Name: Willamena O. Wrightz
Date of Birth: April 15, 1952
Date of treatment: August 11, - September 22, 2003
Social Security Number: 626-20-5900
Patient Number: 74852

September 19, 2005

Richard L. Heinz, MD, Executive Director
Houston Psychiatric Hospital
3900 North McConnely Drive
Houston, TX 77021

Dear Dr. Heinz:

I have attached a copy of the dunning notice I received from TU-HPH's Patient Accounts Department last week, and a copy of my response. Please note that, while I was directed in this letter to "return to the below address," no address was included. The letter was mailed from Park Ridge, Illinois. As you will see in my response, I am contesting charges of $1,982.43 purportedly owed on Account Number 12345, Medical Record Number 00074852 for services provided by TU Houston Psychiatric Hospital.

The "Date of Service" on the notice is September 2, 2003. It is this purported debt I am contesting, but, since the circumstances and consequences of my first detainment at TU-HPH (August 10 -- August 22, 2003), impact on the second (September 2 -- September 22, 2003), I will summarize some of my concerns about that first hospitalization before listing the reasons why the second was both unnecessary and illegal.

Prior to my detainment at TU-HPH, I experienced a brief psychotic episode caused by extreme stress and sleep deprivation. The diagnosis I was admitted to and discharged from HPH with, "Bipolar Disorder, Manic, with Psychotic Features," appears to be the sole reason I was kept confined and subsequently forcibly medicated. That diagnosis was originally made by my husband, who is not a mental health professional, when he took me to Houston General Hospital MHMR Crisis Center on **August 8, 2003**. My husband told hospital staff there that I had "Bipolar Disorder, Manic, with Psychotic Features."

Although I was 50 years old, with no previous psychiatric history, he was not asked to provide a medical or psychiatric history for me; he was not questioned about whether or not I had ever experienced unusual mood swings; whether or not I had ingested any psychoactive chemicals; or whether or not I had ever been diagnosed with a chronic medical condition. I did not have a face-to-face examination by a psychiatrist at Houston General Hospital. No medical examination or blood work was done at that facility. I was forcibly medicated there, presumably to protect me and others from my dangerous babbling and wandering. I was then held in an unconscious state until I was transported to TU-HPH, more than 48 hours after I was admitted to the HGHCC. In other words, prior to my involuntary admission to TU-HPH, no comprehensive medical or psychological examination was done.

On **August 10, 2003**, Dr. Karen Wren, TU-HPH's on-call resident, performed an "On-Call Resident's Brief Psychiatric Examination," upon my transfer from Houston General Hospital. She should have received transfer paperwork from the Crisis Center that would have included information that I had been subjected to sufficient psychoactive medication there to have kept me unconscious for over 48 hours and to have affected my level of consciousness and cognitive ability for a considerable time afterwards. Symptoms documented by Dr. Wren included: impaired memory and concentration, circumstantial thought processes, diminished intellectual ability, delusions, and disturbed emotions. The symptoms she observed when she examined me could be used as evidence that I was suffering from substance-induced delirium from medications administered shortly before the examination, and not from "Bipolar Disorder, Manic, with Psychotic Features," as my husband had suggested. Again, no comprehensive medical or psychological examination was done.

Although I was admitted and discharged twice from TU-HPH with my husband's diagnosis on my medical records, there is significant evidence, in the more than 100 pages of hand-written, signed, and dated notes and reports in the hospital's daily documentation, which contraindicate the appropriateness of that diagnosis. Hospital summaries, which are what would be sent to anyone gaining access to my records from your hospital, presume that the diagnosed condition existed and that an evidence-based diagnosis was actually competently carried out. Since my recorded symptoms never met DSM criteria for a diagnosis of Bipolar Disorder, the hospital discharge summaries are based on diagnostic error.

A presumption of dangerousness also originated with my husband, who told staff at Houston General Hospital Crisis Center, and on an "Affidavit – Application for Temporary or Extended Mental Health Services," that, on August 7, 2003, I had attempted suicide by trying to jump out of a moving car, and that I had threatened to kill people. No one questioned my husband about why I hadn't jumped out of a moving car, if I actually had "tried" to, or asked him if I had ever threatened or attempted suicide in the past. (I had opened the back door of a car he was driving and, when he neither stopped shouting at me nor stopped the car as I had asked him to, I closed the car door. I have never in my life threatened or attempted suicide.) My husband also was not questioned about whom I had threatened to kill, how I intended to do so, what means I had to commit murder, or whether or not I had a history of violent behavior. (I had told him that if he didn't stop shouting at me, I might feel like I wanted to kill him, and then I promptly left my house to get away from him – an indication that, not only was I not homicidal, but that I was unwilling to even feel that way. I have never in my life threatened to kill anyone.) No actual assessment of dangerousness was ever done by staff at Houston General Hospital or at TU-HPH.

Daily hospital records during both hospitalizations clearly show that hospital staff never considered me to be an imminent danger to myself or others; nor did they ever document evidence indicating that I was incapable of caring for my basic needs if I were not hospitalized. Twice daily, during both hospitalizations, nurses noted the absence of suicidal or homicidal attempts, gestures, threats, or ideations, in the hospital's "Nursing Flow Sheet/Progress Notes" form. Staff did not note disruptive or disorganized behavior during my hospitalizations. In fact, during my first 13-day hospitalization, staff specifically noted the lack of such behavior in nine chart entries. Nurses frequently documented that I presented "no management problem," had "no outbursts in behavior," and was "quiet." They did find it disturbing, though, that I asked for evidence that I had the diagnosed disorder, that I refused medication, and that I made reference to the illegality of involuntarily hospitalizing a person who is neither dangerous, nor incapable of caring for herself.

