

UNITED STATES OF AMERICA

Time for humanitarian intervention The imminent execution of Larry Robison

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Introduction

“If Larry had got the treatment that we begged for for years, five people would be alive today and Larry wouldn’t be on death row.” Lois Robison, mother of Larry Robison

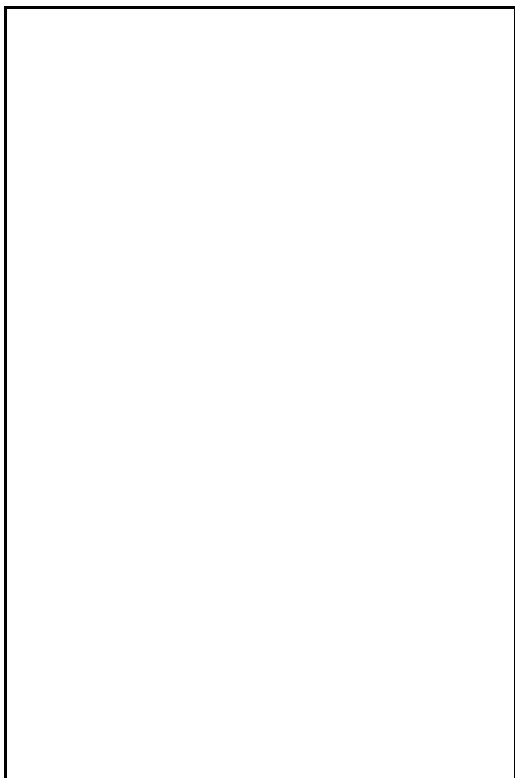
“It is compassionate to make sure nobody gets left behind.” Governor George W. Bush, June 1999¹

Larry Keith Robison is scheduled to be executed on 17 August 1999, 17 years after he killed five people in Fort Worth, Texas. He has always maintained that the appalling events of 10 August 1982 were the result of his mental illness. He was first diagnosed as suffering from paranoid schizophrenia three years before the murders, but, as his mother states in her testimony below, the Texas mental health care services repeatedly said that they did not have the resources to treat him unless he turned violent. The state has had no such hesitation in devoting massive resources to its own brutal response to his crime. By the time Larry Robison is led to the lethal injection chamber, it will have cost the State of Texas more than two million dollars to get him there.²

Larry Robison’s appeals against his death sentence have argued that Texas capital trial procedures denied his jury the ability to genuinely consider his sanity at the time of his crime, or to truly consider his mental illness as a mitigating factor. Further evidence backing up his claims of paranoid schizophrenia has emerged since he was convicted, but the standard of proof demanded by the appeal courts has proved too high to meet.

¹ Associated Press, 23 June 1999. Governor Bush was speaking about “compassionate conservatism” in Washington DC during presidential campaigning on 22 June.

² According to the *Dallas Morning News* of 8 March 1992, in Texas a death penalty case costs an average of about \$2.3 million, about three times the cost of imprisoning someone in a single cell at the highest security level for 40 years.



Larry Robison, aged 10. *“Larry was the kind of little boy every mother would want to have...”*
(Lois Robison) © Private (AI use)

Larry Robison’s fate is unlikely to generate much mainstream interest in a country which has seen more than 400 executions in the past seven years. In Texas, executions have become so routine that they are no longer considered worthy of more than cursory attention in the state’s media. With less than eight per cent of the nation’s population, Texas has accounted for a third of the more than 550 executions carried out nationwide since 1977. The Texas death row population stands at over 400 inmates. In 1999 executions in the state are being carried out at a rate of one every 10 days.

Amnesty International believes that the death penalty can offer no constructive solutions to violent crime. Any death sentence or execution is an affront to human dignity, serving only to deepen a culture of violence in society. The planned killing of Larry Robison also raises profound questions about crime prevention and the treatment of people with mental illness. Research indicates that the criminalization and inadequate treatment of the mentally ill continues to be a serious problem in the USA.

If a legal remedy is not forthcoming in the courts, Larry Robison’s final hope for clemency will lie with the Texas Board of Pardons and Paroles and the state governor. George W. Bush became Governor of Texas in 1994. On 17 June 1999 he oversaw his 100th execution since assuming office.³ These executions, many of which were carried out in violation of international standards, have flown in the face of the world trend towards abolition.

