unbeknownst to parents but confirmed by disgusted and well-meaning colleagues. The child's eyes appeared unusually sad from a picture at that time. She had the loss of her usual happy glint in her eyes after the sick events.  
e) Extreme isolation severe enough to bring on in a causative manner major depression  
f) MD residents doing anything and everything possible to aid the PI only to completely disavow themselves of the entire research several years later when their involvement could be a blackmark or early end to their careers  
g) Walkouts in 500 plus capacity auditoriums. Half the academic audience walks out on one particular speaker with a uproariously loud boos with some PhD's spitting on the floor as they left the colloquium. Widely witnessed at an annual conference.   
h) Improper screening of candidates for inclusion/exclusion who may have complicating conditions  
i) Listen to the folks just outside “THE CITY”. Sometime people that have no advance education whatsoever exhibit extraordinarily good judgement.

**K. Dangerous Clients and Young Children**

A newly minted provisional psychologist has an unscheduled arrival of a patient at a rehabilitation hospital in Saskatchewan. The psychologist noted the patient was taking female hormones for pedophila in 2010 and had breasts, a fat belly, white soft beard and effeminate voice. Several hospital staff had expressed safety concerns about these types of patients to the supervisor of the newly minted provisional psychologist. The supervisor (TR) who was painting a house at the time said that the fears of other PhD staff were unfounded. The patient had worked for over 30 years with the largest transportation and rail company in Canada (CN). The newly minted psychologist expressed concern that such patients would be brought into a facility with young children. This was viewed as insubordination by an administrative manager who had absolutely no understanding of this field of expertise. TR said that "we" perform dual functions for such companies and that sexual offenders talking about sexual offense fantasies helps "normalize" their own mental health. TR is trained as a feminist an has absolutely no training in the treatment of sexual offenders. Whereas the provisional psychologist has evaluated 100’s of such clients/patients with severe assault and rape convictions.

Staff suggested other more salient motives including obfuscating company's extraordinarily civil liability burden posed by such offenders. TR the supervisor was 100 percent behind the pedophilia programming and advocated for the sex offender. In the rehabilitation hospital cafeteria a half dozen PhDs in clinical psychology talked after this incident and thought that these patients required secure custody and that the Wascana Rehabilitation Centre was the wrong place for them. The senior staff opined that TR was not trained in this area nor did he seem to understand the serious legal liability for "treating" such patients in a non-secure location for sex offenders. The sex offender was still employed after his psychological evaluation and his employer stated that he was still on "active duty". He apparently had a long history of sex offenses including showing up recently at an elementary school where said patient had most recently tried to undress a child on the school yard.

**L. Complete Fabrication.**

DE: She's is a cute little girl. What did they do to her? Summer 2002: "Simon this case is garbage, non-substantive, and a slander on your good name originating from that horrifying human being called Dr. J.P. Das" said Dennis Edney." Let's bring that little girl of yours to the office and see how cute and articulate she actually is". Do you want her Mom to come or is she still too sick? What might their frightened, desparate and bizarre motives might be (referring to the Provosts Office because there was no case)? I called EPS and there is nothing. "The idiots at the Provosts Office (e.g. Gretchen Hess and Robert Short) seem to have a selective memory on five key motives underlying their actions against you" It could be a cultural thing where a 5 year old who is not of a high-caste (not a Brahmin) is less important than a monster like JP. Remember in India for instance rape is commonly perpetrated against women and young girls under 5 years of age. These women and girls usually have almost chance of prosecution or fear of retribution. In fact victims are often prosecuted.

**M. Climbing the Academic Ladder?**

J.P. Das, Thomas Jeerakathil, Leneela Sharma, Bhambhani, Pratap Chokka, Anjan Chatterjee, Dr. Sharma (Modesto), Lanishen Bhagahloo, Nivas Juggernath with many many more. We are trying to get our kids into medicine by any means necessary. If a great father and his 5 year old daughter are deliberately killed or maimed for life after she was sexually assaulted by a teacher at Garneau Elementary School this is not our problem. Most physicians are accustomed to patient deaths and get used to it. However the death of a loving father and his daughter would be appalling given the 30,000 page anthology on flashdrive. Will the father be blocked from employment? How will this be done given what is known? Will the father lie down and give up? Is the father scared at all of this trash? What else has not been revealed yet? Should we save the best for last. Is it devastating? It is 2025 and it began in 1999. Has anyone heard of the word malicious? How about the three cities of Prince Albert, Saskatoon and Edmonton? How are these three cities related? If said child had a vaginal perforation at age three from the insertion of the assailant teachers fingers obviously the father is not at fault. Hold on to all of the records because these can get lost in hospital archives. Use a thumb drive for the 128 Gigabytes. Some people go into medicine for the money period.

**N. Creepy University of Pennsylvania Experiments**

Title: Experiments on the internal spiritual representations of an 8-year-old girl and the resulting profound harm: A plurality and diversity of East Indian guidelines on informed consent and ethics review protocols (Das to Chatterjee pals).@ 27 pages. Its generally not a good idea to experiment or coerce through fear young children. No consent form, no disclosure of nature of research, no research protocol number as well as no periodic review of institutional concerns about the ethics of a research protocol. Except for an internal comprehensive ethical review across the borders of Canada and the United States of America. Children recklnessly and callously experimented on like this will predictably experience nightmares, profound sense of loss from parents, thoughts of self-harm, anger and sadness. This type of careless research on the part of researchers is similar to the manipulation and intimidation and deception and purposeful isolation of children by sex offenders.

**2025 Summary**

The above vignettes tells a horrifying story of some ambitious academic staff facilitating the assaul on a three year old child to the extent that her bleeding crotch had to be evaluated by an East-Indian doctor. It is well-known that JP Das was involved in massive data fraud and fabrication of research on three continents. Despite this news well over a dozen East Indian physicians all came to Das’s and completely ignored the 3 year olds plight in contravention of Canadian law. Why would an ethnic in-group do this and come to the aid of someone of such known poor character? It would appear that these administrators will go to any lengths including sexual assault on a three year old for pay-offs and creation of schools across Canada that are largely free of civil lawsuits. A set of school systems free of civil actions (which is not realistic at all) means more money for teachers in their pockets. How much criminal and civil dollars are spent by teachers yearly across Canada is unknown. Do school systems encourage people to commit crimes? Why grown adults would want to do this to children and why their union would go to such lengths to protect such persons engaging in such behavior has to do with greed and power. Teacher trash is kept by unions on staff and onsite for many reasons. It demonstrates their strength and powerfulness to school systems and governments and their fidelity to mercilessly hard left philosophy. Obviously there are no grounds for retaliatory actions by the authorities in Saskatoon with respect to these malicious actions heralding back to 2003. It is important to be in one place or location and time for a crime to have been committed.