The following actions and inactions of Dr. Tusti Ganesh and other TU-HPH staff resulted in two inordinately long hospital confinements that were primarily focused on forcing drug compliance, and not on prevention of dangerousness or alleviation of symptoms which would interfere with independent living.

August 11, 2003

- Dr. Tusti Ganesh chose to make my "discharge criteria" from TU-HPH:
  - Compliance with medication
  - Speech at normal volume and tone
  - Diminished or cessation of grandiose thoughts expressed
  - No attempt to harm self during hospital stay

  To meet the criteria, I had to be "stable for 48-72 hours." Except for my refusal to comply with medication, I met these criteria for 48 and 72 hours numerous times during my confinement at TU-HPH.

  There are only two discharge criteria for involuntarily hospitalized patients that are acceptable by state and federal law:
  - That the patient is not an imminent danger to him/herself or others
  - That the patient is not so disabled by mental illness that he/she is unable to care for his/her basic needs

  Only one of Dr. Ganesh's discharge criteria, *"No attempt to harm self during hospital stay,"* reflects that the primary legal intent of involuntary hospitalization is "protection" and not normalization or treatment. "*Speech at normal volume and tone"* and *"diminished or cessation of grandiose thoughts expressed,"* are not necessary for safety or competency – especially if evidence for symptomatic behavior is interpreted as TU-HPH staff interpreted my behavior.

  An interesting and unusual form of cultural incompetence is reflected in TU-HPH staff's documentation of "evidence" that I remained grandiose and had persecutory delusions. They apparently found it difficult to believe that I am well-educated, that I had been gainfully, if unconventionally, employed, and that I had been the target of persistent telephone and computer harassment. One nurse wrote, as evidence of persecutory delusions, *"Per patient SPYWARE on personal computer."* The word "spyware" was entered in capital letters, as though it were a word I had coined. Even if I believed those things in error, those "delusions" would not cause me to be imminently dangerous to myself or others, or in any way limit my ability to take care of my basic needs.

August 12, 2003

- I asked Dr. Ganesh to tell me the objective, behavioral symptoms she had observed to justify her diagnosis and she refused. I then asked to see my hospital chart and a copy of the DSM IV. (Dr. Ganesh may have considered my request to have been evidence of grandiosity; however, I am a former psychotherapist and a former college psychology instructor, who had recently taught nursing students about DSM diagnostic criteria.)
- I asked nurses and social workers on the unit to allow me to see my records and to review the DSM, and was told that patients are not allowed access to those things.
- I wrote a summary of my concerns about having drugs prescribed and compliance coerced in the absence of adequate diagnosis; about having been refused access to information about my diagnosis; and about having been informed that that the law regarding probable cause hearings, requiring that the state must prove each element of the applicable criteria by clear and convincing evidence, is habitually ignored in the Probate Court where I was scheduled to appear the next morning.
- I had this letter witnessed, signed, dated, and copied by a nurse, who placed the original in my medical chart. I have the copy she made for me.
- I called and left a message with the TU-HPH Patient Relation Department, requesting an opportunity to discuss my concerns with a representative of that department.

August 13, 2003

- In the Probable Cause hearing, the presiding judge of the Probate Court, Justice of the Peace Kara Kellman Kane, talked on her cell phone with her office during my court-appointed lawyer's testimony on my behalf, accused me of neglecting my teenaged children because I had asked them to stay with their adult brother for two days, and ordered my return to TU-HPH. I never received a copy of an Order of Protective Custody from that court..
- Dr. Tutsi Ganesh entered a "Petition for an Order to Administer Psychoactive Medication," and had it notarized on the same day. This document stated that I was already subject to an order for court-ordered mental health services effective on a date that would not occur until August 22, 2003 -- nine days after she signed, dated and had the petition notarized. Dr.Ganesh swore on oath before the Notary Public that she had *"read the above and foregoing Petition for Order to Administer Psychoactive Medication, and that every statement contained therein is within his/her personal knowledge and is true and correct."*

  While the state does allow a psychiatrist to file a Petition for an Order to Administer Psychoactive Medication when an application for court-ordered mental health services has been filed, and it does not require that the patient already be court-ordered for service; that does not obviate the doctor's responsibility, under the law, not to perjure him/herself by making a false sworn declaration in a document that is "required or authorized by law to be made under oath," "in connection with an official proceeding," In order to be "true and correct," the sworn statement must indicate that the patient was not court-ordered for mental health service at the time the statement was made.
- In her "Petition for an Order to Administer Psychoactive Medication," Dr. Ganesh asserted that I was diagnosed with "Bipolar Disorder – Mixed." She documented that I was incapable of making decisions about medication because I was "illogical, grandiose, paranoid, and delusional;" and listed "necessary" medications as: "antidepressants, antipsychotics, anxiolytics/sedatives/hypnotics, and mood stabilizers" for a "fair" prognosis. She predicted my prognosis without these drugs to be "further decompensation." Dr. Ganesh indicated her reason for considering no alternative to psychoactive medication was because "the patient needs psychoactive medication."

