

15139 Sarinaga Dr  
La Merada, Calif.

THE  
STATLER  
HILTON

90638



16th St. at K., N.W.  
WASHINGTON, D.C. 20036

VIA AIR MAIL

*E.*

68MS-15  
ET-C  
20 SHN TRND  
96602  
Captain Robert B. Goch Jr.  
1701 W 232 Ave. S 13  
San Francisco, Calif.  
94612

8 October 1972

Dear Sirs

Enclosed is a <sup>3/5.58</sup> \$315.00 money order to cover the cost of <sup>107</sup> 106 nickel plated and 16 copper 1/Lt Sam G. CORDOVA 26Aug72 POW/MIA bracelets.

Please mail each individual's request separately as several person's bracelets will have to be forwarded to new addresses by us.

1/Lt Sam G. CORDOVA copper bracelets

1/Lt Darrell Borders

Cpl. Kirby (2 bracelets)

Cpl. Wright (4 bracelets)

CySgt Hodder  
c/o Maintenance Control

Cpl. Crosby  
c/o Ordnance

Cpl. Hezners  
c/o Ordnance

Cpl. Chism  
c/o Ordnance

Cpl. Pickering  
c/o Ordnance

Sgt. Harris  
c/o Ordnance

Cpl. Galipasu  
c/o Ordnance

Sgt. Rowland  
c/o Ordnance

L/Cpl. Fuller  
c/o Metal Shop

1/Lt Sam G. CORDOVA nickel plated bracelets

1/Lt E. HAY

Capt. Ward

1/Lt R. W. Jacobs

PLEASE MAIL EACH REQUEST SEPARATELY

1/Lt Sam G. CORDOVA nickel plated bracelets, continued

1/Lt Jack Stanfill

1/Lt Tim Rask

Capt. John Lubman

Capt. Lee Domina

Capt. Gene Saloniuk

1/Lt Pete Misunas

1/Lt Phil Lynd

Maj. Earl Peet

Capt. R. V. Black, Jr.

Maj. McFall

1/Lt Mike Kah

Capt. Rich Dinkel

Capt. Don Camper

Capt. Bill Anderson

Capt. Greg Taylor

1/Lt Terry Owens

Capt. Wayne Cook

Capt. R.S. Jones

1/Lt Hal Williams

SgtMaj. Chapman

L/Cpl Pyatt (2 bracelets)

Cpl. Brainerd

Cpl. Epting

Mr. Gene O'Neal, Tech. Rep.

Mr. W. O. Grady, Tech. Rep.

Sgt. Orr

c/o Operations

GySgt Holton

c/o Operations

PLEASE MAIL EACH REQUEST SEPARATELY

L/Lt Sam G. CORDOVA nickel plated bracelets, continued

Cpl. Semerville  
c/o Seat Shop

Cpl. MacLaughlin  
c/o Seat Shop

SSgt Russell  
c/o Seat Shop

Cpl. D.F. Coffin  
c/o Seat Shop

Cpl. Cupp  
c/o Seat Shop

Cpl. Litz  
c/o Flight Equipment

Cpl. J.J. Green  
c/o Flight Line

Cpl. D.W. Berry  
c/o Flight Line

Cpl. Lee  
c/o Flight Line

SSgt Gloska (2 bracelets)  
c/o Flight Line

L/Cpl Anderine  
c/o Flight Line

Cpl. Gonzales  
c/o Flight Line

L/Cpl Sparrow  
c/o Flight Line

Cpl. Freeman  
c/o Flight Line

SSgt Hasking  
c/o Flight Line

Cpl. Weiland  
c/o Flight Line

L/Cpl R. A. Thompson  
c/o Flight Line

PLEASE MAIL EACH REQUEST SEPARATELY

L/Lt Sam G. CORDOVA nickel plated bracelets, continued

Cpl. Ferge  
c/o Power Plants

Sgt. Wells  
c/o Power Plants

Sgt. Hurt  
c/o Power Plants

Cpl. Spacek  
c/o Power Plants

SSgt. Snyder  
c/o Metal Shop

Cpl. Siskert  
c/o Metal Shop

L/Cpl. Aguallo  
c/o Metal Shop

Cpl. McConnell  
c/o Metal Shop

Sgt. Williams  
c/o Metal Shop

Sgt. Graves  
c/o Metal Shop

Pvt. Jones  
c/o Metal Shop

Cpl. Mamarow  
c/o Com/Nav

Cpl. P. Gray  
c/o Com/Nav

Sgt. Heilman, R.E.  
c/o Com/Nav

Sgt. T.V. Howard  
c/o Com/Nav

Cpl. W.A. Thompson  
c/o Com/Nav

Cpl. W.I. Paulson  
c/o Com/Nav

PLEASE MAIL EACH REQUEST SEPARATELY

1/Lt Sam G. CORDOVA nickel plated bracelets, continued

L/Cpl Kruger  
c/o Elect. Shop

L/Cpl J.C. Carroll  
c/o Elect. Shop

Cpl. Brummel  
c/o Elect. Shop

Cpl. O'Berry  
c/o Elect. Shop

Sgt. McCoy  
c/o Elect. Shop

Cpl. Miller  
c/o Elect. Shop

Cpl. Peters (2 bracelets)  
c/o Hydraulics

Pvt. Kallinen  
c/o Hydraulics

L/Cpl Lasinski  
c/o Hydraulics

Cpl. M.R. Phillips  
c/o Hydraulics

FFC Roy  
c/o Hydraulics

Sgt. Waters (2 bracelets)  
c/o Hydraulics

Sgt. Hefti  
c/o Materiel

GySgt Ossman  
c/o Materiel

Cpl. Hendricks  
c/o Radar

Cpl. Thums  
c/o Radar

Cpl. Bohn  
c/o Radar

Cpl. Pinion  
c/o Radar

Cpl. Pisieczko  
c/o Radar

SSgt Smith  
c/o Radar

PLEASE MAIL EACH REQUEST SEPARATELY

L/Lt Sam G. CORDOVA nickel plated bracelets, continued

MSgt Lunsford  
c/o Avionics

Sgt. Muniec  
c/o Maint. Admin.

L/Cpl Mitchell  
c/o Maint. Admin.

