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An ailing World War II veteran shoots his disabled daughter, then himself. A son and brother is left grieving — and wondering.

By Lee Romney

3:00 AM PST, November 11, 2013

Column One

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Murder or mercy for woman with disability?



Tom Roberts created this memorial collage with a photo of his father, William Knox Roberts, left, and his sister Marian, right, in his Oakland home.

An ailing World War II veteran shoots his disabled daughter, then himself. A son and brother is left grieving — and wondering.

Story and Photography by Lee Romney

Reporting from Oakland

November 11, 2013

decorated by Gen. Dwight D. Eisenhower for bravery at the Battle of the Bulge, William Knox Roberts was a

Dfighter. A surgery for liver cancer in 1999 had left him in the clear, but in February, he developed lung congestion that wouldn't clear.

X-rays revealed chronic pulmonary disease — and a mass on his liver. In July, Kaiser placed him under hospice care.

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He confided in his 59-year-old son, Tom, that breathing was like being waterboarded, and he grew more and more apprehensive about the fate of Tom's sister, Marian, who had needed round-the-clock care since a brain injury in 1987.

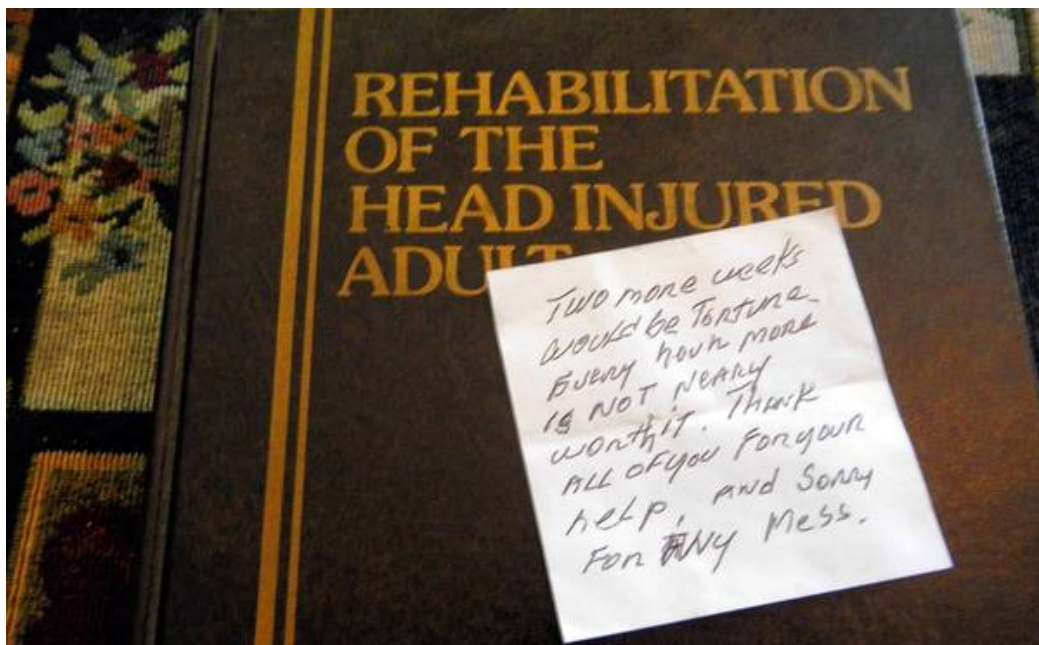
"He told me: 'You can't do it by yourself. You can't do it alone,'" recalled Tom, who had slept on an air mattress at the foot of his sister's bed for more than a quarter of a century.

The elder Roberts, now 88, had grown hard of hearing and become a bit paranoid. He slept with a gun under his pillow, Tom said, and would on some nights tromp midway down the stairs leading to the siblings' room and sit there for hours, armed, to "protect his daughter" from intruders.

On Aug. 17, however, he seemed in high spirits. He suggested a big dinner of prime rib and potatoes. Marian "loved it," Tom said. The following night, brother and sister turned in at 11 p.m.

At 4:30 a.m., Tom leapt up to the sound of back-to-back pops and stepped on something he initially thought to

be a tooth. As he raised it to his face in the darkness, he saw a shell casing coated in ceiling plaster.



William Knox Roberts' suicide note and a book on rehabilitation after brain injuries that became a family bible of sorts in Tom Roberts' Oakland household after his sister suffered a serious fall more than 25 years ago.

"I dropped it and dialed 911," he said.

His father had fired a fatal bullet into his 57-year-old daughter. Then he sat in an antique armchair and took his own life.

Three days later, Tom found a note in the pocket of his father's shirt. "Two more weeks could be torture," it read. "Every hour more is not nearly worth it. Thank all of you for your help, and sorry for any mess."

It made no mention of his plans for Marian.

"I never saw it coming," Tom said. "No one did."



Local media accounts of the murder-suicide were sparing but conveyed a certain sympathy. The father's love for Marian was not in question, a neighbor said, so he no doubt acted "out of mercy."

But in the disability rights community, the familiar narrative struck a nerve.

A red flag rises whenever a caregiver kills a son or daughter with disabilities. Such cases often involve minor children and parents who deem the young lives not worth living, or the burdens of care too great.

"We don't want to send the message that our lives are not worth living and someone else gets to decide whether we live or die," said Yomi Wrong, executive director of the nonprofit Center for Independent Living, which is helping to plan a media symposium on the topic at UC Berkeley.