August 15, 2003

- I wrote a request for an independent psychiatric examination, requesting that I be re-examined, exclusively to determine whether or not I met the state's criteria for involuntary hospitalization: i.e.: whether or not I was likely to cause serious harm to myself or others; **OR** was suffering severe and abnormal mental, emotional, or physical distress; [**AND**] substantial mental deterioration of my ability to function independently; exhibited by inability to provide for my basic needs, including food, clothing, health, or safety; **AND** was unable to make a rational and informed decision as to whether or not to submit to treatment. (The conjunctions and their placements are not trivial.) I had a nurse witness, sign, date, and copy this request, and place it in my medical records. I have the copy she gave to me.
- I told Dr. Ganesh about my request for a medical re-examination, and she told me that no one would examine me.
- A man in a very distinctive suit who came to see me on that day may have been a Patient Relations Department representative. Other patients told me he was a "hospital lawyer." He did not tell me he was from Patient Relations, although he did ask about my concerns. I told him about the judge who had talked on her cell phone during my hearing, about Dr. Ganesh's refusal to give me clear information about my diagnosis, about the coercion I was under to take medication, and about my request for another medical opinion. I also offered to show him my two written documents, which he was not interested in seeing. He told me things would be better at the next hearing, on August 22, and he left.

August 22, 2003

- After 9:00 am, I was served papers from Harris County Probate Court #3, notifying me that a hearing for an Order to Administer Psychoactive Medication was scheduled to take place on August 22, 2003 at 8:30 am One of the court papers was a copy of Dr. Ganesh's "Petition for an Order to Administer Psychoactive Medication," dated nine days before.
- Late in the afternoon, the court had my court-appointed attorney, Ms. Mary Smith, orally inform me that I had been given a "furlough" by the court, and that my hearings for court-ordered mental health services and forced medication had been postponed. I was never served court papers about the furlough, any conditions of the furlough, or written notice of the rescheduled hearings.
- Dr. Tusti Ganesh signed a Discharge Summary, stating that, at that time, I demonstrated "an adequate sleep pattern and appetite, improved thought processing, less irritability, no threatening behaviors, no psychosis, and no suicidal or homicidal ideation."
- When I left the hospital, I was given a "Social Service Aftercare Form" identifying the type of discharge as "Dismissal of Commitment [by] M.D."
- Dr. Ganesh neglected to complete Form # HPH-80317 -- "Request to Dismiss Order of Protective Custody" -- and to submit it to the court.
- Dr. Ganesh's failure to complete a "Request to Dismiss Order of Protective Custody" form and to submit it to the court, resulted in my being apprehended by constables and forcibly returned to TU-HPH on September 2, 2003.

The remainder of this letter refers to the hospitalization under dispute, which took place from September 2, 2003 through September 22, 2003:

September 2, 2003

- I was apprehended by constables while I was quietly sitting in my son's backyard, and was forcibly returned to TU-HPH. I was forced to urinate in full view of the constables before they put me in a locked car and took me back to the hospital I had been discharged from. The constables refused to explain why I was being returned there, gave me no paperwork from the court, and there was no paperwork from the court at TU-HPH when I arrived there.
- On the hospital's "Interdisciplinary Patient Assessment" form, the documented reason for my readmission to TU-HPH states that the "Informant" is "Courts" and the reason for admission is "Furlough Return."
- Between August 22, 2003 and September 2, 2003, after I had been discharged from TU-HPH, there are no documented allegations that I made any suicidal or homicidal threats, gestures, or attempts; nor were any allegations made that I had not competently taken care of all my basic needs. No one alleged that, during that time, I had experienced any deterioration in mental functioning. When I was returned to the hospital, the hospital had not authorized my return; the courts had. I had not been court-ordered to receive mental health services and I was not absent without authority from the facility – I had been discharged, and was no longer a patient there. I was never served court papers about a furlough or a revocation of a furlough, nor was I given a hearing within 72 hours.

  Texas Health and Safety Code Sec.574.082, regarding a patient's **"**Pass or Furlough from Inpatient Care," states:

  (a) The facility administrator may permit a patient admitted to the facility under an order for temporary or extended inpatient mental health services to leave the facility under a pass or furlough.
  (b) A pass authorizes the patient to leave the facility for not more than 72 hours. A furlough authorizes the patient to leave for a longer period.
  (c) The pass or furlough may be subject to specified conditions.
  (d) When a patient is furloughed, the facility administrator shall notify the court that issued the commitment order.

  Texas Health and Safety Code Sec.574.083(a) states: "The facility administrator of a facility to which a patient was admitted for court-ordered inpatient health care services may authorize a peace officer of the municipality or county in which the facility is located to take an absent patient into custody, detain the patient, and return the patient to the facility by issuing a certificate as prescribed by Subsection (c) to a law enforcement agency of the municipality or county."