Cpl. Campbell  
c/o Ordnance

L/Cpl Pena  
c/o Ordnance

GySgt Broy  
c/o Ordnance

Sgt. Gage  
c/o Ordnance

Sgt. Walker  
c/o Ordnance

Cpl. Mynuch  
c/o Ordnance

SSgt Carlsen  
c/o Ordnance

SSgt Pitcher  
Career Planner

Sgt. Ponce  
c/o Radar

Sgt. Campbell  
c/o Radar

The above bracelets should be sent to VMFA 232, MAG-15, FPO, San Francisco 96602

Sample: GySgt Holton  
Operations  
VMFA 232, MAG-15  
FPO, San Francisco 96602

In addition, please send nickel plated bracelets to the following addresses

Capt. W. Helling  
158 1/2 Dwight St.  
Springfield, Mass. 01107

Capt. B. Jankiewicz  
H&MS-15, MAG-15, S-1  
FPO, S.F. 96602

SSgt Dub Allen  
H&MS-15, MAG-15,  
FPO, S.F. 96602

Capt. Roger Bullard  
H&MS-15, MAG-15, S-3  
FPO, S.F. 96602

Capt. John Blackman  
71 1/2 Franklin  
River Forest, Ill. 60305

SSgt Jesse Massey  
Cedar Island, N.C. 28520

Thank you very much for the consideration; I hope I have been at least a little helpful and not too confusing.

Sincerely,



ROBERT V. BLACK, JR.



**EXHIBIT 7**

**Affidavit of Gary Wayne Black**

STATE OF TEXAS

COUNTY OF BRAZOS

AFFIDAVIT OF GARY WAYNE BLACK

1. My name is Gary Wayne Black. I am the son of Bob Black, Jr., and Sandra Kay Black. I presently reside at 401 Anderson Street, in College Station, Texas. I am 22 years old.

2. I was born October 7, 1969, while my father, Robert V. Black, Jr., was stationed with the Marines in Hawaii. Our family lived in Hawaii for approximately 2 years; then my mother and I returned to live with my grandmother, Margie Eimann, in Bryan, Texas, while my father went off to Vietnam.

3. I have many fond memories of my father dating from the period right after he got back from Vietnam. One of my earliest memories dates from when our family lived on Gunsmith Street in Bryan, Texas. I remember playing with my father with a toy airplane that we tied to a door knob with elastic string and then would pull back and release, causing it to fly around the room. I also remember my father teaching me how to fish at a pond behind our house. I remember my father being relaxed, calm, and pleasant on these outings.

4. Right after my father returned from Vietnam, our family moved to Midland, where I went to kindergarten. We stayed in Midland for less than a year, moving back to Bryan where we bought our house in the Steep Hollow neighborhood.

5. I started to become involved in Boy Scouts when I was about 12 years old. My father had been an Eagle Scout himself, and he encouraged me a lot to become involved in Scouts too. I remember he bought me my first Scout uniform for my birthday.

6. My father became very active in Scouts with me. He became one of the assistant scout masters of our scout troop. He attended our weekly meetings on Mondays, and went on the campouts that we had about once a month at Camp Arrowmoon. I remember he converted an old truck that he had that we called the "Twinkie Truck" into a van for our scout troop. My father knew alot about scouting, and he taught me and the other boys alot in the troop. Everybody in the troop seemed to like him. I was proud that my father knew so much about scouting and that he was liked and respected by my friends.

7. Another thing that my father and I had in common was an interest in motorcycles. When I was about 13 years old, my father bought me a motorbike, and I liked to ride it alot. One of my fondest memories of my dad is of the cross-country motorcycle trip we took together when I was about 14 years old. We set off in a two-seater, and went from Bryan, to Oklahoma, then on to Kansas and Nebraska, stopping in South Dakota to see Mount Rushmore. From South Dakota we traveled east, passing through Minnesota and then headed south to Iowa, where we stopped to see my father's best friend from Vietnam, John Blackman.

8. We stayed with John Blackman and his family for about three days. Blackman and my father had flown many missions in

Vietnam together; Blackman was the pilot and my father was a radio intercept operator. We grilled outdoors, and had a real good time. My father seemed real happy to see John Blackman, and they seemed like real good friends.

9. I don't remember my father and John Blackman talking at all about Vietnam in front of me during that trip. Later, my father told me that he and Blackman stayed up very late one night, after I'd gone to bed, and talked about Vietnam.

10. My father really never talked to me about his experiences in Vietnam during this time. It was understood in my family that you just didn't bring the subject up. For example, if I brought a videotape about Vietnam home to watch, like "Rambo", my father would get up and leave the room. He would do the same thing if a television program about Vietnam would come on. It was clear that he didn't want to talk about it.

11. I remember when my father and mother went to see the movie, "The Deer Hunter". When my father came home he was very upset by the movie. This was the only time that I can remember my father talking with my mother about what had happened in Vietnam. When they were done, my father told my mother that he never wanted to talk with her about it again.

12. My father kept no mementos or memorabilia from Vietnam around the house. I knew that he had photographs, but he kept those hidden away in the dresser drawer. He also had a wooden model of an F-4 fighter plane that he'd bought in the Phillipines and a "mammaluke" -- the sword or dagger that is presented to the

best man in basic training -- but basically he kept all of these things out of open view.

13. One thing that I remember real well about my father was that he was a perfectionist. Everything he did had to be just right. My grandfather is the same way; it's like something that wouldn't matter to anybody else would matter alot to my grandfather, my father, and me. My Dad was real skilled with his hands and he liked to build things, but when he did all of the measurements had to be perfect. When we bought the house at Steep Hollow, the property was really a mess, and he really cleaned up the house and the land around it.

14. On the other hand, I realize too that my father had problems. His moods were unpredictable and sometimes the tiniest thing that went wrong would upset him. At the time, I did not understand his behavior; I understand now that it was related to things he'd experienced when he was in combat in Vietnam. I remember that my father was hospitalized once at the V.A. Hospital, and once at another psychiatric hospital many years later, for these problems. When he came back home from these places he seemed calmer and didn't lose his temper.

15. When I graduated from high school I went to see my father in prison because I was thinking about joining the Marines. He was against it and tried to talk me out of it. It was then that he told me for the first time stories about his experiences in Vietnam. Instead of joining the Marines I decided

to go to college. I am now studying finance at Texas A & M University.

16. My father's trial, conviction, and imprisonment have been very difficult for me. However, he is still very much a part of my life. We maintain a correspondence by letter and I visit him as often as I can at the prison. He is important to me and still has much to offer, even from a prison cell. I believe he can contribute to the lives of his family and to society in general if he is allowed to live.

17. Although I recognize that he was responsible for the death of my mother, I love my father and want him to live. I have already lost one parent; I do not want to lose the other. I hope there will be some way to spare his life.

I hereby affirm that the foregoing is true and correct and I so state under the pains and penalties of perjury.

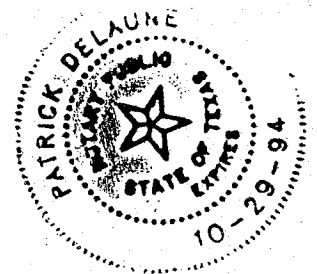
Gary Wayne Black

Signed and sworn before me this 18<sup>th</sup> day of May, 1992.