"People we are hearing from are saying, 'This is frightening.' This is not a reasonable reaction by a care provider under stress."

Meanwhile, research by Donna Cohen, a University of South Florida professor and leading expert on caregiver homicides, reveals that older victims are generally killed by men — most often spouses — who love them

deeply but are suffering from depression and are sometimes acutely physically ill as well.

"We need to look closer to prevent them," said Cohen, who estimates that there are between 100 and 250 caregiver homicides each year. "My read of Marian's case is that this was not a mercy killing. This was a terminally ill severely stressed father."

That 'pop, pop,' I'll never
forget it, as long as I
live."

— Tom Roberts

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The easy acceptance of the mercy story line in brief coverage of Marian's death caused consternation.

Disability rights activist Corbett O'Toole responded with an experiment. She stripped one Roberts story of references to disability, replacing them with economic status. An ill and elderly father who had been helping support his unemployed daughter for 25 years, the rewrite went, was "really worried" about his inability to continue doing so. So he killed her and then turned the gun on himself.

"Of course we would never accept such a story at face value," said Susan Schweik, UC Berkeley associate dean of arts and humanities and a disability rights professor. "We would never let it rest there. We would have a different understanding of what had occurred, and mercy killing would never cross our minds."

The key question, she said, is "who are the people in this culture who are vulnerable to being thought better off dead and how do we protect them?"

On the sidelines of the conversation is Tom Roberts — bereaved and broken and suddenly, painfully, facing an open-ended kind of life without the sister he adored.



Marian and Tom were among four siblings born in quick succession in Castro Valley. At age 6, Marian began collecting dolls from around the world, and that became her lifelong passion: Several hundred line a floor-to-ceiling glass case in the fanciful Oakland family home — a wood-sided farmhouse that the elder Roberts jacked up to make room for a modern ranch-style structure underneath.

As a girl, Marian had learned to sew doll clothes, a skill that landed her a job at Whitey's Upholstery in Hawaii. Tom followed and launched a moving business with a friend, the pair donning Whitey's T-shirts as "uniforms."

Blond and just 5 feet tall, with an open smile, Marian led a carefree life in the upcountry town of Makawao. Tom, with a bushy red beard and playful gaze, was an avid scuba diver.

Then, on March 18, 1987, Marian fell down concrete steps that led to her shack's enclosed toilet. Though she got up and told a boyfriend she was fine, she had a seizure not long thereafter. She was airlifted home to her parents, and Tom came back too.

A bulky, brown hardcover book, "Rehabilitation of the Head Injured Adult," became the family bible.

They began a new kind of life — working the daily crossword puzzle together and feeding the squirrels. If Marian had a cramp during the night, Tom was there to massage it. Each day, he helped her exercise on the floor mat and pedaler and stand in leg braces at a contraption that their father had rigged in the garage.



Tom Roberts in his Oakland home with a collection of doll books that belonged to his sister Marian, who was shot and killed by their father, William Knox Roberts, before he turned the gun on himself in August.

Severe dysphasia had left Marian's speech so slurred that Tom was "the only one who could understand her," he said. Worsening spasticity left her arms so curled that in recent years she no longer could use her "talking computer" to communicate. She could barely lift a cup to her lips, let alone move her own wheelchair.

"I was her motor," said Tom, whose beard has grayed but whose eyes retain their mischief.

Other than a year off to help a friend in Idaho, Tom was her primary caretaker. After he returned in late 2007 he never so much as took a weekend off. "It's what you do," he said. "It's the situation you're put into, and you respond."

The pair made regular visits to a hospital spasticity clinic and a Berkeley physical therapist, and Marian delighted in trips to the mall and to her favorite Mexican restaurant.

"She was still sharp as a tack. She was a blast," Tom said through tears, recalling his sister's fondness for puns, flamingos and her beloved San Francisco 49ers. "She was my bud."

Her constant refrain was "I'm trying as hard as I can." Yet her mood "swung up and swung down."

While watching a documentary about Jack Kevorkian this spring, she had asked Tom if he could devise an assisted suicide "setup" for her someday. He didn't think much of it, and learned only recently from a neighbor close to her father that Marian had asked him, "Could you kill me?"

"He said, 'No, I can't kill my daughter,'" Tom said, his voice cracking. "But he did."



Marian's blouses and shoes are still lined up neatly in the utility room that doubled as her closet. Tom plans to

leave them right where they are, for now.

He was prepared to care for her for a lifetime, and breaks down easily and often when he speaks of her.

He struggles to balance his feelings over his dual losses. The lives of the disabled "are theirs," he said emphatically. "They don't belong to anyone else."

Still, he witnessed the mounting distress his father felt over Marian's future. "I believe it was the incorrect thing to do," he said, "but I kind of see where he was coming from."

A woodworker who was "suckin' sawdust" in his dad's cabinet shop by age 14, Tom perfected whimsical animal carvings while sitting at Marian's side. He is now curing cedar logs for future projects and plans to build a cabin in the woods, someplace, someday.

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— Susan Schweik, UC Berkeley
disability rights professor

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"It's something I always wanted to do," he said, "so I will."

He has reconnected with his brother in Lake Tahoe, whom he hadn't seen for eight years (brother and father didn't get along) and plans to do some backpacking with his 30-year-old nephew.