  Texas Health and Safety Code Sec.574.083(c) states*: "The certificate or affidavit filed under Subsection (a) must set out facts establishing that the patient is receiving court-ordered inpatient mental health services at the facility and show that the facility administrator reasonably believes that:*

  - *the patient is absent without authority from the facility;*
  - *the patient has violated the conditions of a pass or furlough;* ***or***
  - *the patient's condition has deteriorated to the extent that the patient's continued absence from the facility under a pass or furlough is inappropriate."*

  Texas Health and Safety Code Sec.574.084(a) states*: "A furlough may be revoked only after an administrative hearing held in accordance with department rules. The hearing must be held within 72 hours after the patient is returned to the facility."*

- Dr. Apara Adegbola, Resident Psychiatrist, performed an "Initial Psychiatric Examination" and documented that I was: "well presented, calm and cooperative, good rapport." My speech was noted as being "spontaneous, coherent, relevant, normal tone, rate, and volume." Dr. Adegbola found "no formal thought disorder, no loosening of association, no flight of ideas, no circumstantiality." She stated that I had "no delusions, no grandiose ideas/delusions. No ideas of hopelessness/worthlessness/guilt. No suicidal ideations; no homicidal ideations." She described my mood as "euthymic [calm]. She documented that [I] perceived [my own] mood to be 'angry but controlled, not depressed.'" Dr. Adegbola also reported that my "judgment seem[ed] good. Insight [appeared] level." She estimated my intelligence to be "average to above average." By law, at the conclusion of this examination, I should have been immediately released.

  Texas Health and Safety Code Sec.574.028.(c)(3) states, *"A facility administrator shall discharge a person held under a protective custody order if the facility administrator or the administrator's designee determines that the person no longer meets the criteria for protective custody prescribed by Section 574.022."*
- I again called the Patient Relations Department, and left a message that I needed to talk to someone.
- A nurse told me I was under orders for "precautions and observations for mania," and for "combative and destructive behavior." That meant that I was confined to the locked unit and would be awakened every 15-20 minutes throughout the night. When I asked why, I was told it was because I had a "history of aggressive behavior."
- My court-appointed attorney, Mary Smith, orally informed me that hearings for court-ordered mental health services and forced medication would be held at 8:30 am on September 5, 2003. Again, I was not served any paperwork by the court.

September 3, 2003

- Dr. Nolan Schultz, attending psychiatrist, cosigned the resident's examination report and made an entry in the Progress Notes. This is a direct quote from the record (included here in its entirety):

  "9/3/03 10 am -- IPE, admit orders by Dr. Fanarin [sic] *received, patient seen. Agree with as amended. Diagnosis of Bipolar Disorder, last admission – but furloughed by judge with continuation of final hearing – patient did not show – picked up by constables (but with husband's apparent concern/involvement). She refused medication throughout prior hospitalization. No formal outside intake information yet available No Axis III problems. Strong mood disorder history in family. No recent substance abuse (or in past) but question of some alcohol abuse (but needs to be clarified). In rounds, mildly unkempt. Had low sleep, litigious threats, high affect but "under wraps" – but obvious patient working on containing emotions, underlying irritability/demandingness, articulate, referring to illegality of involuntary admission, mental health law. -- Mental instability/problems of husband/family. Insists, like Ghandi* [sic] *– she will go on hunger strike – 'I am an activist' 'I have no illness.' Appears to have poor insight and low judgment, not quite pressured, but thoughts seem accelerated. Old records strongly supported a psychotic, manic state. Impressions – Bipolar, manic – moderate vs. severe (+ (?) psychotic features). Clarify if ETOH abuse. More data with collateral info from family and friends, review old record in detail, daily rounds Monday – Friday, milieu, clinical programming, will hold on routine scheduled meds to allow time to further clarify history, build patient trust/therapeutic alliance. OK. Off precautions, monitor intake. N. Schultz"*

  Note that Dr. Schultz made his determination to keep me in custody based solely on a diagnosis for which he found no unequivocal symptoms. "Underwraps" high affect, "underlying" irritability, and "not quite pressured" speech, are certainly not indications of either dangerousness or an inability to care for one's basic needs. Also, it is significant that, according to Dr. Schultz, I was obviously (and apparently successfully) "working on containing [my] emotions" after having been captured and confined with no explanation, having had my sleep disturbed every twenty minutes throughout the night by hospital staff, and having my accurate (and apparently, according to Dr. Schultz, my "articulate") protests about violations of mental health laws discounted and even pathologized.
- Dr. Schultz indicated nine discharge criteria in the "Master Treatment Plan" he prepared with other staff. None of them refer to cessation of symptoms that would indicate dangerousness or incapacity for independent living. Four of them required evidence of agreement with the doctor's diagnosis and obedience to his orders.
- The distinctively-suited gentleman came in to see me again. He did not identify himself as being from the Patient Relations Department, but did ask me if I had any problems. I told him I had been discharged from the hospital almost two weeks before, had been brought back by constables, had been given no reason for being brought back, and had been given no paperwork from the court. He said that was very unusual, and he left. I never spoke with him again.
- Even though I had asked for a private, independent psychiatrist, a Dr. Naomi Spitzer, who was appointed by the court, came to examine me. Dr. Spitzer told me I had bipolar disorder and needed medication.

September 5, 2003

- Late in the afternoon, Ms. Smith orally informed me that the hearings had been rescheduled, due to the illness of the judge, and would take place in three days. This would constitute the second continuance of the Hearing

on a Petition for an Order to Administer Psychoactive Medication. I was not consulted about either continuance.

Texas Health and Safety Code Sec.574.104(e), regarding date requirements for a Petition for an Order to Administer Psychoactive Medication hearings, states*: "Subject to the requirement in Subsection (d) that the hearing shall be held not later than 30 days after the filing of the application, the court may grant one continuance on a party's motion and for good cause shown. The court may grant more than one continuance only with the agreement of the parties."*

September 8, 2003

- Combined hearings for court-ordered mental health services and court-ordered administration of psychoactive medication took place in Harris County Probate Court #4.