Governor Bush recently announced his intention to attempt to become a leader on the world stage. His campaign to be the next President of the United States is being fought under the banner of “compassionate conservatism”. The imminent execution of Larry Robison presents him with an opportunity to begin to demonstrate that compassion, and respect for international standards, can become a characteristic of his leadership.

³ Joseph Stanley Faulder, a Canadian national, was put to death despite widespread appeals for clemency, including from the Inter-American Commission for Human Rights, the Canadian Government and US Secretary of State Albright.

Schizophrenia: background information⁴

We believe the death penalty is never appropriate for a defendant suffering from schizophrenia or other serious brain disorders. National Alliance for the Mentally Ill, USA

Schizophrenia is a chronic, severe, and disabling brain disorder that can affect anyone at any age, but most cases develop between adolescence and age 30. It tends to occur earlier in men (late teens, early 20s) than in women. Larry Robison was first diagnosed at the age of 21. Schizophrenia impairs a person's ability to think clearly, manage his or her emotions, make decisions, and relate to others. The symptoms of schizophrenia include hallucinations and delusions. Although hallucinations may involve any of the senses, auditory hallucination, in the form of hearing voices, is the most common type. Voices may carry on a conversation, warn of imminent dangers, or even issue orders to the individual. Delusions among individuals suffering from paranoid schizophrenia - approximately one third of people with schizophrenia - can cause the individual, for example, to believe that people are reading their thoughts or plotting against them, or that others are secretly monitoring and threatening them.

There is no cure for schizophrenia, but it can be treated with anti-psychotic medications. Hospitalization may be necessary to treat severe delusions or hallucinations, serious suicidal inclinations (a major risk in schizophrenia sufferers), inability to care for oneself, or severe problems with drugs or alcohol. Research indicates that early intervention may prevent the worst long-term outcomes of the disorder. Violence, most often directed at family or friends, can be the outcome for those schizophrenia sufferers who are not in treatment or who have a drug or alcohol problem. However, despite media focus on the exceptions, individuals receiving appropriate treatment for schizophrenia are no more prone to violence than the general public. The National Alliance for the Mentally Ill (NAMI) believes that, in the overwhelming majority of cases, dangerous or violent acts committed by persons with brain disorders are the result of neglect or inappropriate or inadequate treatment of their illness. NAMI points to recent research indicates that over half of the more than two million US schizophrenia sufferers are not receiving the treatment they need.

On any given day in the USA, some 150,000 people with severe mental illness are homeless, living on the streets or in public shelters, and 80 to 90 per cent of people with serious brain disorders are unemployed. Meanwhile, the criminalization of people with mental illness continues. It is estimated that at least seven per cent of inmates in local and city jails, and 14

⁴ The information in this section is taken from the websites of two US organizations, the non-governmental National Alliance for the Mentally Ill (www.nami.org), and the governmental National Institute of Mental Health (www.nimh.nih.gov).

per cent of inmates in state prisons suffer from schizophrenia, manic depressive illness, or major depression.⁵

The events of 10 August 1982

“God told him to do it, that’s all I know, that he had to do this, to take them all home to heaven where they would be happy.” Lois Robison

On 10 August 1982, Junette Bryant found the decapitated and mutilated body of her son Ricky Bryant at his home in Fort Worth, Texas. Larry Robison, who had turned 25 two days earlier, had been staying with his friend Ricky Bryant while he, Larry, looked for a job. Next door, the police found the bodies of Georgia Reed and her 11-year-old son Scott, as well as those of Earline Barker and Bruce Gardner. Each of the victims had been shot in the head and their throats were slit. Georgia Reed had also been stabbed numerous times.

Larry Robison was later to write down an account of his life and thought process leading up to and including these appalling, and apparently motiveless, killings. Entitled *The Making of a Schizophrenic*, the 31-page document relates how he had been called upon to liberate souls to ascend to a higher plane of existence. He recounted his hallucination that Ricky Bryant had urged him on even as he worked to sever his friend’s head from his body. Robison described how a digital clock in the bathroom had flipped over to display a row of zeros and had then begun acting like a stop clock. He wrote that he had interpreted this as a message that he had to liberate as many souls as possible before the liberation of his own.