Initially, he vowed to sell the house and leave, but he quickly changed his mind.

"I live here," he said of the home filled with memories — the pelt of a grizzly bear his father felled in Alaska, his collection of pristine arrowheads, the massive silken yew log he has long used for biceps curls and squats to keep his lean frame strong. (Its name is "yewey.")

Tom recently gave his beard a fierce trim and took a contracting job repairing the wooden exterior of a Castro Valley dental office owned by family friends.

"It's kind of good to be getting out and doing something for somebody else," he said.

Neighbors bring spaghetti and steak or drop by for a game of darts in the yard. All were stunned by the elder Roberts' actions.

"Everyone has their own feeling, but people don't jam me about it," Tom said. "That 'pop, pop,' I'll never forget it, as long as I live."

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Brevard murder-suicides take alarming upswing

Three months ago, Tonya Thomas shot and killed her four children and then herself at their Port St. John home, a tragic incident that was one of five murder-suicides so far this year in Brevard County.

The five incidents, resulting in 13 deaths, shows an increase in the county, which typically has one or two murder-suicides a year, according to records. Local law enforcement officials said many of this year's cases show a different, and alarming, trend from years past.

"The thing that's been a little bit different is they aren't based on someone having a medical issue," said Lt. Tod Goodyear, the head of the Brevard County Sheriff's Office homicide unit. "That, predominantly, in the past has been a larger number of them, rather than the relationship ones like this."

There is no state or federal agency that formally tracks the incidents of murder-suicide, though studies have shown that most murder-suicides are between significant others or intimate partners in severe cases of domestic violence.

"Every one is shocking, it's absolutely of incredible concern," said Cindy Mitchell, executive director of the Salvation Army Domestic Violence Program. "Ultimately the

responsibility for these murders falls on the perpetrator, but if we can try and plan the safest way out, hopefully lives can be saved."

Though motives for such tragic incidents can be difficult to determine, officials have said only one this year was likely because of medical issues. This year's cases:

Tuesday: A friend found the bodies of Charles Garrick, 53, and Arlene Garrick, 57, at their home on Butia Street on Merritt Island. Sheriff's officials said Charles Garrick shot his wife before taking his own life. A motive is unknown.

Aug. 6: A man shot his former girlfriend, and then himself, at an apartment on League Avenue in Melbourne. The man had previously been arrested in a domestic violence case.

July 8: Sheriff's deputies said a man shot his significant other, who had her bags packed in an apparent attempt to leave him, before killing himself.

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FLORIDATODAY.com

May 15: Tonya Thomas, 33, of Port St. John shot and killed her four children — Joel Johnson, 12, Jazzlyn Johnson, 13, Jaxs Johnson, 15, and Pebbles Johnson, 17 — before turning the gun on herself at their Bright Avenue home. Police had been called to the home before, and one of the children was scheduled to appear in juvenile court the day after the shootings.

April 13: Sheriff's officials suspected James Dempsey, 53, and his wife, Leslie Dempsey, 61, planned a murder-suicide because of their ongoing medical problems. They were found dead of gunshot wounds at their home on an unpaved section of Ponderosa Road.

Since 2002, records show there have been 21 incidents of murder-suicide in Brevard resulting in 46 deaths. The May killing is still considered an open case as investigators await toxicology results from the autopsies.

Dr. Donna Cohen, a professor at the University of South Florida's Florida Mental Health Institute, has researched murder-suicides for more than 20 years. She says that in Florida and nationally, there has not been a notable increase in murder-suicide rates.

"Three core characteristics to murder-suicides (are) mental health problems in the perpetrator, frequently depression; a strong attachment to the victim; and a perception that the relationship is being threatened (or) severed," she said.

The Violence Policy Center, a Washington,

D.C. organization that advocates for gun regulation, has collected data on murder-suicide based on Internet news reports for the first six months of 2011. The study, published in a report titled "American Roulette," found 313 murder-suicide incidents resulting in 691 people killed in the United States in that period.

"We estimate they happen about 10 times a week," said Kristen Rand, legislative director at the Violence Policy Center. "That's still, in the grand scheme of things, a small statistical number."

The analysis found that Florida had the second-highest number of incidents in that time, at 27. California led the nation with 34 reported incidents. Rand said those numbers were likely at the top because of higher populations.

Of the nationwide total, about 90 percent involved firearms. About 80 percent of the incidents occurred in a home, and women were more frequently the victims than the

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aggressors, according to the VPC report.

Officials have said that financial problems and medical issues also can be factors leading to murder-suicides. In the study, 72 percent of all murder-suicides involved an intimate partner.

“The most common precipitating event is a breakdown in a relationship,” Rand said. “The majority involve domestic violence. ... The most striking thing is that the patterns do just repeat themselves over and over and over again.”

The statewide Florida Coalition Against Domestic Violence recently began tracking media reports of murder-suicide. Coalition spokeswoman Lisa Wiseman said in their analysis, many of the murder-suicides that involve domestic violence issues “come back to issues of control.”

“We know that is indeed a pretty significant red flag for how dangerous and lethal the situation is,” she said.

Mitchell said agencies such as the Salvation Army Domestic Violence Program provide services that can help prevent these fatalities.

“Domestic violence advocates are trying to help victims escape safely,” she said. “We provide safety planning to help strategize the best way to leave safely.”