Patrick DeLaune

Notary Public

My commission expires:



**EXHIBIT 8**

**Affidavit of Bobby Ray Wilkinson**

County of Brazos        )  
                                  )  
State of Texas            )

Affadavit of Robert Ray Wilkinson

1. My name is <sup>Bobby BAW</sup> ~~Robert~~ Ray Wilkinson. I currently reside at 2603 Arbor Lane, Bryan, Texas. I am of legal age and am otherwise competent to give this affidavit.

2. In February 1986, I served as foreman of the jury for the capital murder trial of Robert Vannoy Block, Jr.

3. Before my retirement in 1977, I was a colonel in the United States Marine Corps for 28 years. Over that period of time, I had four specific combat tours, and I saw combat in both the Korean and Vietnam wars. During my third tour, I served as a commander of an attack helicopter squadron in combat in Vietnam. I also served a tour as "Presidential Pilot" for President Eisenhower from 1958 to 1961.

4. I recall from my service as foreman of Mr. Black's jury that Mr. Black had also been a Marine and that he had served in Vietnam. I distinctly remember, however, to my dissatisfaction at the time, that no details about the nature of Mr. Black's service in the United States Marine Corps were presented to the jury. Specifically, I distinctly remember that no mention was made of whether Mr. Black was honorably or dishonorably discharged. I naturally assumed that if Mr. Black had been honorably discharged, the defense would have presented evidence of that fact. Because they did not, I assumed that Mr. Black's discharge from the Marine Corps had been other than honorable.



5. Since the trial, I have reviewed Mr. Black's military service documents provided to me by his current lawyers. From these documents, I have learned not only that Mr. Black was honorably discharged from the Marines, but that he received numerous citations, commendations, and decorations for his service. According to Mr. Black's military personnel records, these honors included the National Defense Service Medal, the Meritorious Mast, the Vietnamese Service Medal with one star, the Vietnamese Campaign Medal with device, and the Air Medal with ~~one~~<sup>ning</sup> star. *ARW*

6. During my own years of military service, I served for some years as a member of a Military Court. In that capacity, I encountered soldiers who deserted or otherwise shirked their duty to the United States. I considered their conduct morally reprehensible then, and I still do today. On the other hand, I can recall at least one occasion when a soldier's exemplary duty convinced me, as a member of the Military Court, of the appropriateness of clemency in that Marine's case.

7. Due to my own experience as an officer in the Marines for nearly 30 years, I consider the nature of a Marine's service in the military to be a strong indication of his character. Because I consider a dishonorable discharge to be a strong indication of poor character, my assumption that Mr. Black's service had been dishonorable effected my judgment about Mr. Black's character.

8. Had Mr. Black's trial attorneys presented the evidence

of Mr. Black's exemplary service to his country of which I am now aware, there is at the least a substantial probability that I would have recommended a sentence of life in prison rather than the death penalty.

9. Furthermore, I have since become aware of the difficulties Mr. Black experienced making a readjustment to civilian life upon his return to the United States and of the fact that Mr. Black had been diagnosed as suffering from Post Traumatic Stress Disorder as a result of his experiences in combat. As a veteran of the Vietnam war myself, I personally am familiar with a number of soldiers with whom I served who experienced similar difficulties upon returning to the United States. From this personal knowledge, I take Post Traumatic Stress Disorder seriously as a very real psychological affliction with very real debilitating consequences.

10. Had Mr. Black's attorneys presented evidence of the difficulties Mr. Black experienced upon his return to the United States, this evidence would also have effected my deliberations. It is my opinion that such information would have contributed to an understanding of Mr. Black's post-Vietnam life and character. If this information about Mr. Black had been known to the jury, I would have shared my personal knowledge about Post Traumatic Stress Disorder and its effects on servicemen with the rest of the jury. I would have made it a significant issue in our deliberations because it was of substantial significance to me then and is still of substantial significance to me today.

11. In retrospect, I feel that because I was deprived of this information as a juror I was not able to judge Mr. Black clearly and with equanimity. In short, I was deprived of what I consider the most important evidence in regard to my decision about the appropriate sentence in Mr. Black's case.

I swear that the foregoing is true to the best of my knowledge.

*Robert Ray Wilkinson*  
Robert Ray Wilkinson *R.R.W.*

Subscribed and sworn to before me this 18<sup>th</sup> day of May, 1992.

*Patrick DeLaune*  
Notary Public



**EXHIBIT 9**

**Inpatient psychiatric records of  
Veterans Administration Hospital, Houston, Texas  
6/8/76 - 10/15/76**

VA Form (Mar 1972) 10-1000 **HOSPITAL SUMMARY**

Received TDC, 12/28/87 Patient Name: BLACK, Robert V., Jr.

Age: 29

Sex: M

Race: W

Social Security No: 457 70 0620

Claim No: C-

Name of Hospital: VAH, Houston, Tx.

ICDA Code: 306.9

PTF Competed: Jan 21, 1977 (/s/ NW)

Diagnoses:

1. Personality disorder, explosive behavior.

Pertinent clinical diagnosis noted but not treated:

Blank

Operations procedures performed at this hospital during current admission:

Blank

Summary:

This 29 year old male state that this was his first VA Hospital Houston admission. He said that he came to the hospital this time because he felt that he needed help. He said that he had a nervous breakdown in November, 1975 but did not receive any treatments at all. He came to Houston because his wife was here who he was allegedly estranged from and tried to talk her into some reconciliation. They did make some grounds in that direction. The patient stated that he, for some reason, all of a sudden goes into a rage and at many times had been very abusive to his wife. Most recently he went into the house, got his gun and came out and killed the dog. At that time his wife threatened to leave him permanently unless he received some help. He came to the hospital for help. On admission to the unit the patient's physical examination was in the realm of normal variation. His laboratory work and x-rays did not reveal any significant abnormalities. He was placed on medication consisting of Haldol 1 mg. four times a day, RB with C once a day. All of physical complaints were taken care of by the necessary services and treated empirically. On 6-29-76 the Haldol was discontinued and he was started on Loxapine 10 mg. twice a day. After a period of time he decided that he didn't need any kind of medication only vitamin E. His medication was discontinued. He did well without any medication. He went on pass one time and came back very late. This was an authorized absence. The patient did not create any disturbance and was placed in activities and participated sparingly, and superficially. It was at this time that the patient asked for a discharge. It was felt that he had reached maximum benefits and was given a regular discharge. At the time of release from the hospital the patient was considered to be competent.

DD:1-18-77 DT:1-19-77/pa

Admission Date: 6-8-76 Discharge Date: 10-15-76 Type of Release: OPT/NSC Inpatient Days: -- Absence Days: -- Ward No: 112 Signature of Physician: David W. Kaueper (?), M.D. for Roland L. Welch, M.D.