Larry Robison left the crime scene in Bruce Gardner’s car and drove north. He has said that he was heading for Kansas University Hospital in Kansas City where his mother had taken him for psychiatric care when he was a teenager (they had moved to Kansas when Larry was aged 10, and then to Texas when he was 16; at the time of the murders Larry Robison’s wife and young child were living in Kansas City). He pulled off the road at Wichita, Kansas, familiar to him because his grandmother and brother lived there. In the early hours of 11 August, a police officer found him asleep in the car behind a church. When the officer woke him, he made no attempt to resist arrest. He did not oppose being returned to Texas and was taken back by members of the Fort Worth Police Department.

Verdict and sentence: a foregone conclusion?

⁵ Also see: Lamb HR, Weinberger LE. Persons with severe mental illness in jails and prisons: a review. *Psychiatric Services*, 1998; 49:483-492: “Clinical studies suggest that 6 to 15 per cent of persons in city and county jails and 10 to 15 per cent of persons in state prisons have severe mental illness”.

“There are times, ladies and gentlemen, when the outrage of society and the righteous indignation of our society should be unleashed against the criminal element. I submit to you, this is one of those times.” State prosecutor, during closing arguments at Larry Robison’s trial, 1987.

Larry Robison was charged with the capital murder of Bruce Gardner, that is, his intentional killing carried out during a robbery (theft of the car). Larry Robison has never denied that he committed this or the other four killings (for which he was never tried), but has always maintained that they were the result of his mental illness.

He was originally prosecuted and convicted at a trial in 1983, but this conviction was reversed in 1986 by the Texas Court of Criminal Appeals because there had been an error during jury selection. At his retrial in 1987, Larry Robison again pleaded “not guilty by reason of insanity”, as he had done in 1983⁶.

Such a plea necessarily carries with it an admission that the defendant committed the crime in question, and places the onus of proof on the accused. In Texas, however, for the defence to meet this burden is made more difficult. This is because under state law, the jury is not allowed to be informed of what happens to a defendant who is found “not guilty by reason of insanity”⁷. A juror can therefore only speculate about the consequences of reaching such a verdict. Will the defendant get treatment? Will they be confined? Will they go free? In the absence of clarification, it is this last possibility that is likely to prey upon jurors’ minds. Not wishing to run the risk of releasing someone on to the street who has, in effect, admitted to a brutal murder, a guilty verdict may be reached simply to ensure public safety rather than after proper consideration of the issues of guilt, innocence and sanity.⁸ Larry Robison’s appeals have argued that the state clearly used this situation to its advantage during jury selection by implying that finding Larry Robison “not guilty by reason of insanity” would release him back on the

⁶ To establish legal insanity, Larry Robison had to prove that at the time of the killings, his mental illness deprived him of the knowledge that his actions were wrong and of the ability to conform his conduct to the requirements of the law.

⁷ In Texas, a defendant found not guilty by reason of insanity would be subject to an involuntary commitment proceeding.

⁸ Texas is in the minority in this regard. Other jurisdictions allow the jurors greater knowledge of what happens to a defendant found not guilty by reason of insanity. For example, in *Lyles v. United States* (1957), a federal court ruled that the average juror has the right to such knowledge, after it reasoned that although an average juror understands the consequences of either a “guilty” or a “not guilty” verdict, the average juror is not aware of the consequences of a verdict of “not guilty by reason of insanity”. However, this has not been raised to the level of a constitutional right by the US Supreme Court.

streets.⁹ At the same time, the defence lawyer was not even allowed to tell the jurors that he was prohibited from telling them the consequences of such a verdict.

For the defence, a mental health expert testified that Larry Robison suffered from chronic paranoid schizophrenia and that his use of drugs such as LSD and amphetamines had exacerbated this illness. He further testified that paranoid schizophrenia goes into remission from time to time, as was the case with Larry Robison at the time of the trial. For his part, the prosecution's expert maintained that there was no evidence that Larry Robison had ever suffered from mental illness, or that he was suffering from such an illness at the time of the crime. He argued that Robison was faking, that he was not schizophrenic, and that his actions were solely attributable to the intoxicating effects of his extensive drug use.