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August 13, 2012 9:10 AM

Ohio hospital shooting: Mercy killing or murder?

CLEVELAND — John Wise watched a tear roll down his wife's face as he stood alongside her bed in the intensive care unit. She'd been unable to speak after suffering a stroke and seemed to be blinking to acknowledge him, Wise confided to a friend who had driven him to the hospital.

The couple had been married 45 years and Wise told his friend that they had agreed long ago they didn't want to live out their years bedridden and disabled.

So a week after Barbara Wise's stroke, investigators say, her husband fired a single round into her head. She died the next day, leading prosecutors to charge the 66-year-old man with aggravated murder Wednesday in what police suspect was a mercy killing.

The shooting leaves authorities in a dilemma some experts say will happen with greater frequency as the baby boom generation ages — what is the appropriate punishment when a relative kills a loved one to end their suffering?

More often than not, a husband who kills an ailing wife never goes to trial and lands a plea deal with a sentence that carries no more than a few years in prison, research has shown. In some instances, there are no charges.

"It's a tragedy all around that the law really isn't designed to address," said Mike Benza, who teaches law at Case Western Reserve University in Cleveland.

A New York man in March was sentenced to six months in jail after suffocating his 98-year-old disabled mother and slitting his own wrists. He told authorities he had just been told he had cancer and believed he was going to die soon, and feared no one would care for his mom. A Washington state man accused of shooting his terminally ill wife this year told investigators she had begged him to kill her; he is free on bail while prosecutors weigh charges.

Almost always, there are deeper issues involved with the accused, including depression, their own health problems and the stress of taking care of a dying spouse, said Donna Cohen, head of the Violence and Injury Prevention Program at the University of South Florida.

Seeing a dying or disabled spouse suffering can be enough to push someone over the edge, said Cohen, who is writing a book called "Caregivers Who Kill."

"Men will hit a wall when they can't do anything else," she said. "That's usually a trigger."

She worries this will happen more often with longer life expectancies and a continuing shortage of mental health services for older people.

In the early 2000s, testifying a Florida legislative committee, Cohen cited research showing that two in five homicide-suicides in the state involved people 55 and older. The number of cases grew among older people while staying the same with those under 55.

Police say Wise took a taxi from his home in Massillon, calmly walked into his 65-year-old wife's room on

Aug. 4 at Akron General Medical Center without drawing any attention, and shot her.

Juries are often sympathetic to those who kill a spouse out of what is portrayed to be love and compassion, but the message that sends is unclear, said Wesley J. Smith, a California lawyer who wrote a 2006 book "Forced Exit: Euthanasia, Assisted Suicide and the New Duty to Die."

"Where's the stopping point?" he said. "There almost comes to become a cultural acceptance that certain people are better off dead than alive."

Those who kill a loved one to end the suffering are acting out of their interests, he said. "We're really putting Grandpa out of our misery," Smith said.

Wise's lawyer has said that he was a good man who was devoted to his wife.

"I am absolutely confident that everything that he's ever done for his wife has been done out of deep love, including the events that just recently transpired," said attorney Paul Adamson.

The former welder also suffered from nerve damage that made his hands and feet numb, survived bladder cancer and had diabetes, said Terry Henderson, a 30-year steel plant co-worker.

Those issues could help his case if it goes to trial. "The facts surrounding her death are sympathetic and may actually foster a plea before trial," said Jeff Laybourne, a prominent Akron defense attorney.

But just because his wife may have been suffering isn't a valid defense under the law, Laybourne said.

Other factors that could determine whether the case goes to trial include the timing of the shooting and that it happened in such a public place.

Henderson thinks Wise may have snapped under the weight of both of their health concerns. "He never dreamed, given his history of medical problems, that this would happen to her before he'd go," Henderson said.

That kind of situation can be deeply depressing for a person dependent on the care of a spouse who suddenly is disabled, said Dr. Peter DeGolia, a physician specializing in care for the aging at University Hospitals Case Medical Center in Cleveland.

"If this man was dependent on his wife for care and basic well-being, and suddenly she's gone, he's going to feel very vulnerable, highly at risk," he said. "Older white males are the highest risk group for carrying out suicide plans."

It's a scenario that DeGolia said can be defused with help from social workers and hospice care for the dying.

"There are lots of options," he said, "aside from going and shooting them."

Seewer reported from Toledo.

CLEVELAND (AP) — John Wise watched a tear roll down his wife's face as he stood alongside her bed in the intensive care unit. She'd been unable to speak after suffering a stroke and seemed to be blinking to acknowledge him, Wise confided to a friend who had driven him to the hospital.

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The New York Times
The New Old Age
Caring and Coping

AUGUST 3, 2012, 10:44 AM

A Desperate Act, Born of Depression

By [JUDITH GRAHAM](#)

Over the last several months, two California men have watched their wives end their lives after a long, drawn-out illness. Afterward, each of these old men was placed in handcuffs by the police, led from his home and questioned extensively, and faced the possibility of being charged with assisting in a suicide.

Were the husbands' acts informed by love or despair? Were they a reasonable response to unbearable suffering?

Alan Purdy, 88, hadn't been willing to accept his 84-year-old wife's hopelessness in December, when he found her sitting in the garage of their home near San Diego with a car engine running. He pulled her out and revived her. But over the next several months, as Margaret Purdy complained to her husband and her children about unbearable pain from pancreatitis and three fractured vertebrae, Mr. Purdy had a change of heart.

