

HOUSE COMMITTEE ON ENERGY AND COMMERCE
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS

Examining SAMHSA's Role in Delivering Services to the Severely Mentally Ill

Statement of Robert "Joe" Bruce and Exhibits

10:00 a.m.
May 22, 2013

My name is Joe Bruce. I live in Caratunk, Maine.

On February 6, 2006, my son William Bruce, age 24, was involuntarily committed to Riverview Psychiatric Center in Augusta, Maine. On April 20, 2006, with help from federally funded patient rights advocates from the Disability Rights Center of Maine (DRCM), Will was discharged early from Riverview without the benefit of any medication.

As is most often the case with severely and persistently mentally ill persons across the country, Will returned home. Fears his mother and I had voiced to his doctors that Will would hurt or kill someone came true. On June 20, 2006 I returned home to find the body of my wife Amy.¹ Will, in a state of deep psychosis, had killed her with a hatchet.²

Will was advised that without his consent, his parents had no right to participate in his treatment, or have access to his medical records. Will believed there was nothing wrong with him, that he was not mentally ill, a condition characteristic of many persons with severe bipolar disorder or paranoid schizophrenia, particularly of younger ages such as Will's. He would not consent to our involvement with his treatment, and because he was an adult, his mother and I were barred from all access to his treatment. The doctor's decision to release him, which resulted in such a tragic outcome, was made without the benefit of all of Will's history or any input from Amy and me.

¹ Pictures of Amy and Will appear behind Tab 1.

² A transcript of my call to the 911 operator is annexed behind Tab 2.

After his commitment to Riverview by the criminal court, I applied to become his guardian. Will was agreeable to this until, incredibly, a patient advocate told him, “The guardianship is a bad idea. It would give your father complete power over you.”

The attending physician (a new doctor), undoubtedly at the urging of DRCM, refused to provide the evaluation required in the guardianship application. He told me, “I could never participate in anything that would cause your son to be considered an incapacitated person.” Bear in mind that at this point in time, Will had been placed in the hospital after being found incompetent to even stand trial!

Suffice it to say, I finally did become guardian, and I was able to participate in Will’s treatment and to obtain the medical records of his prior treatments. Until then, I had not known the role the patient advocates had played in Will’s premature and unmedicated release.

The medical records revealed exactly what the patient advocates had recklessly done and said to encourage Will to avoid the treatment he so desperately needed. His doctor had recorded verbatim what the patient advocates said to Will in the meetings from which Amy and I had been excluded.

– The patient advocate, a Trish Callahan, told the treating doctor that DRCM regarded Amy and me as a “negative force in Will’s life.” Amy and I had never met any of these people or even heard of Disability Rights Center of Maine.

– In the treatment meetings, she acted like a criminal defense lawyer. She openly coached Will on how to answer the doctor’s questions so as to get Will the least treatment and the earliest release. She did this in the face of strongly contrary evidence of Will’s unsuitability for unmedicated release.

– She repeatedly pressed for his early release despite knowing or recklessly disregarding that he was unsuited for it.³

DRCM willfully neglected Will’s need for treatment, and their pressure on the doctor to release Will led directly to Amy’s death. But neither the patient advocates nor the DRCM has ever acknowledged they did anything wrong. They have not changed their procedures and Trish Callahan, the advocate who helped fuel Will’s paranoid hostility towards his mother and contributed to her death, continued to work on the same unit at Riverview for years afterwards.

Lest anyone believe this is a local, isolated occurrence, the National Disability Rights Network, responding to the Wall Street Journal’s page one article⁴ concerning Will’s case, *defended* the actions of DRCM,⁵ and even prepared talking points to deflect criticism.⁶ The patient advocates can do this with impunity because they are literally accountable to no one. But my experience with the patient advocates did not end here.

I have come to know the stories of many other families, and their experiences with the advocates’ surprising approach to these issues.

Beginning in 2007, I joined with other family members of some of the most severely mentally ill individuals in the State of Maine to seek legislative change to laws that had prevented our loved ones from receiving treatment. We took our concerns to the lawmakers in the Maine legislature.

To the shock of all of us we met with fierce lobbying opposition from Disability Rights Center of Maine. Nonetheless, we were successful in obtaining helpful legislation in 2007

³ A summary of the patient advocate’s statements and actions appears behind Tab 4, and a more detailed chronology of Will’s medical records appears behind Tab 5.

⁴ A copy of the Wall Street Journal’s August 16, 2008 article, “A Death in the Family, is annexed behind Tab 7.