After several hours of deliberation, the jury rejected Larry Robison's plea of "not guilty by reason of insanity" and found him guilty of capital murder. The proceedings then went into a separate sentencing stage to determine whether he should live or die. It is at this phase of a US capital trial that the jury is presented by the defence with any mitigating evidence that might argue against a death sentence. The prosecution, on the other hand, presents evidence as to why it believes the death penalty is the appropriate punishment. The jury weighs up the evidence and recommends life or death accordingly.

Texas (along with Oregon) has a somewhat different procedure. After the sentencing phase evidence has been presented, the jury is asked to decide certain "special issues". Under the version of this sentencing scheme in operation in Texas in 1987, Larry Robison's jury were asked to decide the following two "special issues":

- < *"Was the conduct of the defendant, Larry Keith Robison, that caused the death of Bruce Gardner, committed deliberately and with the reasonable expectation that the death of the deceased or another would result?"*
- < *"Is there a probability that the defendant, Larry Keith Robison, would commit criminal acts of violence that would constitute a continuing threat to society?"*

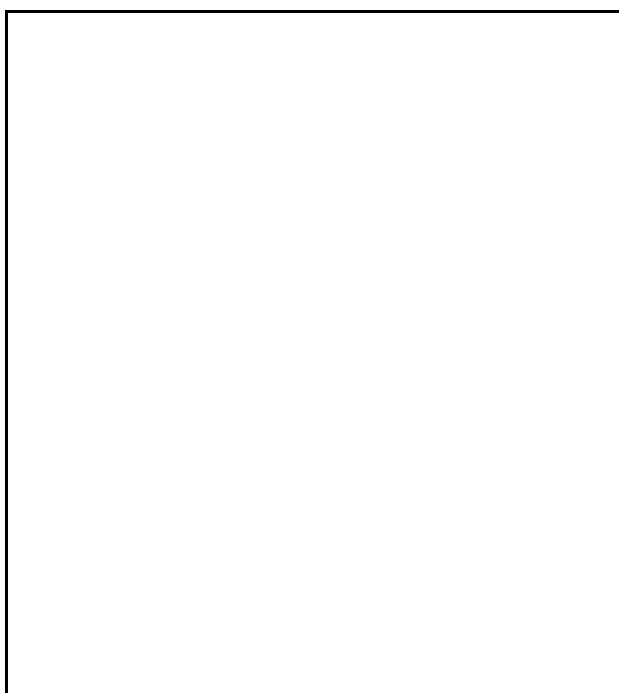
A "no" to either question (by any juror) would have resulted in life imprisonment. However, the jurors responded unanimously "yes" to both questions, and in November 1987 Larry Robison was sentenced to death. As discussed below, it is difficult to believe that the "special issues" format was likely to have led to any other outcome.

⁹ The prosecution made numerous statements which may have played on the fears of jurors ignorant of the consequences of accepting Robison's plea. For example: "Our law says... that if someone meets our legal definition of insanity... that their conduct is excused under the law", and "Our law says that if a person is insane at the exact time of the offense, then he cannot be held responsible for his actions."

The jury: unwilling or unable to accept mental illness as a mitigating factor?

“Assuming [for the sake of argument] that he was schizophrenic, there was no evidence that appellant’s mental disease decreases his personal moral culpability.” Texas Court of Criminal Appeals¹⁰

Over the years, the “special issues” sentencing scheme has been criticized for being biased in favour of the death sentence. For example, one study found that between 1974 and 1988, Texas juries returned death sentences in more than 75 per cent of capital murder cases in which the defendant was convicted¹¹, which represented, on average, a 50 per cent higher frequency rate than in other states. In the case of a mentally impaired defendant tried during this period, the chances of a death sentence may have been particularly high, as argued in the US Supreme Court in a case in 1989 and outlined below.