In March, Mr. Purdy was at his wife's side in their living room as she swallowed 30 sleeping pills, then wrapped a plastic bag around her neck and took her last breath. "Yes, I sat beside her as she died," he told a reporter from [The Los Angeles Times](#). "I didn't want her to feel abandoned."

San Diego prosecutors considered charging Mr. Purdy but have no immediate plans to do so, a spokeswoman told The New York Times.

In July, a similar story unfolded in Palm Springs when Lynda Bentinck disconnected her oxygen supply and asked her husband of 25 years not to resuscitate her. Mrs. Bentinck, 77, had terminal emphysema and was in hospice care at the time.

"The last few weeks, it had become unbearable for her," Bill Bentinck, 87, told [The Los Angeles Times](#), describing his wife's breathing problems. "She'd wake up and say to herself, 'Oh, my God, another day to go through like yesterday, only worse.' And she wanted to end it all."

Mrs. Bentinck had left a copy of her "do not resuscitate" order on a bedroom mirror. But because her husband waited several hours to call her hospice and had given her several shots of vodka that morning, police were suspicious and arrested him, confining him to a jail overnight.

He was released after Riverside County prosecutors decided not to pursue the case.

No one knows how often such cases occur; national data isn't collected, according to [Donna Cohen](#), a professor at the University of South Florida in Tampa who is an expert on suicides and murder-suicides in the elderly. She said only one spouse had been convicted of assisted suicide in the United States: a Manhattan resident, [George Delury](#), who in 1995 admitted to helping his wife, Myrna Lebov, ingest a lethal dose of an antidepressant and later was found guilty of second-degree manslaughter. Ms. Lebov, 52, had lived for decades with multiple sclerosis.

Typically, older adults who find themselves in these kinds of circumstances are depressed, Dr. Cohen observed. Depression is the most common [underlying cause of suicide in older people](#), and seniors take

their lives more often than people in any other age group.

For [Dr. Timothy Quill](#), a professor of medicine and psychiatry at the University of Rochester School of Medicine, the tragedy is that many older couples shut themselves off from others when their lives begin to spiral downward.

"If people could talk about this and didn't have to go underground, we could help," Dr. Quill said. "We have good ways of dealing with pain and depression." He said he evaluates a lot of people who say they are contemplating suicide, "and for the vast majority, we're able to help them find other alternatives."

The key is finding out what the real issue is - why older people are suffering so much - and "then we can usually intervene to make their lives better" by offering palliative care, arranging for extra support or counseling, or other means, said [Dr. Daniel P. Sulmasy](#), professor of medicine and ethics at the University of Chicago.

Often the underlying issue is not physical agony but unexpressed, unmet psychological or spiritual needs, he noted. For instance, for some people the sense that they are a burden to those they love is intolerable. For others, dependency, the loss of control or the prospect of being abandoned is excruciating. In these cases, reassuring people that they are loved, accepted and not alone can make an enormous difference, Dr. Sulmasy suggested.

"To me, this underscores that we as a society have not figured out how to help people who feel that desperate measures are indicated at the end of their lives or other critical junctures," said Dr. Robert Brody, chief of the pain consultation clinic at San Francisco General Hospital.

What do you think? Is being present at a spouse's suicide an act of love or an act of despair? Is the problem not enough help for older people in decline? Or are desperate acts sometimes a rational response to extraordinarily difficult circumstances?

UPDATE: After Steve Lopez of The Los Angeles Times wrote about the Bill Bentinck case, he received a letter from a reader about her terminally ill husband's plea to die. The [resulting column](#) was published on Aug. 5.

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May 3, 2012 [Uncategorized](#)

Alzheimer's and the human person's inherent dignity and right to life



Colleen Carroll
Campbell

By Dave Andrusko

Yesterday, at www.prolifeperspective.com National Right to Life President Carol Tobias offered many insights into the tragic murder/suicide of Charles Darwin Snelling, who killed his Alzheimer's-stricken wife of 61 years, Adrienne. As St. Louis Post-Dispatch columnist Colleen Carroll Campbell explains, the case assumed particular prominence because just a few months before he killed his wife and took his own life, Snelling wrote an essay for The New York Times in which he described the "redemption" he had found in "learning how to nurture" his wife since her dementia diagnosis six years ago.

Campbell reminds her readers of something I did not know: they left behind five children and 11 grandchildren.

But the other reason there are wider ramifications to this tragedy is the response his actions received: "a nationwide rush to cast Snelling's story as a sort of 'Romeo and Juliet' for the elder set," as Campbell describes it.

Campbell has written numerous columns on Alzheimer's. Her own father battled the disease for a dozen-plus years, so she is fully aware and in no ways

minimizes the enormous strain this disease puts on the caretakers.

But in [her very thoughtful column](#), Campbell makes powerful distinctions that too often get blurred.

First and foremost is a

“troubling double standard: the idea that behavior we would regard as cruel, selfish and criminal under any other circumstance is acceptable, even commendable, when directed to demented elders.”

Campbell describes this as “the trend of glorifying murder-suicides among elders.”

And part of the explanation why this occurs is the assumption that the woman (it often is a woman who is killed) consents. According to the research of one expert Campbell consulted, “most women who die this way ‘are unaware and do not consent’ to their deaths.”