  To establish clear and convincing evidence that I was mentally ill, dangerous to myself and others, or incompetent to care for myself, **and** unable to make a rational and informed decision as to whether or not to submit to treatment, the state used a medical examination report by Dr. Nalini Kibbles, signed and dated August 8, 2003. Dr. Kibbles is a psychiatrist at Houston General Hospital's Crisis Center. She never had face-to-face contact with me, Subsequent reports and examinations, such as Dr. Ganesh's Discharge Summary on August 22, 2003, and Dr. Adegbola's Initial Psychiatric Examination on September 2, 2003, were not entered into evidence in these hearings.

  To establish evidence that I was in need of psychoactive medication, the court used the "Petition for an Order to Administer Psychoactive Medication," signed and dated by Dr. Tusti Ganesh on August 13, 2003. Dr. Ganesh herself had invalidated her own allegations on that petition that I was in need of medication because I was ""illogical, grandiose, paranoid, and delusional," when she signed a statement, on August 22, 2003. documenting that, at that time, I demonstrated: "improved thought processing, less irritability, no threatening behaviors, no psychosis, and no suicidal or homicidal ideation." That same statement invalidated her prediction that my prognosis without "antidepressants, antipsychotics, anxiolytics / sedatives / hypnotics, and mood stabilizers" would be "further decompensation;" since I had taken no such drugs between the time she wrote the petition and the time she signed the discharge.

  Dr. Naomi Spitzer served as an "expert" to give her opinion regarding my need for psychoactive medication. Dr. Spitzer told the court that:
  - I had bipolar disorder;
  - Anyone with bipolar disorder is potentially dangerous if they are not hospitalized and medicated; and
  - It is not unusual for a person over the age of fifty to have a first episode of bipolar disorder.

  Dr. Spitzer is a former employee of TU-HPH. She frequently does court-ordered re-examinations of TU-HPH patients for hearings on forced medications for the court. Numerous studies, cited by the National Institute for Mental Health and the American Psychiatric Association, report inter-rater agreement reliability in diagnosis is only 80% in controlled studies, using standardized instruments for diagnosis. If Dr. Spitzer has testified in court as an "expert" in forced medication hearings for patients at TU-HPH for many years, and if her diagnoses agree with those of TU-HPH psychiatrists 100% of the time, her qualification as an "independent" expert should be questioned.

- At the conclusion of this hearing, the judge said he would make a decision by the next day. I never received any oral or written notification or documentation from the court about the decisions made at this hearing.

  Texas Health and Safety Code Sec.574.105, concerning the rights of a patient for whom an application for an order to authorize the administration of a psychoactive medication is filed, states that: "*the patient is entitled to oral notification, at the conclusion of the hearing, of the court's determinations of the patient's capacity and best interests."*
- As he was leaving the courtroom, my husband was told by the county attorney that, if I continued to refuse oral medication, I *would be* injected with something that would make me so uncomfortable I would *want* to take pills.

September 9, 2003

- I asked Dr. Schultz to please tell me what symptoms of bipolar disorder he had observed in my behavior. He responded, *"We're not looking at that. We're looking at the whole picture."* Dr. Schultz wrote my response to his statement in the following note, *"Severe illogicality. Said, 'Unless you speak honestly, ethically, and with wisdom, I have nothing to say to you. I won't let you break my composure."*
- Three additional "criteria for discharge" were added to my Treatment Plan: "Is referred for aftercare treatment upon discharge;" "Family conflict is mediated/reduced;" and "Identifies 4 relapse prevention techniques."

September 10, 2003

- I was orally informed by hospital staff that I had been court-ordered to receive mental health services and to submit to forced medication. A written order was delivered by the court to hospital staff and not to me.
- Dr. Schultz ordered liquid Risperdal and Depakote, twice a day, with 2.5 mg IM Prolixin (fluphenazine) to be forcibly injected if Risperdal was refused. He also ordered 5 mg IM Prolixin, as needed, every 4 to 6 hours, up to 20 mg, for "severe agitation." (Severe agitation would probably consist of any physical attempts to resist forcible injection, or any intense emotional responses to being forcibly injected.)

  For severe positive psychotic symptoms of schizophrenia, the American Psychiatric Association recommends a fluphenazine dosage of from 5 to 20 milligrams per day, adjusted for patient size, age, symptom severity, and history of response to antipsychotics. It does not suggest a recommended dosage for patients who are psychotic enough to expect honesty, integrity, and wisdom from psychiatrists.
- I passively allowed hospital staff to unzip my pants, roll me over, and inject me, after they asked me to "voluntarily" take oral medication, and I said, "No, thank you." While they were injecting me, I told the nurse and aide that what they were doing was assaulting me.

  Webster's Dictionary definition: *"Assault and Battery: The threat to use force upon another and the carrying out of the threat."*

September 11, 2003

- At 9 am, I was forcibly injected with 2.5 mg of fluphenazine. I told the staff who injected me that they were assaulting me.
- In the 24 hours before 10 am, staff documented that I had been: *"Sarcastic, angry," "seclusive in room," "illogical at times,"* that I had *"Persecutory Delusions*" because, *"Patient states, 'I will be assaulted every time I get meds,'"* and that I presented *"No management problems."*
- At 10 am, Dr. Schultz wrote, *"Threatening comments to staff. Hostile, dismissive, argumentative."* And he increased my dosage of fluphenazine to 5 mg twice a day.
- At noon, I was forcibly injected with an additional 2.5 mg of fluphenazine.
- At 9 pm I was forcibly injected with 5 mg of fluphenazine.