The Texas sentencing scheme was ruled constitutional in 1976 by the US Supreme Court, in *Jurek v. Texas*. The Court re-examined the scheme in 1989 in the appeal of Texas death row prisoner Johnny Penry, who had the mental age of a seven-year-old, and whose own “not guilty by reason of insanity” plea had been rejected at trial. His lawyers argued that, under the “special issues” scheme, the jury had been unable to properly consider Penry’s mental retardation and childhood abuse as mitigating evidence, as it had only been asked whether he had acted “deliberately” and whether he represented “a continuing threat to society”. The appeal argued that there was no place

Larry Robison, aged 18, in his air force uniform. He was sent home from Europe with an honourable discharge. “We knew Larry was having problems, but we didn’t know how severe they were until he was 21.” (Lois Robison) © Private (AI use)

¹⁰ *Larry Keith Robison v. The State of Texas* (1994)

¹¹ Marquart, J.W., S. Eklund-Olson, and J.R. Sorensen (1989) *Gazing into the Crystal Ball: Can Jurors Accurately Predict Dangerousness in Capital Cases?* Law and Society Review 23: 449-468

for the jury to use the mitigating evidence to say “no” to the death penalty within the rigid format of these questions. The Supreme Court agreed. It ruled that the jurors, in the absence of a specific instruction, had been unable to give mitigating effect to the evidence of Penry’s mental retardation. Had it been able to, the Court argued, it may have influenced their answers to the questions. The Court further noted that although evidence of Penry’s mental impairment had relevance to the second “special issue” - the question of future dangerousness - it was relevant only as an aggravating factor: “*Penry’s mental retardation and history of abuse is a two-edged sword: it may diminish his blameworthiness for his crime even as it indicates that there is a probability that he will be dangerous in the future.*” Johnny Penry was granted a new trial.¹² As a result of this ruling, in 1991 the Texas Code of Criminal Procedure was amended.¹³

On appeal, Larry Robison has argued that his mental illness raises an issue equivalent to that raised by Johnny Penry’s mental retardation. Robison’s appeals have argued that the “special issues” scheme also prevented his jury from being able to give his mental illness mitigating effect in the absence of specific instruction to do so. And, as in Penry’s case, Larry Robison’s appeals have argued that, even if the jury had believed that his mental illness made him less culpable for the crime, it would have simultaneously believed that it made him more dangerous, leading them to answer “yes” to the future dangerousness question. The appeals have argued that the fact that schizophrenia can be treated does not alter this, as there is no cure and a relapse is an ever-present risk. However, the appeal courts have disagreed.

In August 1998, the US Court of Appeals for the Fifth Circuit ruled that unlike Penry’s mental retardation, which was lifelong and prevented him from learning from his mistakes, schizophrenia is treatable and can go into remission. The Court argued that this, coupled with the fact that Larry Robison’s condition was in remission at the time of the trial, allowed the jury to be able to give his mental illness mitigating effect and answer “no” to the question of his future dangerousness.

¹² *Penry v. Lynaugh* (1989). While it stated that mental retardation could be a mitigating factor, the US Supreme Court also ruled that it was not unconstitutional to execute a mentally retarded person. At his retrial, even with the jury instructed that it could use the evidence of his mental retardation to mitigate against a death sentence, Penry was again sent to death row. He is still there.

¹³ A jury now has to answer the following additional issue at the sentencing phase of a capital trial: “Whether, taking into consideration all of the evidence, including the circumstance of the offense, the defendant’s character and background, and the personal moral culpability of the defendant, there is a sufficient mitigating circumstance or circumstances to warrant that a sentence of life imprisonment rather than a death sentence be imposed.”

The fact that the jurors unanimously answered “yes” to the future dangerousness question means either that they believed that the remission of Larry Robison’s schizophrenia was not necessarily long-lasting, rendering his mental condition an aggravating rather than a mitigating factor (the “two-edged sword” described in *Penry*); or that they believed the state when it argued that Larry Robison was not mentally ill at all.

The evidence of Larry Robison’s mental illness

“Since some people who abuse drugs may show symptoms similar to those of schizophrenia, people with schizophrenia may be mistaken for people “high on drugs”. While most researchers do not believe that substance abuse causes schizophrenia, people who have schizophrenia often abuse alcohol and/or drugs, and may have particularly bad reactions to certain drugs.” National Institute of Mental Health, USA.