*Krueper*

Approved exemption to SF 502

PATIENT'S NAME <b>BLACK, Robert V., Jr.</b>	AGE <b>29</b>	SEX <b>M</b>	RACE <b>W</b>	SOCIAL SECURITY NO. <b>457 70 0620</b>	CLAIM NO. <b>C-</b>	NAME OF HOSPITAL <b>VAH, Houston, Tx.</b>
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DIAGNOSES (List in numerical order: first, the established clinical diagnosis responsible for the major part of patient's stay; then, in order of clinical importance, other established diagnoses for which treatment was given. Place letter "N" before diagnosis (es) responsible for Nursing Care placement. List Problem numbers after diagnosis.)

ICDA CODE

1. ~~Personality disorder~~, explosive behavior.

305.9

TO WORK: YES NO IF YES, HOW SOON? \_\_\_\_\_

JAN 21 1977  
PTF COMPLETED

PERTINENT CLINICAL DIAGNOSES NOTED BUT NOT TREATED (Include autopsy diagnoses not listed as clinical above)

OPERATIONS PROCEDURES PERFORMED AT THIS HOSPITAL DURING CURRENT ADMISSION

DATE

SUMMARY (Brief statement should include, if applicable, history, pertinent physical findings; course in hospital; treatment given; condition at release; date patient is capable of returning to full employment; period of convalescence, if required; recommendations for follow-up treatment; medications furnished at release; competency opinion when required; rehabilitation potential; and name of Nursing Home, if known.)

This 29 year old male stated that this was his first VA Hospital Houston admission. He said that he came to the hospital this time because he felt that he needed help. He said that he had a nervous breakdown in November, 1975 but did not receive any treatments at all. He came to Houston because his wife was here who he was allegedly estranged from and tried to talk her into some reconciliation. They did make some grounds in that direction. The patient stated that he, for some reason, all of a sudden goes into a rage and at many times had been very abusive to his wife. Most recently he went into the house, got his gun and came out and killed the dog. At that time his wife threatened to leave him permanently unless he received some help. He came to the hospital for help. On admission to the unit the patient's physical examination was in the realm of normal variation. His laboratory work and x-rays did not reveal any significant abnormalities. He was placed on medication consisting of Haldol 1 mg. four times a day, RB with C once a day. All of his physical complaints were taken care of by the necessary services and treated empirically. On 6-29-76 the Haldol was discontinued and he was started on Loxapine 10 mg. twice a day. After a period of time he decided that he didn't need any kind of medication only vitamin E. His medication was discontinued. He did well without any medication. He went on pass one time and came back very late. This was an authorized absence. The patient did not create any disturbance and was placed in activities and participate sparingly, and superficially. It was at this time that the patient asked for a discharge. It was felt that he had reached maximum benefits and was given a regular discharge. At the time of release from the hospital the patient was considered to be competent.

DD:1-18-77 DT:1-19-77/pa

ADMISSION DATE <b>6-8-76</b>	DISCHARGE DATE <b>10-15-76</b>	TYPE OF RELEASE <b>OPT/NSC</b>	INPATIENT DAYS <b>106</b>	ABSENCE DAYS <b>0</b>	WARD NO. <b>112</b>	SIGNATURE OF PHYSICIAN <b>R. L. WELCH, M.D.</b>
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VA FORM MAR 1972

10-1000

EXISTING STOCK OF VA FORM 10-1000, JAN 1971, WILL BE USED.

HOSPITAL SUMMARY

CLINICAL RECORD

DOCTOR'S PROGRESS NOTES

(Sign all notes)

DATE

8 JUN 76 - 29 YR OLD WM SEEN IN  
 10<sup>30</sup> AM AC LAST PM. HIST. ESSENTIALLY  
 AS RECORDED ON PSYCH CONSULT.  
 PT. ASKING FOR HELP  $\bar{c}$  ANGER,  
 CONTROL AND DEPRESSION. HE HAS  
 USUALLY HANDLED THESE BY LEAVING  
 THE SCENE. NOW HE HAS BEGUN  
 TO ACT OUT VIOLENTLY AND IS RIPPED  
 HE WILL KILL SOMEONE. ALSO THINKS  
 HE MAY HAVE BRAIN TUMOR BECAUSE  
 FOR 10 YRS HE HAS FELT "ITCH ON  
 INSIDE OF SKULL" IN @ TEMPLE. OCCURS  
 1 X MO. HAS NOT HAPPENED FOR LAST  
 6 MO. NO HX OF HEADACHES, NEURAL  
 CHANGES, MEMORY CHANGES N/V. MARITAL,  
 FINANCIAL, & EMPLOYMENT PROBLEMS.  
 O - WELL DRESSED, ALERT & COOPERATIVE WM,  
 MOOD - DEPRESSED AFFECT - INADEQUATE LAUGHTER  
 INTELLECT - GOOD JUDGMENT - FAIR  
 INSIGHT - GOOD

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

BLACK ROBERT V JR

580 112

REGISTER NO

A27 51

WARD NO.



457700620

BLACK ROBERT V JR NSC  
 06 03 580 013147

DOCTOR'S PROGRESS NOTES

Standard Form 509

029

00000000

Int. Agency Comm. on Med. Records  
 509-108

JUN 29 1976  
 V. X.  
 pending reply from net

DOCTOR'S PROGRESS NOTES  
(Sign all notes)

DATE

A-1) R/O TEMPORAL LOBE LESION  
2) EXPLOSIVE PERSONALITY.

P- ADMIT TOLL 2 FOR ASSESSMENT AND RY.

- 8 - 76

Admit Note.

7:30 PM

S - came in for help for violent temper outbursts. States he shot his dog w/ a pistol last Friday and his family decided he needed help. Admits to other events of temper outbursts recently - last week beat up on his wife. Said he has never harmed his 6 yr old son. Has had series of unemployment since he from air force. Said his only training is of a bombardier and there is no demand for them.

O - Had nervous laugh during interview, is neatly dressed and polite in manner. Said he read a book & thinks he fits the schizophrenic persons outlooks - whole family has temper problem.

P - will assign to Dr. Walsh and admission group and observe behavior

Handwritten initials and signature



MEDICAL RECORD

PROBLEM ORIENTED PROGRESS NOT

PROBLEM  
 DATE NO. Format - Problem title (Do not abbreviate) S - Subjective O - Objective A - Assessment P - Plans. (All notes must have signature and title of person making entry.) Continue on reverse.

2-76 S. - slept real good last night.  
 3<sup>rd</sup> A C. - appeared to have slept all night, woke back to us in rest room, had to be awakened.  
 A. - could not sleep.  
 P. - Collected; continues using spec. instructed to 3rd floor lab. for blood work. Continued to observe + record condition + behavior.  
 L. E. Lindstrom N.A.

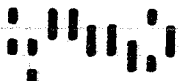
2/10 Intake interview.  
 Patient states he comes to hospital because he believes he has a problem since he shot his dog Friday. Gets into arguments with wife frequently and places blame on her. Has not been able to handle responsibility. Religious Preoccupation.  
 O. Inappropriate laughter frequently during interview. Talked freely.  
 A. Schizophrenia - Inappropriate behavior.  
 P. To provide a therapeutic environment. Medication individual + group therapy to learn to accept responsibility for controlling his behavior.