September 12, 2003

- At 9am, I was forcibly injected with 5 mg of fluphenazine.
- By 10 am, I began to experience painful twitching and cramping of my arms and legs, and I complained to a nurse about this. (There is no notation in the record of this complaint.)
- By early afternoon, I began to lose control of the movements of my head and neck. I stayed in my room for most of the afternoon and early evening doing yoga and whole-body relaxation exercises, to try and alleviate the pain and rigidity in my muscles.
- At approximately 7 pm, I told the nurse on duty, Beverly Brice, that I was experiencing involuntary head and neck movements, which she observed, as did my visitor, the Reverend Dr. Sandra Rocheck, Unitarian Universalist minister, and Ph.D. psychologist. Dr. Rocheck has years of experience working as a psychologist in psychiatric hospitals. She was easily able to recognize acute dystonia when she saw it. If necessary, I will provide you with her contact information.
- At 7:30 pm, Ms. Brice wrote, *"Patient complained of EPS. Complained of jaw feeling stiff and was given Cogentin 2mg po. Patient prefers to take Prolixin IM."*
- At 8:30 pm, I was given 1 mg of Cogentin PO, on orders from Dr. Sophia Doe, the on-call resident. I was told that my evening dose of Prolixin would not be given, but that I would be injected again in the morning.

September 13, 2003

- At 9 am, I chose to "voluntarily" accept oral medication. I told the nurse that I wasn't willing to continue to suffer the side effects of the injected medication. She wrote, *"Stated she was tired of the injection."*
- I was given 500 mg of Depakote Syrup and 1 mg of Risperdal solution at 9 am and 9 pm, and 1 mg of Cogentin at 9 pm.

September 14, 2003

- I began to experience severe back spasms. I have had back spasms approximately once a year since I was twenty-five, and have never sought medical care for them. They usually occur during periods of high stress, and I have always been able to self-treat with meditation, gentle stretching, counter-pressure, frequent hot showers, and sometimes with several capsules of the herb kava-kava. Until my experience at TU-HPH, I had never had back spasms that lasted for more than 36 hours. (These continued for more than two weeks.)
- At 10 am, Dr. Vanessa Moore, the on-call resident, prescribed 400 to 600 mg of Motrin every 4-6 hours, up to 2400 mg/day, for my back pain.

September 15, 2003

- Dr. Schultz ordered 500 mg of Robaxin four times a day for back pain.
- At Dr. Schultz's request, I told him about the computer intrusion that had occurred more than a month before. I told him that, while working on the Internet, I had experienced both denial of service attacks and had seen Microsoft dialog boxes appear telling me that personal files stored on my hard drive were being uploaded, despite the fact that I had initiated no uploads. In addition, I told him that I was unable to cancel the uploads or to sign off of my server without turning off my computer.
- When Dr. Schultz asked me why I believed that the FBI wanted to talk with me, I told him that I had only believed that once, more than a month before. I told him that a friend, at my family's request, had tricked me into going to Houston General Hospital by telling me that an FBI representative would meet me there to talk about the computer intrusion I'd been experiencing. I told him that I knew that the FBI investigates computer crime, and I was gullible at that time, because I was extremely stressed, frightened, and exhausted.
- Dr. Schultz wrote, *"Still some illogicality. (Still believes pop-up computer messages were a set-up and FBI had needed her to testify in house)"*

  On May 15, 2003, James E. Farnan, Deputy Assistant Director of the Cyber Division of the FBI, gave testimony to Congress before the House Committee on Government Reform, about increasing cybercrime in the US:

  The FBI has seen a steady increase in computer intrusion/hacking cases. With the proliferation of "turn key" ("turn key" in that no special knowledge is needed to apply the tool - you only need to download the tool and apply it) hacking tools/utilities available on the Internet, this trend is not surprising. In many cases, computer intrusion incidents may represent the front end of a criminal matter, where credit card fraud, economic espionage, and/or identity theft represent the final result, and the intended purpose of the scheme. In some cases, a computer intrusion may also have been for the purpose of installing a Trojan, or back door that the hacker can later access. The hacker may want to launch a denial of service (DOS) attack, or to access personal financial, or other sensitive data contained on that system.

  Through the Internet Fraud Complaint Center (IFCC), established in 1999 in partnership with the National White Collar Crime Center (NW3C), the FBI has appropriately positioned itself at the gateway of incoming intelligence regarding cyber crime matters. The IFCC receives complaints regarding a vast array of cyber crime matters, including: computer intrusions, identity theft, economic espionage, credit card fraud, child pornography, on-line extortion and a growing list of internationally spawned Internet fraud matters. The IFCC received 75,000 complaints in 2002, and is now [mid-2003] *receiving more than 9000 complaints per month. We expect that number to increase significantly as the American and international communities become more aware of our mission and capabilities.*
- Dr. Schultz increased Depakote to 500 mg in the morning and 750 mg at night. He increased Risperdal to 1.5 mg morning and night.

September 16, 2003
- Dr. Schultz increased Robaxin to 500 mg three times a day, and 1000 mg at night, for back pain.