Commonsense would tell you the husband is likely depressed and exhausted, and that is the case, according to Donna Cohen, a University of South Florida psychology professor. She tells Campbell, “I believe that even though Mr. Snelling and his wife were intertwined and devoted to each other, the act was one of depression and desperation.”

And while rare, such cases appear to be on the rise, Cohen says. Thus it is “critical to screen for depression and talk with caregivers about their desires to commit such acts,” Cohen says. “Depression is blinding.”

The most important contribution Campbell makes is in her penultimate paragraph.

“Equally critical is the fortification of support networks for exhausted caregivers, who too often labor in isolation from their extended families and a wider culture that treats elder care as a trivial pursuit. The vast majority of these caregivers respond to the frailty of their demented loved ones not with violence but with quiet, faithful service, hour after hour, day after day, year after year.”

They are the true heroes, she writes, of the Alzheimer's battle because

“theirs are the real love stories worth celebrating. And it's past time we started recognizing their sacrifices for what they are: a powerful testament to the truth that the human person's inherent dignity and right to life are gifts no disease, not even Alzheimer's, can take away.”

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Breaking News

Caregiver killing fits pattern, says USF professor

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By JOSÉ PATIÑO GIRONA | The Tampa Tribune

Published: March 27, 2012

Updated: March 27, 2012 - 3:31 PM

University of South Florida professor Donna Cohen doesn't know Randall Willis, the man who called 911 last week and told dispatchers he had just fatally shot his wife to alleviate her suffering. But she knows his type.

Cohen, a professor at USF's Department of Child and Family Studies, is writing a book about caregiver killings. She says Willis fits the profile of a stressed caregiver who snaps.

"These are usually motivated by the desperation and the depression and the feeling that there is nothing they can do," Cohen said. "It's a desperate last act."

His 62-year-old wife, Gilda, had been sick for years with a deteriorating liver and had suffered numerous strokes and seizures. She had a hip replacement and neck fusion surgery, Randall Willis told the dispatcher.

They were out of money, had no health insurance and were going to be evicted from their home that day.

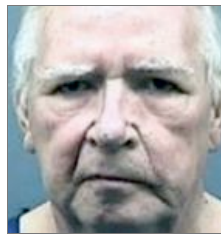
"I know she wouldn't last another hospital stay, especially with my insurance being canceled," Randall Willis said to the dispatcher. "We've been through hell, and I couldn't see her suffer anymore."

Randall and Gilda Willis hadn't made a murder-suicide pact, and she didn't know he was going to shoot her. She was asleep when he shot her twice – one shot to the head and another one to the chest, according to the Hillsborough County Sheriff's Office arrest affidavit. Randall Willis has been charged with second-degree murder.

Caregiver killings are rare. There are about two to three a year

Willis alluded to the desperation in his call to 911, in the process ticking off a list of the factors Cohen said are common to most caregiver killings. --

in Florida and 50 to 60 a year nationwide, Cohen said. Most involve a man shooting a female loved one or family member.



Randall Willis

Dispatcher: 911, what's your emergency?

Willis: I just shot my wife.

Dispatcher: Can you tell me the address that you are at?

Willis: Yes, but can you tell them to come with the sirens off?

Dispatcher: What exactly happened?

Willis: She just suffered too much. We're out of money, out of gas....She was suffering. We've been through hell and I couldn't see her suffer anymore. We were being evicted today. I knew she wouldn't last another hospital stay, especially with my insurance being canceled.

Dispatch: So she's been sick?

Willis: Yes, very sick. Many, many, many times.

Dispatcher: Is she still breathing? Is she alive?

Willis: I'm pretty sure she's not.

Cohen said that's because men and women deal differently with caregiving and the stress it causes. While men and women both are diligent about administering medication and attending to the person's needs, women will talk to friends or cry to deal with the stress and frustration.

Men, though, stay on task and focus all their energy on trying to solve the problem.

"Male caregivers don't deal with the emotional side," Cohen said. "They are more task-oriented. There is that need to solve it in older male caregivers."

It's stressful to care for a loved one who's in pain, she said. Add a caregiver who becomes isolated because they take sole responsibility and the situation can become "toxic," she said.

"I'm not excusing him for what he did," Cohen said. "But in his mind there was no other recourse. To continue without money, without a home is a perceived failure. ... It's the depression that makes it the dead end."

Willis' son, Russell, said he knew his father was having to deal with a lot of Gilda Willis' medical problems. But he had no idea how severe the stress was, he said.

"I never saw this coming. He wasn't talking about shooting anyone," Russell Willis said.

Randall and Gail were married for nearly 30 years. They met in Tampa and had a loving relationship, Russell Willis said. As a youth, Gilda helped to raise Russell, he said.

"She never acted as a stepmother to me," said Russell Willis, 37, of Tampa. "She acted as a real mom. She taught me how to be self reliant."

Randall Willis, 61, had worked as a train engineer, Russell Willis said. His father taught him hard work and to "take an interest in things."

He reminded his son if someone looked for a fight, he should walk away, Russell Willis said.

"Everything he taught me was polar opposite from this," Russell Willis said. "You don't use weapons. No weapons at all."

"I didn't think this day would ever happen," he said. "It upsets me there wasn't more help for them."

Anthony Gauthier lived near Gilda and Randall Willis for the last five years and saw Randall Willis from time to time. He last spoke to him on St. Patrick's Day and learned they had to leave the home March 20.

