

Wiley Boynton is Dead

Raymond Abbott

Wiley Boynton is dead. I first heard the news when Katie, a colleague called me on my cell phone and told me Wiley had been taken to the hospital with a knife wound. I asked her right away—she is a pretty 28 year-old social worker who looks about nineteen—“Self inflicted?”

“I think so,” she said. Odd way to try to kill yourself, I thought.

It was then about 4:30 in the afternoon, and I was on my way home, but I thought, if Wiley kills himself with a knife it will have to be a first for me, not that I pretend to have seen it all, for I have not. But in my world working as a social worker with severely mentally ill adults, for the most severe that are on the streets, and there are plenty these days, suicide often means an overdose of one kind or another, or a gunshot wound, or a leap off a tall building or a high bridge. A self-inflicted knife wound sounded unusual at best, even though it might be possible, I figured, with someone like Wiley, considering the violent world he came out of. I knew quite a lot about him. I kind of liked the guy, too.

I tried to forget the information I got so late in the day from Katie, but it hung heavy in my heart and I knew I couldn't. I turned on the TV and there it was on the local news, the 21st murder of the new year and it was only April. Homicides get lead coverage on my local TV as I guess they should. A reporter was standing on First Street in front of Wiley's house telling us a man had been found dead with a stab wound to the abdomen. No name was given.

Murder, I thought. Wow! I knew Wiley associated, often unwillingly, with criminal types (those on parole) because, well, he was on parole himself after spending more than 20 years in state prisons for violent crimes, including once stabbing a state trooper in the eye. Wiley was around 40 years old. Most of his adult life was spent in prison, some very hard prison time, too. Wiley told me several times that the parolees he knew wanted to move in with him, and they were not welcome, but it was difficult for him to say no. He was in many respects a very vulnerable person, easily used by others.

I heard a second news report half an hour later and the reporter was now backing off the homicide angle. On this report he said the deceased man (never giving us his name), was thought to be mentally ill, which Wiley clearly was. When the words ‘mentally ill’ get introduced into such a report, one knows or should know, that something bizarre could follow, but that something is often much less than murder, and thus the reporters quickly lose interest. At the next local news broadcast a few hours later, the story was gone altogether.

I knew I could call the hospital, but with confidentiality laws what they are these days I was not likely to get much information. Then, I remembered a friend, Brenda, who worked in the psych unit at the University Hospital and so I called her. She typed Wiley's name into the computer and came up with nothing.

"Of course, if he was dead at the scene," Brenda reminded me, "he would go directly to the morgue." I was pretty certain now that that was what had happened.

First thing in the morning I called the Coroner's office, identified myself and asked after Wiley.

"We've been trying to get you," the man told me. Probably it was not me personally he sought because he had no way of knowing my involvement with Wiley, but he was pretty certain the agency I worked for, which covered seven counties and had nearly 2000 employees, was involved. We usually were when the subject was mental illness.

They had found an appointment card on Wiley with Katie's name on it. Wiley had had an appointment with this pretty therapist on the day he died, April 29.

I informed the coroner of my connection to Wiley as case manager, and he then told me what had happened.

The body was about to undergo an autopsy and the coroner said while Wiley had a knife wound to the abdomen as it was reported on television, it was not deep. His sister had told the coroner that Wiley had recently been diagnosed with cirrhosis of the liver (I hadn't heard this), and if the knife penetrated the diseased liver even slightly that could be the cause of death. The coroner went on to say he had found frothing of the mouth, and that is often a sign of an overdose.

I was grateful that the coroner had already contacted Wiley's sister. I had met her only once, and I didn't wish to be the one to have to call her and give her the sad news. I knew she and Wiley were close. She now lives in Indianapolis but when I met her she lived in Eastern Kentucky, where both are from, by the way. Another by the way, I once lived there too, but that was long ago.

"I didn't find any bottles of medicine," the coroner went on, which he thought was odd because I had just told him Wiley was on lots of medicine, more than any client I can remember.

"He doesn't get bottles of these medicines," I explained. "He comes to the office about three days a week and is given medicine in increments, usually in little brown envelopes, several days' worth at a time."

There were no such envelopes found, I was told, but there was a heap of pills, all mixed together in a large ashtray from which I was told Wiley often grabbed handfuls, ingested them, and washed them down with rubbing alcohol as a chaser. Rubbing alcohol is common in prison population, the coroner told me next. I had never heard of this, if indeed it is true. I suppose it is. He also said a half full bottle of Vodka was found nearby. So far as I knew Wiley didn't drink anymore. So much for what I knew. That he once did, well, that was not news to me. Some of his most violent acts, ones that landed him in prison, occurred when he was drinking.