September 17, 2003
- Dr. Schultz increased Robaxin to 750 mg three times a day, and 1000 mg at night, for back pain.

September 18, 2003
- Dr. Schultz increased Robaxin to 1000 mg four times a day for back pain.

September 19, 2003
- Dr. Schultz changed medications to pill form and increased Valproate (Depakote) to 750 mg twice a day and Risperdal to 2 mg twice a day.

September 22, 2003
- Doctors Schultz and Adegbola signed a discharge summary stating that, at discharge: "The patient was compliant with treatment and tolerated medications. Mood was euthymic with no agitation, suicidal or homicidal ideations. No overt psychosis or bizarre behaviors. The patient was not demonstrating dangerousness to self or others."

  With the exception of the psychiatrists' report of my compliance with treatment [medication], the summary documented that, after 34 days of confinement and 13 days of forced medication, my condition at discharge was identical to the condition the resident psychiatrist had found me to be in on the first day of this second involuntary hospital admission. It was also identical to the condition that the previous attending and resident psychiatrists, Doctors Ganesh and Doe, had found me to be in when they had discharged me from the first hospitalization 31 days earlier.

- I signed a "Patient Medication Questionnaire" indicating that I agreed I had a mental condition at present for which I needed medication; that I was comfortable with medication and would continue to take it; and that I was not experiencing side-effects. I signed this statement because it was required for discharge.
- After discharge, I went to the Harris County MHMRA office and applied for services, because, as a condition for discharge, I had agreed to do so.

September 24, 2003

- I made appointments with Dr. Sharon Roberts, a counselor, and Dr. Adrianna Carruso, a psychiatrist, at the Bay Area Caring Center for Counseling and Education in Clear Lake.
- I cancelled my appointment with MHMR.

September 30, 2003 – February 2004

- Dr. Carruso helped me withdraw from the unnecessary and dangerous drugs I had been forced to take in the hospital, and made a more accurate DSM diagnosis – "Psychotic Disorder NOS" -- to explain the anomalous episode of brief psychosis which had both occurred and resolved prior to my arrival at TU-HPH. During our five-month long professional relationship, Dr. Carruso found no indications that I was psychotic or that I was suffering from, or had ever suffered from, bipolar disorder or from any other chronic, severe mental disorder. If necessary I will provide you with Dr. Carruso's contact information and a medical release form.

I have been free of medication since early February, 2004. Since September 22, 2003, I completed a program for alternative certification to teach in Texas public schools. While I was completing this program, I also worked at two of the part-time jobs I had prior to my confinement at TU-HPH, and acted in a community theatre production. I lost three other part-time jobs that I had prior to my confinement, and one of my volunteer positions, due to my lengthy stay at TU-HPH, and to the stigma attached to having been diagnosed and "treated" for mental illness. I am currently under contract with a Texas independent school district, teaching children with special needs, and I am very concerned about the possibility that I may be stigmatized again, if my (currently excellent) credit report reflects an unpaid bill for services in a psychiatric hospital.

I deeply regret that I have already paid any money to TU-HPH for depriving me of my freedom, massively curtailing my liberty, and forcibly subjecting me to psychoactive chemicals that caused disturbing and painful physical symptoms, dulled my intellect, blunted my emotions, and robbed me of motivation – all in the absence of any objective, clear and convincing evidence that I was dangerous to myself or others, or that I had symptoms of a disorder for which these medications might have been appropriate. I hope that I will not be expected to pay any more than I have already paid for having endured what I consider to be the worst experience of my more that half-a-century of life. Please respond in writing and let me know what, if anything, you intend to do about this matter.

Sincerely,

Willamena O. Wrightz

Enc: TU-HPH Notice of Outstanding Balance
Response to TU-HPH Patient Account Manager

Cc: Adam Handy, MD, Medical Director, TU-HPH
Yen Ha Muldoon, Director, Patient Relations, TU-HPH
David Truran, Manager, Advocacy Texas, Houston
Randall Kallinen, President, ACLU of Texas, Houston Chapter

Willamena O. Wrightz
466 Winspear Avenue
Houston, TX 77062
September 18, 2005

Ms. Jolene Anderson, Patient Account Manager
Houston Psychiatric Hospital
Patient Account Services
P.O. Box 12354
Houston, Texas 77216

Dear Ms. Anderson,

I was quite surprised to receive a notice of an outstanding balance of $1,982.43 on Account Number 12345, Medical Record Number 00074852 for "services" provided by TU Houston Psychiatric Hospital in August and September 2003. In June 2004, I called Patient Accounts in Houston because I had not received a bill from TU-HPH since April of that year. I was referred to the Illinois office for TU-HPH Accounts. When I spoke with someone in the Illinois office, I was unable to obtain a satisfactory explanation for the cessation of billing; although the person with whom I spoke indicated that there were some irregularities in the account.

When no further bills arrived from TU-HPH after my phone call, I discontinued my attempts to find legal council to pursue lawsuits against TU-HPH and Doctors Tusti Ganesh and Nolan Schultz for violations of my civil rights, medical malpractice, and personal injury. I optimistically assumed that someone had carefully reviewed my daily hospital records and had discovered that I had been illegally detained and forcibly medicated at TU-HPH for an assumed "dangerousness" and a diagnosed "illness" that were clearly not supported by the hospital's daily charting.