Given the onus on the defence to prove insanity, and failing that, to have Larry Robison’s mental illness accepted as a mitigating factor, all possible evidence should have been presented by the defence if the jury of 12 lay people were to be persuaded to believe that he was mentally ill, rather than the prosecution’s opinion that he was a malingering drug user. The onus on the defence was increased by the fact that Larry Robison’s condition was in remission at the time of the trial.

Three doctors diagnosed Larry Robison as suffering from paranoid schizophrenia prior to the killings of 10 August 1982. Yet none of them was brought by the defence to testify at the trial. Their diagnoses are made all the more compelling by the fact that they were made in clinical settings, rather than as part of a forensic or adversarial legal process.

Larry Robison’s defence lawyer decided to discourage him from testifying, even though Robison wanted to tell his version of what happened up to and including the killings. The lawyer feared that he would damage his case under cross-examination by the prosecutor. For its part, the prosecution would not allow the admission of Larry Robison’s autobiographical *The Making of a Schizophrenic*, unless the defendant took the stand. He did not testify, and as a result, the jury never heard or read Larry Robison’s version of events, leaving it without valuable insight into his mental condition at the time of the crime.

Since Larry Robison was convicted, new evidence has emerged backing up the defence claim, and undermining the prosecution’s contention that his actions were solely attributable to drug use.

There is substantial evidence that schizophrenia as well as chronic mood disorders run in certain families.¹⁴ In her trial testimony, Lois Robison stated that Larry Robison's uncle, great uncle, and great grandfather all suffered from paranoid schizophrenia, although the defence lawyer did not present any medical records in court. However, in 1989, his younger half-sister was diagnosed as suffering from manic depressive illness and schizoaffective disorder.¹⁵ This is evidence, not available at the time of the trial and supportive of the defence, indicating that Larry Robison had an increased risk of contracting schizophrenia. The mental health expert who testified for the defence at the 1987 trial, believes that this development substantially increases the accuracy of his diagnosis that Robison was suffering from paranoid schizophrenia at the time of the crime.

A second mental health expert, who evaluated Larry Robison for the Texas prisons system, has stated that this new evidence changes the opinion he held at the time of the trial. Then, he believed that Larry Robison was suffering more from the effects of long-term drug use than from schizophrenia. He now believes the opposite to be the case: that Larry Robison's psychosis was more attributable to schizophrenia than to his drug use. This clinical psychologist was present at the trial, but was not called by the defence for fear that he would bolster the state's argument that Larry Robison was faking mental illness and had acted as a result of drug intoxication.

A failure of health care? Lois Robison's testimony

*"Research shows that the vast majority of the mentally ill who go behind bars are not being treated by the mental health system at the time of their arrest; for many the criminal justice system is likely to be the first place they receive serious attention or even medication."*¹⁶

The following is taken from an interview given to Amnesty International by Lois Robison, Larry Robison's mother, in Dallas, Texas, in June 1998. Lois Robison is a retired teacher and an

¹⁴ "Familial pattern: There is substantial evidence that there is an increased risk for Schizophrenia in first-degree biological relatives of individuals with Schizoaffective Disorder..." *American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)*, p.294, (1994).

¹⁵ Manic depressive illness, or bipolar disorder as it is increasingly known, is a brain disorder involving episodes of mania and depression. The symptoms of schizoaffective disorder include delusions, hallucinations, catatonia, paranoia and bizarre behaviour.

¹⁶ Elliot Currie. *Crime and Punishment in America*. New York: Metropolitan Books 1998, p 34.

active campaigner against the death penalty and for the rights of the mentally ill caught up in the criminal justice system.