He never met Gilda but found Randall to be pleasant, polite and kind.

"He never talked to me about his problems," Gauthier said. "I guess he just kept it to himself."

Cohen said as time passes, Randall Willis probably will get a different perspective on what he did. Today, she said, he might say he'd do it all over again.

But as time passes and he's not under the stress and tension of caring for his wife, that will change, she said.

"With time and treatment for depression, he'll say, 'I shouldn't have done it,'" Cohen said. "And he probably will be angry with himself for doing it because this is someone he loved."

"His worst punishment will be living with what he did," Cohen said.

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911 excerpts

Murder-suicide of couple reported at Wheat Ridge nursing home

By Felisa Cardona *The Denver Post* *The Denver Post*

Posted:

DenverPost.com

After 43 years of marriage, Donald Schaffer took a handgun to his wife's nursing home, shot her to death as she lay in bed and then turned the gun on himself.

Joyce Schaffer, 69, checked into Wheat Ridge Manor Care Center 10 months ago to recover from a broken hip, police said.

Shocked friends and family members told investigators that Donald Schaffer, 66, of Westminster and his wife had a happy marriage.

"They were very much in love and after being separated for the last several months, we believe they are finally back together," family members wrote in a statement.

Police said they haven't come up with a clear motive for the murder-suicide that occurred Sunday evening at the nursing home at 2920 Fenton St.

Joyce Schaffer suffered from multiple sclerosis, but she was solely in the nursing home to recover from her hip, police said.

Donna Cohen, who is an expert on older adults who commit murder-suicides, said perpetrators usually fit a profile: They are depressed and overwhelmed by caregiving for an ill spouse. Also, the deaths typically involve long-married couples who are extremely close with no history of domestic violence, Cohen said.

Cohen, a professor in the Department of Child & Family Studies at the University of South Florida, has researched assisted suicide and homicide in the elderly.

While details about the Schaffers' situation were unknown, Cohen speculated that it's likely Donald Schaffer was visiting the nursing home regularly and spending much of his time there.

"One possible scenario is wanting to put his wife out of her misery as he perceives it," she said. "The second is, he may have gotten some information that his health status has changed, and in these lifelong marriages, they don't believe someone can care for the spouse as they can."

Last October, 80-year-old Albert Ballard of Rockville, Md., killed his 74-year-old wife and himself in the same way — with a handgun in a nursing home.

A friend of the Ballard family called it an "act of love" because his wife suffered from paralysis, according to an article in *The Washington Post*.

But Cohen called such murder-suicides acts of depression and desperation.

"The stress of caregiving for someone at home — the depression gets missed quite often," she said. "Men do this because they have more experience with guns, and men don't talk about their depression with others like women do."

Cohen says nursing-home workers should be alert to situations where one spouse who visits regularly looks agitated or has lost weight and seems overwhelmed. Another sign could be when the spouse begins to remove personal items from the room, such as clothing.

"Don't be afraid to talk to the spouse and say, 'I am concerned about you and your wife,'" Cohen said. "... And offer support."

There are about 2,000 murder-suicides a year in the U.S., and about 300 to 500 of them involve people over the age

of 55.

Cohen said most of these murder-suicides occur in the couple's home, but it is not unusual to occur in a nursing home, which is considered a home once it becomes a place of long-term care.

"A pending move to a nursing home may be a precipitating factor," she said.

Felisa Cardona: 303-954-1219 or fcardona@denverpost.com

Experts: Moms who kill kids often driven by love

Unfathomable to most parents, Tonya Thomas may have believed she was acting out of love when she allegedly shot and killed her four children early Tuesday morning, say experts who have researched mothers who kill their children.

But it's often a complex mix of motivations and stressors that lead a mother to kill.

"There's no single precipitant," said Phillip Resnick, a professor of psychiatry at [Case Western Reserve University](#) in Ohio who started studying "maternal filicide" in the late 1960s. He was a consultant in high-profile cases such as [Susan Smith](#) and [Andrea Yates](#), who both drowned their children.

Resnick said Tuesday's shootings in Port St. John appear to be "[altruistic filicide](#)" — where a mother believes death is in the child's best interest.

"It's a murder out of love rather than a murder out of hate," he said of how the killer might be thinking about what's happening. "It becomes an extended suicide."

Resnick estimates there are as many as 300 child murders by parents each year nationwide, about half of which are

committed by mothers. About 25 percent of the time, the mother will also kill herself.

On average, 10 to 12 Florida children were killed and another three to four were injured annually in murder-suicides or attempted murder-suicides involving parents from 1997 to 2001, said Donna Cohen, a professor at the University of South Florida who has researched the issue.

It's often a "perfect storm" of issues that leads mothers to kill their children, said Cheryl Meyer, a professor of psychology at Wright State University in Ohio, who has co-authored two books about mothers who killed their children.

Often, these mothers at some point struggled with mental health issues and also are struggling with some sort of loss, whether it be a death, divorce or separation.

And they have either lost their social

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support network — friends and family whom they can rely on for help — or feel as if it is gone, Meyer said.

“They just don’t have anywhere to turn. That was (the situation) in every case,” she said.

Typically these women are described as “good moms,” and see their children as an extension of themselves, Meyer said. So when they decided to kill themselves, they fear who will take care of their children after they are gone or see death as a better option than leaving them without a mother.