2/6 3/6 S. Patient has been given exercise; played some pool and watched TV. Scheduled activities seem relaxed.

(Cont)  
 Anthony J. Lindstrom

BLACK ROBERT V JR

580 112 A27 511



457700620

BLACK ROBERT V JR NSC  
 06 03 580 013147

PROBLEM ORIENTED  
 PROGRESS NOTES

029 0000000

21.) and signature.

A. P. Chavrel closely followed by my changes in behavior. He is taking swimming

6.32.41

S. It has been active in the past; attended scheduled activities and played pool. Also he associated with popping crew for the most part. Seem to get along with others well and cooperate.

A. P. Chavrel closely and reading patient's behavior. He is taking swimming

-at entry P.T.E.D. attended a class on nutrition and Dental Health. Thomas L. Jr, R.D

6 S. C - Pt. calm + seemed very well relaxed. Had visitors and seemed to enjoy them very much. participated in no mind activities. Acting more alert and laughing more appropriately.

P. observe behavior and record any changes. H. J. ...

7.1.41

S. B. C. Reported Haidal 1/2 way and all over at D. B. Report to Dr. ...

Breakfast in

7.4.41 S. I am not going to take the medicine I've been here for a week and I haven't talk with my doctor yet. So I am refusing to take the medicine until I talk to a doctor.

D. Reported mildly disturbed, but taking some food as not taking medication until the ...

CLINICAL RECORD

DOCTOR'S PROGRESS NOTES

(Sign all notes)

DATE

See a doctor. Smiling inappropriately @ times during conversation.  
 A. If pt doesn't talk to someone soon he may become highly agitated & explosive.  
 P. Report conversation to doctor. Tried to encourage pt to take med. 5 results.

M Jones LSN  
 [Signature]

11/17/76 4:19 P  
 Continues to refuse medication

12/19/76 8<sup>th</sup> Refused AM medication stating: "I am well & do not need any more"  
 S [Signature]

1/17/76 9<sup>PM</sup> Continues to refuse medication.  
 P. Report & record.

1-19-76 8 AM refused AM medication  
 Report & record [Signature]

1-19-76 5: "That medicine is treating another person, not me. It makes me feel like another person. Dad is going to help me get well, not the medicine."  
 C. Laughing. Refused med.  
 D. Effect in (Continue on reverse side) at times.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

Richard Robert

REGISTER NO.

WARD NO.

57-70-0620

DOCTOR'S PROGRESS NOTES

Standard Form 309  
 May 1969 (Rev.)  
 General Services Admin. &  
 Agency Comm. on Med. Records  
 509-108

DOCTOR'S PROGRESS NOTES  
(Sign all notes)

DATE	
	P. Report made obvious. Do not force and at this time. K. Chapman, MD
1/9/76	
10 <sup>PM</sup>	S. went to look Conference Room in back by approaching Conference Room. It was in Room in the light that Kuchling by, in place He looked up & said "Please, let me finish program, I'm talking with Mr. Myerson Make sure everyone yesterday afternoon that the are in place."
	C. appeared sincere. Missions occupied & religion to some. Working in place for others. Knew to that that will be made in place and of his mind. Missions to some. Missions.
	H. P. is pre-occupied. In hospital, seems to have a world of his own. In time of his inappropriate. Missions. But some get hard. Dr. Chapman. But get a patient. Missions In hospital he is being talked about with the Missions.
	P. Continues to discuss & report on religion.
4/10/76	Continues to perform well. "I don't see more" in management problems. K. Chapman, MD

CLINICAL RECORD

DOCTOR'S PROGRESS NOTES  
(Sign all notes)

DATE

6/20/76 10<sup>00</sup>A S. still ready to check out and pass. The doctor told me I could go. P. Pl. told the usual in B. He is his hand saying I am going to church. Pl. only laughed when he was told he could leave the hospital grounds. A. Pl. is in his usual little world at present time. P. continues to observe and check. M. Washington, M.D.

6-21-76 S.-  
6<sup>00</sup>A On up in day room all night talking to whoever would talk to him. Went to bed about 5<sup>00</sup>A.  
A.- could have slept all day Sunday.  
P.- abusive and record behavior and condition. — J.L. Anderson M.D.

6-21 8<sup>00</sup>A S still refusing medication  
A increasing restlessness in agreement behavior  
P notify in (Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

Black Subject  
457-76-6626

REGISTER NO.

WARD NO.

DOCTOR'S PROGRESS NOTES

Standard Form 509  
May 1969 (Rev.)  
General Services Admin. &  
Agency Comm. on Med. Records  
509-108

DOCTOR'S PROGRESS NOTES  
(Sign all notes)

28-984-0

DATE  
6/21/76

PT requesting 2 week LPA while sister  
from Europe is still in town. He is working  
part during day. Feels that things are going  
well and that he will be ready for  
discharge after 2 wks time.

Contingency  
for another  
pt

Will not come at this time; pt  
indicates he has adequate supply of  
self med.

ASS

Robert M. Black MD

6-22-76

Medical PC Patient goal on Loxitane  
P. observe and record if patient take  
medication