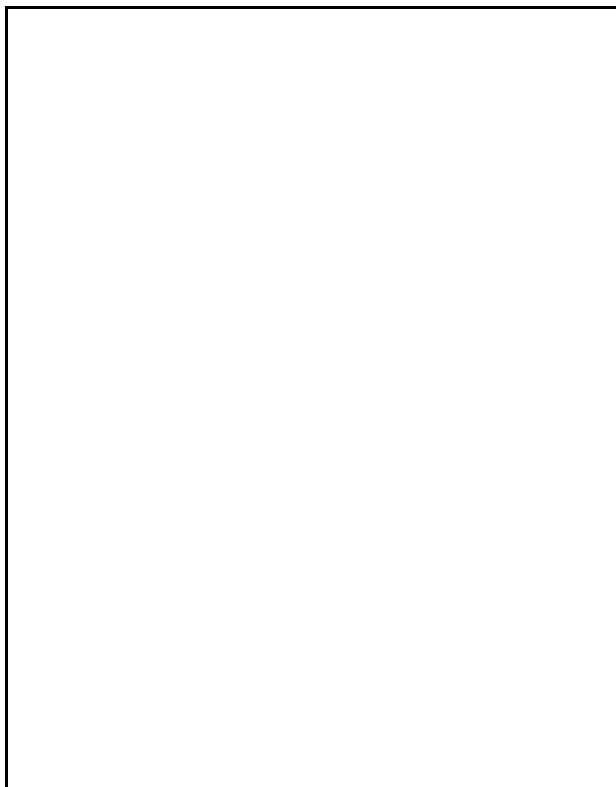
“We’re just an average family except that we have a son on death row. Larry was the kind of little boy that every mother would want to have, a good student, he was a boy scout, he played in the band, he was on the swim team, and he was a really good little boy until he became ill. In his teens he began to have problems and we didn’t know what was wrong with him. We took him to the Family and Children Service to see if they could help but they didn’t diagnose what was wrong with Larry. Later, as things got worse, we took him to Kansas University Medical Center psychiatric department. He saw a psychiatrist for a over year.

Larry was in the air force in Europe when suddenly they sent him home with an honourable discharge a year after he joined, with no explanation of why. We knew Larry was having problems, but we didn’t know how severe they were until he was 21. He called and begged us for help, he was imagining all kinds of things, he thought he was flying out of his body over the boulevard. He thought he was exploding things with his mind, that people had been killed because he had exploded the gas tank in their car with the power that came out of his head.

We went and picked him up and took him to the local hospital emergency room and in just a few minutes the doctor came out and told us that Larry was a paranoid schizophrenic. The next day our family doctor called in a psychiatrist and he examined Larry and they talked to us and told us that Larry was a classic paranoid schizophrenic, very severe, and that he needed long-term treatment and then they asked who our medical insurance was with. Unfortunately, my insurance didn’t cover Larry because he had just turned 21 and he didn’t have his own insurance. When they discovered no one could pay them they became quite anxious to get him out of the hospital and they started trying to figure out where to send him. They finally decided that we should take him to the county hospital, so we did.

We were asked by all the doctors, has Larry ever been violent? And our answer was no he’s never been violent, he never even had fights when he was a teenager, he was a very peaceful quiet child. So they told us they couldn’t commit him unless he was violent, the longest they could keep him was 30 days. We were repeatedly told that they don’t have enough beds, they don’t have enough funds and that they cannot commit anyone unless they are violent. So when they started to put him out of the county hospital they kept telling us not to take him home but they were going to discharge him. He had no money, no job he had no place to live, no car. He had no one but us; “You can’t just put him out on the street”, and I was told “You’d be surprised, we do it every day.”

I begged and pleaded and cried and got angry and did everything I knew to do and finally asked can you send him to another hospital, so they made arrangements to do that. We had to get him to voluntarily sign himself in which is no small feat - as a schizophrenic he believed everything was a conspiracy against him. They kept him less than 30 days; "We can't keep him more than 30 days because he's not violent, if he gets violent we'll commit him". They said take him to the local mental health and retardation centre and he would get outpatient treatment there. That process took about six weeks and by that time Larry had disappeared, left home and had been picked up and was in jail in the next town. We left him in jail for six months because we couldn't keep him in the hospital, so he was safer in jail than he was on the streets.



Larry Robison, aged 2, shortly before his natural father died of a brain tumour © Private (AI use)

Eventually I called everybody in the helping book, it lists all the helping agencies in the county. I finally found somebody who would listen and help us and he got Larry out of jail and into a halfway house. Unfortunately he didn't understand about Larry's mental illness either, so he was there for awhile and we thought he was doing better until quite suddenly we heard on the radio that a Larry Keith Robison had been extradited from Kansas for murder.