“It’s not vindictive. It’s ‘I can’t leave this life leaving parts of me behind,’ ” she said.

What’s unusual about the Port St. John case is the age of the Johnson children — all were teenagers or nearing that age.

More often, children killed by their mothers are younger, experts said. Meyer points to mothers finding some respite from the stresses once their children go to school; Resnick said struggling mothers see older children as better able to cope with life without them.

It’s also not typical for women to use firearms to kill their children, in part because younger children can be killed by suffocation, drowning or overdose where a weapon is more likely needed to kill an older child, Resnick said.

Yet, many questions about why this happened may go unanswered, Meyer

said. Unlike the Smith and Yates cases, there won’t be a prolonged trial or psychological analysis.

“We won’t be vilifying the mother,” she said. “Generally, the public thinks of them as mad or bad. They are either crazy or evil.”

Such accusations don’t help, even though it may be the easiest way for the public to handle a situation that for some “is too close to home,” Meyer said.

“This is scary stuff. It’s scary stuff because I don’t know very many mothers who don’t have conflict,” she said.

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Colleen Carroll Campbell: Double-standard for the demented

Colleen Carroll Campbell | Posted: Thursday, April 12, 2012 12:00 am

The late medical essayist Lewis Thomas once described Alzheimer's as "the worst of all diseases, not just for what it does to the patient, but for its devastating effects on family and friends."

For anyone who has witnessed the ravages of Alzheimer's firsthand, as I did during the dozen-plus years that my father battled it, Thomas' statement rings true. Alzheimer's horrifies us because it strikes at the heart of our relationship with its victims, erasing their memories of us and threatening to sever our emotional connection to them. It steals autonomy and rationality, the very qualities that our individualistic culture prizes above all others. For those who view independence, choice and control as life's ultimate goods, living with Alzheimer's — or caring full-time for one of its victims — can seem to be a fate worse than death.

That dim view of life with dementia clearly resonated with Charles Darwin Snelling, an 81-year-old prominent Pennsylvanian who made national headlines two weeks ago when he killed himself and his Alzheimer's-stricken wife of 61 years, Adrienne. Snelling attracted particular attention because of his status as a wealthy politico and because of an essay he had penned in The New York Times in December, which described the "redemption" he had found in "learning how to nurture" his wife since her dementia diagnosis six years ago. Less than four months after writing of his "charmed life" with Adrienne, Snelling took both their lives, leaving behind five children and 11 grandchildren.

The story was shocking in itself, but more startling was what followed: a nationwide rush to cast Snelling's story as a sort of "Romeo and Juliet" for the elder set. His children set the tone, releasing a statement that described the deaths as "a total shock" while asserting that their father "acted out of deep devotion and profound love." Such a sympathetic interpretation is understandable coming from grieving relatives, but it was parroted far and wide by pundits and readers alike, who greeted the deaths as part of a noble and selfless "mercy killing." Given how horrific a disease Alzheimer's is, many commented, it was only right and loving that Snelling kill his beloved wife rather than allow her to suffer its indignities.

That sanguine view of murder-suicide among elders is not unprecedented. Nor is Snelling's story unique. Tales of aging, caregiver husbands killing their demented wives and themselves have been steadily cropping up in news stories in recent years. The deaths often are gruesome — Alzheimer's sufferer Neva Hurt of Virginia died after her husband tied a plastic shopping bag around her neck to suffocate her; Alzheimer's patient Jeanne Hoes of Pennsylvania perished after her husband pumped carbon monoxide from their minivan into their bedroom — but their perpetrators frequently are treated not merely as tragic figures but as heroic ones.

Behind this sympathetic media treatment lurks a troubling double standard: the idea that behavior we would regard as cruel, selfish and criminal under any other circumstance is acceptable, even commendable, when directed to demented elders.

The trend of glorifying murder-suicides among elders worries Donna Cohen, a University of South Florida psychology professor who studies the issue. Cohen told me that these cases, while rare, appear to be on the rise. And contrary to the "mercy killing" label, her research indicates that most women who die this way "are unaware and do not consent" to their deaths.

"This is usually a depressed and exhausted male spouse's decision," Cohen explained by email, when I asked for her take on the Snelling case and those like it. "I believe

that even though Mr. Snelling and his wife were intertwined and devoted to each other, the act was one of depression and desperation."

The stress on spouses like Snelling is undoubtedly intense: Studies have shown that caring for a demented loved one puts one at increased risk for depression, social isolation, chronic health problems and even cognitive decline.

"It is critical to screen for depression and talk with caregivers about their desires to commit such acts," Cohen said. "Depression is blinding."

Equally critical is the fortification of support networks for exhausted caregivers, who too often labor in isolation from their extended families and a wider culture that treats elder care as a trivial pursuit. The vast majority of these caregivers respond to the frailty of their demented loved ones not with violence but with quiet, faithful service, hour after hour, day after day, year after year.

These men and women are the true heroes of the Alzheimer's battle; theirs are the real love stories worth celebrating. And it's past time we started recognizing their sacrifices for what they are: a powerful testament to the truth that the human person's inherent dignity and right to life are gifts no disease, not even Alzheimer's, can take away.

Colleen Carroll Campbell is a St. Louis-based author, former presidential speechwriter and television and radio host of "Faith & Culture" on EWTN. Her website is www.colleen-campbell.com.