Black Robert V, Jr.  
457-70-0620  
C# 28-984-067

VETERANS ADMINISTRATION APPLICATION FOR MEDICAL BENEFITS				TYPE OF BENEFIT APPLIED FOR			
1. LAST NAME - FIRST NAME - MIDDLE NAME <b>BLACK ROBERT VANNOY JR</b>				2. CLAIM NO. <b>C- 28 984 067</b>		3. SOCIAL SECURITY NO. <b>457700620</b>	
5. NAME SERVED UNDER IN MILITARY (If different from Item 1)				6. RELIGION <b>BAP.</b>		7. DATE AND PLACE OF BIRTH <b>31 JAN 47 MEXIA, TEX.</b>	
8. MARITAL STATUS		9. ACTIVE MILITARY SERVICE AND RECORD OF ACTIVE DUTY STATUS					
<input checked="" type="checkbox"/> MARRIED	1	ARMY	6	OTHER (Specify)	SERVICE NO.	DATE ENTERED SERVICE	DATE SEPARATED
<input type="checkbox"/> NEVER MARRIED	2	NAVY	POW	GIVE PRESENT OR RECENT MILITARY STATUS, IF APPLICABLE. <b>INACTIVE</b>	<b>2384646</b>	<b>27 SEP 67</b>	<b>10 OCT 68</b>
<input type="checkbox"/> SEPARATED	3	AIR FORCE	<input checked="" type="checkbox"/> NO		<b>0108240</b>	<b>10 OCT 68</b>	
<input type="checkbox"/> WIDOWED	4	MARINE CORPS	<input type="checkbox"/> YES		<b>457700620</b>		<b>15 JAN 72</b>
<input type="checkbox"/> DIVORCED	5	COAST GUARD			TYPE OF DISCHARGE:		
10. I designate the following person or persons, in the order listed, to receive possession of all my personal property left on the premises under the control of the VA after leaving such place or at the time of my death. (This designation does not constitute a will or transfer of title.)							
NAME, ADDRESS AND ZIP CODE						TELEPHONE NO.	RELATIONSHIP
A. <b>ROBERT V. BLACK 819 ELTON HOUSTON 77034</b>						<b>941-3591</b>	<b>FATHER</b>
B.							
11. NAME AND ADDRESS OF PERSON TO BE NOTIFIED IN AN EMERGENCY, IF DIFFERENT FROM ITEM 10							
12. HAVE YOU RECEIVED FROM THE VETERANS ADMINISTRATION (If checked, complete Item 13) -			13. IF ITEM 12 IS CHECKED, GIVE MOST RECENT DATES OF CARE, LOCATION OF HOSPITAL, CLINIC AND/OR DOMICILIARY AND TYPE OF DISCHARGE			14. LOCATION OF CLAIMS FOLDER	
<input type="checkbox"/> HOSPITAL TREATMENT <input type="checkbox"/> DOMICILIARY CARE <input checked="" type="checkbox"/> OUTPATIENT MEDICAL <input type="checkbox"/> OUTPATIENT DENTAL			<b>UNKNOWN 1972</b> <b>POST DISCHARGE EXAMINATION</b> <b>UNKNOW</b>			<b>WACO</b>	
15. ARE YOU RECEIVING FROM THE FEDERAL GOVERNMENT -				16. IF ITEM 15 IS CHECKED, GIVE DISABILITY, PERCENT AND AMOUNT RECEIVED			
<input type="checkbox"/> VA COMPENSATION <input type="checkbox"/> VA PENSION <input type="checkbox"/> MILITARY RET. PAY							
17. APPLICANT'S HOME ADDRESS (Include County and ZIP Code)					17A. TELEPHONE NO.	18. OCCUPATION	
<b>RT 3 BOX 178 Z BRYAN, TX 77801</b>					<b>NONE</b>	<b>UNEMP.</b>	
19. DO YOU BELIEVE THIS NEED FOR CARE IS RELATED TO YOUR EMPLOYMENT?				20. ARE YOU FINANCIALLY ABLE TO PAY COST OF YOUR TRANSPORTATION TO AND FROM HOSPITAL AT TIME OF ADMISSION AND DISCHARGE?			
<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES				<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			
21. IF YOU ARE ENTITLED TO HOSPITAL CARE UNDER AN INSURANCE POLICY, MEMBERSHIP IN A UNION, ETC., GIVE NAME AND ADDRESS OF AGENCY OR ORGANIZATION. BRING YOUR POLICY WITH YOU.						22. DO YOU BELIEVE YOUR NEED FOR HOSPITAL CARE IS DUE TO AN ACCIDENT CAUSED BY ANOTHER PERSON? (If Yes is checked, attach an explanation and include name and address of person or organization involved.)	
<b>NO</b>						<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	
23. I HEREBY SWEAR (OR AFFIRM) THAT I AM <input type="checkbox"/> ABLE <input checked="" type="checkbox"/> UNABLE TO DEFRAY THE NECESSARY EXPENSES OF THE HOSPITAL TREATMENT (OR DOMICILIARY CARE) FOR WHICH I AM APPLYING.					24. CONDITION FOR WHICH YOU DESIRE TREATMENT (Also complete Item 26)		
					<b>MENTAL BREAKDOWN</b>		
25. IF DENTAL CONDITION IS INDICATED IN ITEM 24 -							
A. WAS IT CAUSED BY MILITARY SERVICE?				B. WERE ANY TEETH EXTRACTED IN MILITARY SERVICE?			
<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO			
26. MEDICAL OR DENTAL TREATMENT RECEIVED DURING OR AFTER MILITARY SERVICE FOR CONDITIONS SHOWN IN ITEM 24							
DATES		LIST CONDITIONS TREATED, PLACE OF TREATMENT AND FROM WHOM TREATMENT WAS RECEIVED (Continue on reverse, if necessary)				APPROXIMATE DATE CONDITION WAS FIRST NOTICED	
		<b>457700620</b>					
		<b>BLACK ROBERT V JR NSC</b>					
		<b>26 3 580 013147</b>					
NOTE - The law (38 USC 5220 et seq.) provides that upon the death of any veteran receiving care or treatment by the Veterans Administration in any institution leaving no widow (widower), next of kin or heir entitled to inherit, all personal property, including money or balances in bank, and all claims and choses in action, owned by such veteran, and not disposed of by will or otherwise, will become the property of the United States as trustee for the Post Fund.							
I understand the questions. The answers to all questions are true and correct to the best of my knowledge and belief.						FOR VA USE ONLY	
<b>6 JUN 76</b> (Date)						ADMISSION DATE	AUTHORITY FOR ADMISSION OR TREATMENT
<i>Robert Vannoy</i> (Signature of Veteran or his Representative)							
WARNING: If you knowingly make a false statement of any material fact in or in connection with this application, you are subject to prosecution in a U. S. Court.							

**EXHIBIT 10**

**Inpatient psychiatric records of  
Greenleaf Psychiatric Hospital, Bryan, Texas  
6/16/83 - 6/23/83**



Greenleaf Psychiatric Hospital

405 W. 28th. St.  
Bryan, TX.  
(409) 822-7326

Not to be Revealed to Patient  
Unless Released By Informant

PSYCHOSOCIAL HISTORY

WV Flash

ROBERT BLACK

6/20/83

Robert is a 36 year old white male who presently lives in Bryan, Texas with his wife, Sandra. Sandy was the informant for this social history, arriving early and stating that she had had a terrible week. Sandy was able to get off work from the Happy Face Nursery, appearing anxious to give the social history information and wanting to start from the very beginning in order to tell me everything.

Bob comes to Greenleaf at this time upon recommendation of Dr. Davis. After talking with Barbara Griswald, Sandy's counselor, Sandy encouraged Bob to make an appointment with Dr. Davis which he reluctantly did. Mrs. Black states that they had been separated three months before Bob moved back into the house in May, 1983. She believes that Bob has been seeing another woman for the past 6 or 8 months and that the ending of this relationship led to Bob's recent hospitalization. During the last couple of months, Sandy has seen Bob become more and more obsessed with their son's boy scout troop to the point of becoming overexpended. Sandy said Bob has begun talking about Vietnam flashbacks since the middle of May, after visiting a pilot whom he had been with in Vietnam. Mrs. Black believes that her husband's emotional problems began shortly after his discharge from the Marine Corp in 1973 and after serving in Vietnam as a flyer. Bob was unemployed for five years after the Marine Corp and Sandy describes him as being jealous, and unable to handle stress. In the past, he has shot two of her cats, threatened her horses, and struck her and their son on several occasions. An angry outburst, in which he killed their dog, led to Mr. Black's first hospitalization in Veteran's Hospital in 1976. He was at the VA hospital for four months, left AWOL, and was supposedly diagnosed as paranoid schizophrenic. Sandy says that Bob was on a "religious kick" for about one year before this hospitalization. This obsession with religion was similar to his most recent obsession with the Boy Scouts. Sandy also described Bob's behavior as being unable to sleep at night, prowling around the house, and sleeping with a gun under his head.