What surprised me most of all was learning that a black stripper, had been living with Wiley (who is white) for several months. She was not his girlfriend, he quickly added. His girlfriend was a white woman who lived across the street.

I knew Wiley had a girlfriend because he told me about her the week before. He didn't say "girlfriend," however, using instead the term "lady friend." (He often used old fashioned-sounding speech and even old-fashioned words like "blackguard.") He smiled broadly as he gave me that information, and I congratulated him saying, "Good for you Wiley." That was the last time I saw Wiley Boynton or spoke to him,

but I did call his apartment several days later, and a man answered, identifying himself as Wiley's roommate. "Roommate?" I said. "Wiley can't have a roommate because his housing subsidy says he can't" (at least not without permission). The guy on the line probably didn't understand it all, but nevertheless he quickly changed his story saying, "Oh, I am only here walking his dog." I told him to have Wiley call me, but I never got a call.

Wiley was nervous about rules and regulations, and not returning my phone call was not at all like him. I decided when he did call I would simply remind him of the housing rules, rules he must follow. Further than that I was not prepared to go. I would not turn him in, certainly. Besides, I doubted if Wiley could make it on his own. After spending 20 or so years in prison, and before moving to his own apartment on First Street, he spent a year at a halfway house for ex-cons. That's where I met him, at the men's center.

I was assigned to be his caseworker. Like a lot of the recently released prisoners, he could be demanding, even insistent about things he wanted me to do for him. Often though, he backed off quickly when reminded there were others who needed such services and he had to wait his turn. But he knew the "squeaky wheel" got the grease, and I might very well act more quickly if pushed a little.

The coroner finished his recitation, asking that I fax a copy of Wiley's meds to him. He wanted this information right away. I then checked with our medical director (so-called), a Dr. Hamel. Hamel never likes to make decisions, fearing, I suppose, he might get involved in an unwelcome way. But I asked him in front of others, leaving him kind of stuck. "I guess you've got to send it to him," he said slowly in a not very convincing voice. "Those coroners are always finding overdoses." I thought, well, there are quite a few overdoses to find, but I kept quiet. I knew Dr. Hamel was very happy the case wasn't his. Wiley was being seen by a nurse practitioner, a woman we called Dorothy, and I would need to call her and give her the news of Wiley's passing.

I knew she would be worried, because Wiley was on so much medicine. When a death is ruled an overdose, an investigation often follows, and the agency makes you feel as if they are looking for a culprit, a determination of who screwed up. The truth is, community mental health (what we are) is a loose operation at best. Lots of medicine is floating around and not so many checks and balances exist (labs and the like). Probably it has something to do with the people we serve—very poor, uneducated people, and often people with serious physical ailments as well as mental illness. We see much heart and lung disease, and diabetes abounds; hepatitis is rampant, and obesity and alcoholism are very common. Did I leave anything out? Yes, almost everyone is a heavy smoker. Treating such people can often seem futile, although no one in our agency would admit to such a thought. Then, there are the sheer numbers, staggering numbers of such folks. And so, after a while, it is my contention, one becomes a bit detached. After all, it might be argued, how does one fight for the safety and well being of persons who themselves care so little for their own health and well-being? The truth is, you don't after a time, or not to the extent you might in another setting. But such a public admission in my world would quickly get a person fired.

It was Dorothy's day off and she was about to leave the city for a conference in Atlanta, but I knew she would want me to call her and give her what information I had. When I got her on the phone, I said simply, "Wiley Boynton is dead."

"What happened?" she answered in a somewhat lethargic voice.

"I don't know yet. I just talked to the coroner. There is a knife wound to the abdomen, but it isn't deep and he's talking overdose. There was frothing at the mouth."

I could tell she was a little rattled with the news. Worried maybe about all that medicine she had been prescribing for Wiley.

“He has never presented as suicidal,” she said. “He never spoke of it.” But I had witnessed Wiley several times very severely depressed while he was living at the halfway house. My job is such that I see clients a lot more often than does a nurse practitioner or doctor.

“Do you have the chart in front of you?” she asked. “Look in the lab section. When was the last Depakote lab?”

“Not too recent,” I said, “unless medical records hasn’t filed one yet.”

“No, no, I do them myself. I don’t wait on medical records.”