⁵ A copy of the NDRN response to the Wall Street Journal’s article is annexed behind Tab 8.

⁶ A copy of the NDRN’s talking points is annexed behind Tab 9.

providing for medication over objection in appropriate cases. Having failed in the legislature, the lawyers at DRCM filed a legal action challenging the law, which thankfully was unsuccessful.

At the time of Amy's death, the courts in Maine only had two options at a commitment hearing: to place someone in the hospital or to release them unconditionally. In 2008 and 2009 I and other Maine families worked to give the court a third option, that of releasing an individual into the community on the condition that he remain on medication. These types of laws are known as Assisted Outpatient Treatment laws and they have been opposed across the Nation by PAIMI organizations. Maine was no exception.

DRCM mounted a well-orchestrated lobbying attack on the proposed AOT law. It was joined in this effort by the Advocacy Initiative Network of Maine, another SAMHSA funded organization. Their campaign included proffering 20 or so consumer witnesses in opposition to the law, but these consumers were completely aware of their mental illness, stable on medication and successfully living in the community – the very goals that the proposed law was designed to achieve for *our* loved ones. DRCM had persuaded them to oppose the law by misrepresenting its essential provisions. This cynical opposition to the AOT law (which failed, because the law ultimately enacted) shocked me and the families. The incident illustrates the national policy of the PAIMI program to oppose any form of involuntary treatment.

The PAIMIs, like DRCM, are so concerned that one person may be inappropriately treated involuntarily that they seek to prevent *anyone* from being medicated. In Will's case, once I became his guardian, medication over his objection was his route to recovery.

As another example of DRCM's lobbying influence in this area, while the Maine families and I were busy working on the AOT law, DRCM was successful in getting a bill through the

Maine legislature to make it *more difficult* for families to become guardians. Becoming a guardian is the only way families of adult patients can be involved in the treatment of their loved ones where the patients are unwilling or unable to consent. Why do PAIMIs want guardianship to be more difficult? Because a guardianship lifts HIPAA secrecy and allows the guardians into the treatment meetings.

* * *

Will is still in Riverview, to which he was committed by the criminal court. Once he was committed, he got the care he should have gotten before. Ironically and horribly, *Will was only able to get treatment by killing his mother*. We have found a medication that works. He leaves the hospital frequently on supervised release with staff or family members. He is being successfully treated and he is doing extremely well.⁷ He now recognizes that if he had been treated his mother would still be alive today. He stated to the Wall Street Journal, “The advocates didn’t protect me from myself. None of this would have happened if I had been medicated.”

Tragedy visits families every day. That is a sad fact of life. But an unbearable aspect of Amy’s death is that my own tax dollars helped make it possible. A retired nurse from Riverview may have summed it up best. She wrote: “Mr. Bruce . . . Your losses didn’t happen for reasons other than your family’s misfortune to become involved with the mental health system, when politics (now) override sound medical decisions.”⁸

Thank you for hearing my testimony. I would be happy to answer any questions you might have.

⁷ Behind Tab 3 is a transcript of the hearing that resulted in Will’s commitment to Riverview, in which a psychiatrist testified to the “remarkable change” that occurred in Will’s condition once he was given antipsychotic medications. At page 51.

⁸ A copy of the nurse’s letter is annexed behind Tab 10. She has given me permission to use it publicly.

Exhibits to the Testimony of Joe Bruce

1. Pictures of Amy and Will.
2. Transcript of Joe Bruce's call to 911 operator, June 20, 2006.
3. Transcript of hearing in *State of Maine v. William Bruce*, March 27, 2007. (Once Will started antipsychotic medication in December 2006, it brought about "remarkable change" in his insight into his need for treatment. At 51.)
4. The Role of the Patient Advocates, A Summary of the Medical Records of William Bruce, prepared by Robert D. Owen, counsel to Joe Bruce.
5. William Bruce: Chronology of His Medical Records and Treatment, prepared by Robert D. Owen, counsel to Joe Bruce.
6. Preliminary Appointment as Guardian, *In Re: William H. Bruce*, Piscataquis County (Me.) Probate Court, Feb. 8, 2007.
7. "A Death in the Family: Aided by advocates for the mentally ill, William Bruce left the hospital -- only to kill his mother," WALL ST. J., August 16, 2008.
8. National Disability Rights Network "Summary in Response to WSJ Article."
9. National Disability Rights Network talking points memo.
10. Letter dated Dec. 16, 2006 to Joe Bruce from Maria Champine, a registered nurse who worked at Riverview.