Bob is the oldest of two children born to his parents. He has one brother Gary, age 28, who lives in Houston and whom Sandy describes as not being very close.

Mr. Black's parents live in Houston and Sandy describes their relationship as a dictatorship - Bob's father dominating his mother. Sandy reports that Bob sees his father as "God" and that he sometimes appears scared of him. She describes the relationship between Bob and his mother as loving and respectful. Sandy said that Bob will not talk about his childhood but neighbors have reported to her that he was beaten when he was young. According to Sandy, Bob's father has been seeing a psychiatrist for about seven years but she was not aware of his emotional problems and she had recently been given this information. Bob's father had been a POW in WWII.

Mr. Black has a high school diploma and flunked out of TAMU after 2½ years as a chemical engineer. Bob's work history has been very erratic and one of Sandy's complaints is his lack of motivation towards work. During the last five years he has held four jobs and the most recent one has been at the post office for one year. At this time they are holding his job until he is released from the hospital. Bob joined the Marine Corp in 1967, excelled as a flyer and was a Captain in Vietnam from 1970 - 1971. After the war, the Marine Corp no longer needed Bob and Sandy said the transition to civilian life was a difficult adjustment for him. Mrs. Black reports that Bob never talked about his experiences in the war until after they kept <sup>saw</sup> seeing the movie "The Deer Hunter." He then told her a story about seeing one of his best buddies being killed, describing some of the horrors of war and then asking her never to bring it up again.

Bob's leisure time activities include Boy Scouts, hunting, and riding his motorcycle. He was raised as a Baptist but he never attended church. There seems to be no legal problems at this time.

Sandy married Bob in December, 1967 after dating off and on for two years. She described him at this time as easy going and occasionally jealous. Their marital relationship was described as "off and on" with their first separation and divorce in approximately 1975-1976. They were remarried shortly after the divorce had been finalized. The couple have been separated and reunited on several occasions, usually after Sandy asks Bob to leave because of his lack of financial

Greenleaf Psychiatric Hospital  
405 W. 28th. St.  
Bryan, Tx.  
Ph: (409) 822-7326

PSYCHOSOCIAL HISTORY

ROBERT BLACK

PAGE 3

Not to be Revealed to  
Unless Released By Informant

support and unusual, violent behavior. Sandy describes Bob has having several extramarital affairs throughout their relationship. She says he sees himself as a "stud" and much of the time she does not desire him sexually. They have one son, Gary Wayne, (13) who was born while Bob was in the service. Sandy is worried about Gary having seen Bob's violent behavior on many occasions. Recently Bob has placed a lot of pressure on Gary with Boy Scouts and she has observed their son's grade improving when Bob is not living with them. Sandy describes Bob as being physically violent with Gary on two occasions, once when he was 3 years old and once about one year ago when he beat him with a switch.

Mr. Black's emotional problems appear to have started or to have been triggered shortly after his Vietnam experience. He and his wife both seem interested in counseling and hope that Bob's hospitalization will help him live a more stable, productive life.

Mrs. Black seemed relieved at the opportunity to talk with someone and made reference to her being "crazy" for living with Bob through all of his unusual behavior. On a couple of occasions, she talked about Bob's parents blaming her for his problems. Her hope is that he will receive medication and counseling and that they will be able to lead a more "normal" life.

Crystal Moore, ACSW *C Moore*  
Social Services Department

CM/dc

6-21-83

GREENLEAF PSYCHIATRIC CENTER

Date 06/16/83 Hour 8:00 a.m. Service ADULT S. S. No. 457-70-0620 Room 221-A M. S. W. 1002245 Hosp. No. 8275-275

Patient's Name (Surname) BLACK (Given Name) Robert Vannoy, Jr. M Date of Birth 01/31/47

Patient's Address Route 3 Box 449/P.O. Box 3331 Bryan, Texas 77805 Telephone No. (409) 822-1603

Age 36 Sex male Religion Baptist Ethnic Origin Cauc Occupation Mail Carrier

Patient's Employer United States Post Office (25th Street) Bryan, Texas 77805 Telephone No. (409) 779-1988

Responsible Party's Name self Occupation Mail Carrier

Responsible Party's Employer United States Post Office (25th Street) Bryan, Texas 77805 Telephone (409) 779-1988

Nearest Relative or Friend Sandra Black (Happy Face Nursery 693-6501) Relationship wife

Address Relative or Friend Happy Face Nursery 693-6501 Telephone No. (409) 822-0991

How Brought to Hospital Larry Eimann (brother-in-law) Former Hospital Admissions Veteran's Hospital-Houston 1976

Legal Status self/auto Voluntary  Involuntary

Attending Physician Dr. Barney M. Davis/ref. by Dr. Davis

Admitting Diagnosis Depression

Insurance Company Aetna/Nalc Policy # \_\_\_\_\_ Effective Date \_\_\_\_\_

I HEREBY PAY THE SUM OF \$ \_\_\_\_\_ IN ADVANCE AND GUARANTEE PAYMENT OF HOSPITAL EXPENSES OF THE ABOVE NAMED PATIENT. I UNDERSTAND PAYMENTS ARE DUE WEEKLY AND IN FULL UPON DISCHARGE.

Admitted by: Bernie Koser Date 06/16/83 x [Signature]

Signature of Guarantor

TO BE COMPLETED BY ATTENDING PHYSICIAN ON DISCHARGE

Final Diagnosis: Major Affective Disorder - Atypical Depression Post-traumatic stress syndrome

Complications: \_\_\_\_\_

Infection(s): None  Present on Admission  Hospital Acquired

Treatment: \_\_\_\_\_

Procedures: STA  ECT  Other: \_\_\_\_\_ (Specify)

Referral to CAP  Consultant(s): \_\_\_\_\_

Remarks: \_\_\_\_\_

Condition on Discharge: Recovered  Not Improved  Diagnosis Only  AMA  Improved  Not Treated  Expired  AWOL

Signature of Attending Physician [Signature] M.D. Date \_\_\_\_\_

TO BE COMPLETED BY Medical Record Department

CODE NUMBERS:

296.82 ✓

308.3 ✓

Date Discharged: 6-22-83

Date Admitted: 6-16-83

Length of Stay: 6 days

Statistical Analysis Completed

C & I Completed

Abstract Completed



# Greenleaf Hospital

405 WEST 28TH STREET / BRYAN, TX 77801 / (409) 822-7326

Black, Robert V.  
#8275  
Admitted: 6-16-83  
Discharged: 6-22-83

## DISCHARGE SUMMARY

ADMITTING DIAGNOSIS: Depression

FINAL DIAGNOSIS: Major Affective Disorder, Atypical Depression

SECONDARY DIAGNOSIS: Post-Traumatic Stress Syndrome

This is a 36 yr. old white male with a recent history of depressive symptoms and explosive behavior, he was admitted for evaluation of these symptoms. A prior history of possible Paranoid Schizophrenia was obtained.