I knew she was nervous, but I also knew she was glad I was the case manager because I have a reputation for knowing my clients and their recent activities and having my notes and treatment plans up-to-date and current. From my perspective, paperwork-wise, everything was all right for Wiley. The same is pretty much true of all of my cases. I am kind of an old fart about keeping my recordings current. I find life is easier that way, less troublesome, less unpredictable.

I told Dorothy the coroner needed to speak to her, and for a few minutes we discussed the wisdom of her calling him right away, as I knew he wished her to do.

“I don’t see how it can harm anything,” I said. “You can tell him truthfully that you are at home and cannot of course see your case notes.” She decided to call, and later called me back to say she had learned the knife wounds had not killed him, but pills were found in his throat and stomach, and then something more, something we both knew. That was that this guy, Wiley Boynton, was in terrible overall physical shape with advanced heart disease and lung disease and probably more than that. Thus, the coroner was not ruling out natural causes, as in a heart attack, but needed to wait for the results of the toxicity report six weeks from now. Dorothy seemed relieved that death might not be directly attributable to an overdose.

Next, I phoned Wiley’s sister, Mitzh in Indianapolis. I had met her before. I remembered her as a dark haired woman who looked younger than her thirties. She has four children, at least one grown, so she had to have begun having children fairly early in her teens. The children have different fathers.

Mitzh was sobbing on the phone. She had spoken again to the coroner and he had told her that the knife wound had not killed Wiley. Probably it was the pills, he said.

“They said they found pills in his throat and in his stomach. I just know he didn’t kill himself. He was so hopeful all the time. He talked about moving to Indianapolis to be with me and the kids. He loved the kids.”

I recall Wiley telling me the same thing after returning from Indianapolis at Easter time. He was a little down that day. He said it was because he had had to come back. I remember telling him it might be possible for him to make the move to Indianapolis, but it was complicated, too. He knew this. He was on parole in Kentucky. He was on SSI (a Social Security program) and Medicaid and those programs had to be transferred to Indianapolis. He would also need to find a mental health network to follow him, such as the one in Kentucky. All very doable, yes, but a lot of permissions had to be secured, and the most critical one was to get the parole officials to allow him to leave the state, even to nearby Indiana. So we spoke that day of setting a goal of getting all of this done by fall (it was early April when we had this conversation).

I told Mitzh it was my understanding that the coroner had not yet ruled suicide, an overdose, and I reminded her of what she already knew, that Wiley was in poor health overall, especially for a man barely forty years old.

“You know, for you saw it too, that Wiley could not climb a set of stairs without being exhausted,” I said to her.

“I know,” she sobbed.

“So it is entirely possible the coroner will rule Wiley suffered a heart attack while ingesting the pills. You said yourself he was very agitated and had called you at 4:30 A.M.”

“Yes, he was.”

She had also said he told her he loved her in that same conversation, and that might indicate a man saying good-bye.

Also, I remembered what else the coroner said, and that was someone told him at the scene that at 3 A.M. Wiley went up to the third floor of his building (he lived on the 1st) and began to bang on the door of his friend John, who lived there. He had to be pretty agitated, pretty hopped up, to do such a thing, for three floors for Wiley was like a mountain for someone else. In my mind a heart attack was a possibility, a stretch maybe, but a possibility.

I changed the subject. “I have the name and number of the funeral home in Floyd County.” I had to look at my notes to get the name. “The Ferguson Home. Do you have money for the funeral?” I knew Wiley had no insurance and little money in the account we kept for him.

“I am sorry, we don’t.”

“None?”

“No, none. I had hopes Wiley had a bit of money left in his account.”

“He does, maybe as much as six hundred dollars. I am only guessing though.”

For Wiley and persons like him determined too ill mentally (his diagnosis was schizophrenia, undifferentiated), and I suppose too careless with money (although he was better than most) the state, in this case the Social Security Administration, insists he have a payee. That’s where we come in. Our agency does that job. I have about fifteen persons for whom I handle their monthly funds entirely, every single penny. I pay the bills, rent, utilities, food, parcel out spending money. It is largely a thankless task, though necessary. Later, when I had time to check Wiley’s account, I learned he had only three hundred dollars remaining, a bit less than that in fact, and it was not immediately clear that those funds could be used for his funeral. It was now the 30th of April and I knew a check for \$579.00 (monthly SSI benefit) was due to arrive, but I knew as well without even asking that those funds, the May check, had to be returned to Social Security.