The first time Larry was accused of being violent was killing five people. We were absolutely horrified, but we thought he would be sent to a mental hospital for the rest of his life. We were badly mistaken. They put Larry in the county jail; they didn't give him any treatment - he attempted suicide twice and they took him to the hospital and saved his life both times, and a year later they gave him a trial. Even though the doctor who had treated him in the county hospital testified that Larry was a classic example of a paranoid schizophrenic the DA [District Attorney] said that he wasn't...

I collapsed outside the court room because I knew what was going to happen. I was carried to the hospital in an ambulance where I was for four days. The verdict came down and Larry was found guilty and again when he was sentenced to death I was in bed for probably another week after that under sedation. But when I finally came up I got very angry: Larry had begged us for help and we had begged everybody in Texas that we knew to talk to and nobody would help us. The people in this country don't know what's really happening, and they need to know, because if Larry had got treatment that we begged for for years, five people would be alive today and Larry wouldn't be on death row.

(Q: How has Larry coped with being on death row?) Larry's done very well. He was very ill when he first went there and he said he was still hearing the voices. After awhile he still heard them but he knew they weren't real and now he says he doesn't hear the voices anymore. He seems to have gone into remission which is very common with about a third of schizophrenics who spontaneously recover over time and Larry seems to have done that; he seems to be very lucid now, he's writing a book about his life and he is also writing one about prison systems that really work. He helped to start an organisation called the Endeavour Project which the death row inmates organised themselves. Later he helped start a group called Lamp of Hope¹⁷.

He writes poetry, he makes flutes and he is building a guitar. He has really wonderful ideas; he does arts and crafts, he's done pictures, he made me a Tiffany lamp out of typing paper and coloured pencils and Elmer's glue and matchsticks and strips of wood he got from somewhere. It's a beautiful Tiffany lamp; when you light it up all the colours shine through. He has also made me a needlepoint, a mantle clock that actually works; he also makes jewellery. He helps the other inmates.

A couple of years ago we took his little girl to see him. It was the first time. He hadn't seen her since she was a year old. That's the happiest I saw Larry in his life. Her mother had told her that all these years daddy was in an institution and that he was ill. She had shown her Larry's picture and so she knew who he was. When she was 14 she decided it was time that she knew what institution Larry was in. She went to see him and it was a really marvellous reunion. It's very difficult for his wife because she still loves him and it's been a lot of years but she told me no one has ever been as good to her as Larry.

Time for humanitarian intervention

¹⁷ The Lamp of Hope Project aims to educate citizens about alternatives to the death penalty, and offers support to murder victims' families "by promoting healing and reconciliation", and to families of prisoners.

“It will be very difficult, we really haven’t faced it yet: how we’ll manage to live through that and how we’ll stand there and watch them kill our son. I don’t know how I’ll get through that.” Lois Robison, June 1998

The death penalty creates more victims, deepens a culture of violence, and uses resources and energy which could surely be better used towards crime prevention and helping the families of murder victims. Larry Robison’s execution, like any execution, will benefit no one.

Amnesty International opposes the death penalty, irrespective of issues of guilt, innocence, or sanity. For the diminishing group of countries which still resort to capital punishment, international human rights standards seek to restrict its use with a view to abolition. For example, in 1997, the UN Special Rapporteur on extrajudicial, summary or arbitrary executions stated that governments which continue to use the death penalty "with respect to minors and the mentally ill are particularly called upon to bring their domestic legislation into conformity with international legal standards."¹⁸

There is substantial evidence that Larry Robison was suffering from paranoid schizophrenia at the time of his crime, and that the prosecution at his trial was mistaken in its contention that he was malingering and that his actions were solely attributable to drug use. Furthermore, inadequate defence representation and the capital justice procedures in operation in Texas at the time of Larry Robison’s trial may have prevented his jury from being able to give proper consideration to his “not guilty by reason of insanity” plea, or from using the evidence of his mental illness to vote against a death sentence.

Amnesty International appeals to the members of the Texas Board of Pardons and Paroles and Governor Bush to grant clemency to Larry Robison and commute his sentence to a humane alternative.

If you wish to take action on behalf of Larry Robison, please contact the Amnesty International Section in your country.

¹⁸ *Extrajudicial, summary or arbitrary executions: Report by the Special Rapporteur...*, UN document No. E/CN.4/1998/68, 23 December 1997, paragraph 117.