Now that the 2-year statute of limitations is nearly up for most of these potential legal actions, I find both my financial and my personal well-being threatened again by TU-HPH. I would like the $1,982.43 purportedly owed on Account Number 12345, medical Record Number 00074852O. for services provided by TU Houston Psychiatric Hospital from August 10, 2003 to September 22, 2003, to be dismissed for the following reasons:

- I was involuntarily confined to TU-HPH for a total of 34 days, until I had been forcibly subjected to unwarranted psychoactive medication, in the absence of <u>any</u> documented clear and convincing evidence that I was an imminent danger to myself or others, or incapable of caring for my basic needs if I were not hospitalized.
- Although I have exhaustively reviewed all of the daily records I was sent from the hospital, a simple review of two documents – a <u>Master Treatment Plan</u> prepared on <u>August 8, 2003</u>, and a <u>Master Treatment Plan</u> prepared on <u>September 4, 2003</u> -- should make it evident that Texas and federal laws regarding involuntary hospitalization and court-ordered treatment were ignored by UC-HPH. Both treatment plans made "compliance with medications" a "condition for discharge," even in the absence of any symptoms for which those medications might be effective, and with no consideration of the laws <u>requiring</u> the discharge of involuntary patients who are neither dangerous to themselves or others, nor incapable of caring for their daily needs.
- An order to Administer psychoactive medication was obtained with false documentation, in an illegal hearing.
- An injectable forced medication was chosen and administered specifically for its propensity to induce physically painful and frightening side-effects, to force compliance with doctors' orders.
- I was misdiagnosed and inappropriately treated at TU-HPH for a mental disorder that I did not have.

Had state and federal laws been honored, and evidence-based medical diagnosis and treatment standards been followed by staff at TU-HPH, I would not have been a patient there for any more than 72 hours in August for observation. I am sending a copy of this letter, along with documentation of the allegations I have made above, to TU-HPH administration, the Houston ACLU, and Advocacy Texas. I hope this matter can be resolved quickly.

Sincerely,

Willamena O. Wrightz

Cc: Richard L. Heinz, MD, Executive Director, TU-HPH
Adam Handy, MD, Medical Director, TU-HPH
Yen Ha Muldoon, Director, Patient Relations, TU-HPH
Randall Kallinen, President, ACLU of Texas, Houston Chapter
David Truran, Manager, Advocacy Texas, Houston

Willamena O. Wrightz
466 Winspear Avenue
Houston, TX 77062
September 26, 2005

Yen Ha Muldoon, Director
Patient Relations Department
Houston Psychiatric Hospital
3900 North McConnely Drive
Houston, TX 77021

Dear Ms. Muldoon:

Please find enclosed a copy of a letter I sent last week to the Executive Director of TU-HPH, Dr. Richard L. Heinz. Twice during two hospitalizations at TU-HPH, occurring between August 10, 2003 and September 22, 2003, I requested help from your department and I did not receive help. Apparently the "Patient Relations Consultation Process" outlined below wasn't working well when I was a patient at your hospital. For the sake of others in the future whose rights may be violated, as mine were in your facility, I hope you can use the information in my letter to Dr. Heinz to improve the services you have available for patients at TU-HPH.

Sincerely,

Willamena O. Wrightz

THE PATIENT RELATIONS CONSULTATION PROCESS

From: The Texas University Houston Psychiatric Hospital Policies and Procedures Manual

Stage 1

- The patient contacts Patient Relations by writing or calling or through the hospital staff.
- Confidentiality: When staff helps a patient contact Patient Relations, the information s/he provides is confidential.

Stage 2

WHEN... The complaint involves rights issues

THEN... Patient Relations does the following:

- Determines if it is necessary to meet
- Schedules a meeting within a work day

Stage 3

From the patient's complaint, Patient Relations determines and provides the patient with all the necessary information regarding hospital staff members who are the source to answer the concern.

Stage 4

Patient Relations determines the need for further actions based on the information collected during its meetings.

Examples: Notification of parents, guardians, or family members

Stage 5

Does the complaint involve a hospital staff member?

If **yes**, Patient Relations informs the Medical Director or appropriate Director/Manager of all the relevant information to determine if the complaint involves clinical practice issues

If **no,** Patient Relations pursues investigation

Stage 6

Upon receipt of a decision, do any unresolved issues remain?

If **yes**, Patient Relations forwards to the appropriate Director/Manager.

If **no**, Patient Relations delivers appropriate information, in writing, to the patient

Stage 7

Patient Relations documents all its services to the patient including the final report, informs patient, and maintains the documentation in a locked file and in the Resolve database.

Willamena O. Wrightz
466 Winspear Avenue
Houston, TX 77062
September 26, 2005

Adam Handy, MD, Medical Director
Houston Psychiatric Hospital
3900 North McConnely Drive
Houston, TX 77021

Dear Dr. Handy:

Please find enclosed a copy of a letter I sent last week to the Executive Director of TU-HPH, Dr. Richard L. Heinz. I know that you were not the Medical Director of TU-HPH during my involuntary hospitalization there, which occurred between August 10, 2003 and September 22, 2003; but if the doctors under your supervision are continuing to violate state and federal law and JCAHO standards for behavioral health care (patient rights & organizational ethics), as they did during my stay in your facility, you may find the information I have provided in the enclosed letter helpful.

Sincerely,

Willamena O. Wrightz