Before hanging up with Mitzh, I assured her that I would do what I could to locate some money for funeral costs. Part of my job, as I see it, is to satisfy the family at times like these, and it is of course the human, the compassionate thing to do, but that isn’t what I am getting at. I know if you do all you can to make the family happy in these sad circumstances, they are less likely to hook up with a lawyer and sue our agency (or me) for some sort of malfeasance or malpractice or mal- something. I think overall we do a passable job within our mental health agency with the resources we have and the numbers and the conditions of the population we serve. But, having said that, I know as well a good lawyer could have a field day with what he might uncover about our operations and with not a lot of effort, either. The paperwork in this case—and all of my cases I like to believe—the part I do I mean, is well covered, but I know in the system as a whole this is not true.

It is overall a shoddy operation. Cases examined randomly are frequently woefully inadequate with overdue treatment plans, missing or inadequate health screens.

It goes on from there. Curious though is that an effort such as mine to placate the family by helping with the cost (as of a funeral) is sometimes met with resistance if it involves, as it must, spending a few hundred dollars (usually less than a thousand). The resistance comes from a level above me. I want to remind such decision-makers, but I don't, just how much more costly it is for an agency to fend off a lawsuit, even one you win. To make such a comment would get me labeled a smart-aleck, so I try other tactics. I plan to call a woman I know in Frankfort at the state mental health offices in an effort to scare up seven hundred dollars. My goal is to get together one thousand dollars total to put toward the funeral (that's counting what is already in Wiley's account). If I can get together a commitment of one thousand dollars for the funeral home, we will have a deal. As I am about to call the woman in Frankfort, my phone rings. It is the Ferguson Funeral home in rural Kentucky. I speak to the owner, Sandra. Soon we are talking money.

"You know, there isn't much money in this case?" I say.

"I know," she says.

"How much do you need to bury him?" She doesn't answer me directly.

"Well, we are sending a car for the body and that and embalming will cost \$562.00"

\$562.00, a curious total I think. I would like to ask for a breakdown but I don't dare. "I haven't yet met the family," Sandra tells me. I guess she means Mitzh in Indianapolis but I know there are others. Wiley's mother is still alive in the mountains someplace and he has a son who is a Marine, and last I heard the son was in Iraq or some such place.

She continues. "I have no information about the deceased."

"Well, I can help you there Sandra," and so I give her Wiley's date of birth, SS number, address and whatever else she required. He was born in 1964. How young, I muse.

"Look," I say, "we have at the moment about three hundred dollars and I believe that that money can be spent, don't hold me to that though. And I am about to call Frankfort to see if more can be allowed, maybe a total of a thousand dollars." I tell her again that I can't promise that amount. It is simply my goal.

"I am worried," I go on, "that you won't have the promise of enough money today in order to collect the body and he will remain in the morgue for days while all of this gets sorted out." Wiley had his troubles and caused his share of trouble, but he was in my estimation a decent sort at the end of his short life, and deserved a bit more than I sensed he might get. My worries were misplaced.

"That won't happen, sir," Sandra said to me, getting somewhat formal. "I have already sent the hearse for him and if we don't get a penny he will be taken care of. Please understand though that we know this family, not the deceased, just the family he comes from, and feel if any more money is allowed and it is given to them to pay us it won't arrive." I almost laugh at the way she says this.

"No chance that will happen," I said and I am sure there was a laugh in my voice. "Any payment made to you will be sent by check and by mail with nobody in between."

"Thank you, sir," and she hangs up.

I am very relieved now that we have a plan for Wiley. He is going to be taken care of. There is a place for him to be buried among family in rural Kentucky and a funeral home to do the burying.

It is Friday afternoon and I cannot get through to my Frankfort connection. Her secretary promises me she will call me on Monday first thing.

Now I have to mend fences, so to speak, with my office mate, a woman about 55

with bad teeth. My God, what a way to remember a person, but it goes to show that a mouth full of rotten teeth is just pretty paramount. Deborah is nice enough though and while her job is the same as mine, a case manager, she is the therapist type. At least she sees herself as a therapist. She asks me if I want to talk about how Wiley's death makes me feel. I am rather cross with her in my denial of sad feeling at his passing and I caution her not to ask me the question again, which of course she does. I tell her bluntly what I have come to believe. "Do you remember when John Benton died last year of cancer with his guts hanging out (he had what the doctors call a prolapsed colostomy much like a large hernia of the stomach with his intestine protruding)? You asked me the same question. I told you then that I could hardly wish John Benton a long life (he was 50) living as he had to live and for so long.

"I didn't mourn John's death and truth be known any of the people I work with could go at any time and I am not going to feel their death is my responsibility. Everyone I deal with had their problems long before I came along, and I don't believe that many of these folks I work with have much of a life to begin with. If they do, I don't see it."

I hold back my growing opinion that society erred when it decided to empty out all the mental hospitals and put these hapless souls in the community at large and then hire persons like me to try to hold together their pathetic lives.

Furthermore, I wanted to say and didn't of course—that I was not a big believer that therapy did much good with such low-functioning people. Yet, we were constantly being pushed by our agency to get people into therapy, if only in groups, for the revenue it would generate. For that matter, I am not a believer anymore that talking out all of one's problems is all that it is made out to be. Sometimes I think that such therapy does little more than poke a stick at a wound trying to heal itself. To my mind, there is something to be said for holding it all in, and if possible, putting it behind you. Try to forget it.

All I know for sure is that I don't want to talk about how I feel about Wiley's death with Deb or anyone else. Well, maybe I will amend that slightly. If one of the pretty young therapists we employ or one of the young nurses on staff wishes to take me out for a drink and explore my feelings about how this client's death had affected me, I am willing. But not with Deb, nothing doing. Still, I must reassure her that I am not angry with her, or she will lumber around the office for days like a wounded moose, so I do exactly that, mend my fences. I am good at it. After all I was once married for 25 years and had lots of practice.

Come Monday, I talk to my friend in Frankfort and we find a way to send the funeral home the seven hundred dollars (on top of the three hundred we have) we need for Wiley's burial. Overall, I've done the right thing by Wiley. No one can say I haven't.

Wiley was short and stout like the proverbial teapot. He was a mountain boy, largely uneducated although he could read a little. He told me this a bit proudly one day and how it was he came to learn to read and write. It happened in prison. A black Muslim inmate taught Wiley to read using the Bible, the only book available. The Muslim man said he didn't believe in the Bible but words were words and so it would do. Wiley learned the rudiments of reading from this Muslim fellow, but at something of a price. The white prisoners disliked the association between these two, and as a consequence Wiley was assaulted with a knife. He managed to avoid the attack and then picked up an iron bar and clobbered his attacker. Wiley was then thrown into solitary and shortly thereafter transferred to another facility—to Eddyville, Kentucky's maximum security prison. It was more than this one assault that got Wiley sent to Eddyville. Prior to this incident, and while drunk, he had attacked a guard.

He described to me the ride to Eddyville. "There is this steep road down a hill to Eddyville," he said. Wiley and I were at that moment on our way to Value City to buy him some clothing. "God, it was depressing," he continued. "It looked like some dark scary castle, an awful looking place, someplace from Hell, and I was going there and to solitary confinement, and I didn't know for how long."

The story I remember best that Wiley told me was an incident that happened to him at the age of ten. His father was in his sixties when he was born, and so by that time, he was a minor player in the family. His mother, in her early thirties, had a boyfriend who was close to her age. She and the boyfriend were quarreling at home one day with young Wiley and Wiley's uncle present. The boyfriend pulled out a small gun, a derringer, intending to shoot someone—it was not clear who—but somehow the gun went off and Wiley was hit in the groin, whereupon he fell over and hit his head hard on the refrigerator door and was taken to the hospital in a coma. His uncle then beat up the wife's lover, who, young though he was, suffered a heart attack and he too was carted off to the hospital, the same hospital where Wiley was being treated. Wiley's father by this time had been informed about what had happened and went immediately to the hospital to see about his son. While there, he was told the man who had shot Wiley was in a room down the hall. After seeing his son, he went down the hall to his wife's lover's room and shot the man dead in his bed. The old man, then 75 or so, was arrested and there was an arraignment scheduled, but the legal business dragged on for a couple of years and in that time the old man died, and that was that.

Wiley told me all of this almost matter-of-factly, as if every ten year old boy gets shot in the groin by his mother's lover and then his father shoots the guy in his hospital bed. But that is Eastern Kentucky life and I knew a part of that world because I spent a year in those same mountains interning as a fourth grade school teacher, and a more violent place I have never seen the likes of.

Finally, there is the matter of the knife wound. Once the coroner ruled it out as the cause of Wiley's death it became, well, almost unimportant, not an issue. But I wondered still, was it self-inflicted? I am inclined to believe it was. Perhaps Wiley stuck himself while in the state of agitation at 3 A.M. My opinion only, however. The opinion in my office, among the clients we serve, is that one of the two women Wiley associated with stuck that knife in his ample belly. Just why no one cares to speculate. The clients may be right about such matters. They sometimes are, but often, I suspect, they hope to discover the cause of death is not suicide, but something more exotic. Like murder. I guess that is because suicide is all too commonplace in their sad existences.