LAB & XRAY ) Pt. was admitted to 2nd Floor where he underwent DSF (showing suppression), computerized tomography of the head which was negative, EEG (normal), UA, Thyroid Function Profile, CBC, and SMA-24 all of which were in normal limits. A Fasting Blood Glucose of 120 was noted and felt to be due to the fact that the pt. had coffee in the middle of the night prior to the test being drawn.

Course & Treatment: The history was obtained regarding the father's illness and evidence that he had been treated successfully with Elavil was obtained. The pt. was started on Triavil which in the initial dosages were too sedating. This was decreased to 2 days, 10 tablets, one tab. BID, and 3 tabs. at h.s., this he seemed to tolerate and symptoms were improved. He was discharged and to be followed-up on an out-patient basis.

Dr. Barney M. Davis, M.D.

BMD/ld

Dictated but not read



# Greenleaf Hospital

405 WEST 28TH STREET / BRYAN, TX 77801 / (409) 822-7326

Black, Robert V.  
#8275  
Admitted: 6-16-83

## HISTORY

This 36 yr. old white male was in the office with complaints of depression, explosive personality behavior, and a past history of a diagnosis of Paranoid Schizophrenia issued at the V.A. Hospital several years ago under similar circumstances. History was obtained in the office that the pt. had been having difficulty in his marriage, becoming irritable and outburstive at home, as well as having generalized job dissatisfaction. He was admitted at this time for full psychological and medical evaluation.

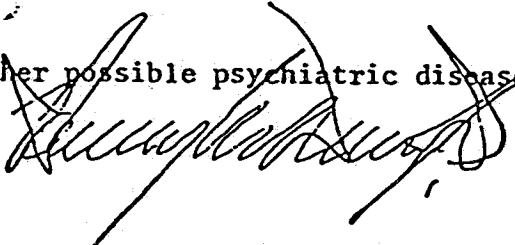
Past Medical History: Besides the episode of psychosis treated in Houston is non-contributory.

Family History: Pt.'s father has been treated with an unknown drug for symptoms of Depression.

Past Personal History: Indicates that he started having depressive symptoms while he was a Naval Flight Officer in Viet Nam.

Mental Status Examination: Reveals a large, stocky, tense-appearing but appropriate adult white male. Orientation is intact, there is no sign of organic thinking patterns, or psychotic thinking patterns. Intelligence is estimated at being average.

IMPRESSION: Depression, rule out other possible psychiatric disease.

  
\_\_\_\_\_  
Dr. Barney M. Davis, M.D.

BMD/ld

Dictated but not read

NEEDS

PHYSICAL		#	EMOTIONAL		#
has had an increase in headaches the last 2 months		15	difficulty in coping with stress. even feels helpless inadequate		15
			Hospitalized in 1976 in a VA Hospital 4 1/2 months.		15
BEHAVIORAL		#	SOCIAL/CULTURAL		#
"cannot control sexual urge"		25	"has marital problems"		2
"cannot control temper"		15			
avoids facing "problems"		15			
VOCATIONAL/EDUCATIONAL *		#	LEGAL *		#
		#	NUTRITIONAL *		#

\*When indicated

Robert Black

### PROGRESS RECORD

Date	Record progress of case, complications, change in diagnosis, condition on discharge, instructions to patient
	Results of the MMPI
	<p>Individuals who obtain similar profiles often display depression, restlessness and agitation to situational stress. This reaction is characteristic of a long-standing cyclic pattern of poor behavioral control which is followed by exaggerated feelings of guilt. This distress is often relieved <del>by</del> after environmental manipulation or the beginnings of another period of acting out. Robert has a tendency to engage in self-defeating and self-punitive behavior. Low frustration tolerance and a tendency toward addictive states may be present. He may draw good insight and verbalize a desire to change. However, recurrence of acting-out and subsequent exaggerated guilt are common. Similar individuals are often seen as character disorders, though psychotic states may occur.</p>
	<p>Robert may be described as somewhat over-sensitive and rigid. He may feel pressed by social and vocational aspects of his life. Suspiciousness, distrust, brooding and resentment may be characteristic. Indirect expression of hostility is likely. He may also be seen as orderly, self-critical and rigid. He tends to worry over minor problems and often evidences anxiety, tension and indecision. He may be ineffective in some areas of his life. Rationalization and intellectualizing are common defense mechanisms. There may be some qualities in this patient's thinking which represent an original or unconventional orientation or a rigid tendency.</p>

Linda Hesse, BS

Psychological Testing Report







**EXHIBIT 11**

**Outpatient psychiatric records of  
Dr. Barney Davis, Ph.D., Bryan, Texas  
6/15/83 - 3/8/84**

OFFICE NOTE:

Robert Black

6/15/83

Mr. Black is a 36 year old married white male who vaguely describes symptoms of feeling pressured, angry, and impulsive, these feelings dating back at least over the last number of months. He has had job related difficulties with the Post Office and is planning to quit that job soon, to return to his original work as an electrician. He had a prior episode of illness about seven years ago at which time he was hospitalized at the VA Hospital in Houston, receiving a diagnosis of Paranoid Schizophrenia. His father has an unknown type of mental disorder and is on unknown medications.

He is the oldest of two children, completed two years of college prior to entering the Marine Corp as an enlisted man who then progressed up the ranks to become a Naval Flight Officer. He spent a tour of duty in Vietnam and has worked as both electrician and postman since his discharge.

In listening to his symptoms it is unclear whether he is having recurrent schizophrenia or some other form of psychiatric disturbance. I have asked him to come in the hospital for full evaluation and he will arrange to do so within the next day.

BMD, JR:dab

OFFICE NOTE:

Robert Black

7/14/83

Mr. Black was discharged from the Hospital about three weeks ago following evaluation of an apparent depressive illness and a possible characterological problem. Dexamethasone suppression test results are not available to me at this time, but the feeling was that he had a partial biological condition. A family history (father) of positive response to Triavil was obtained, so we started him on Triavil 2-10 tablets up to 5 per day. He now reports he was taking one of these in the morning and four at night and doing well, but he decided to increase to 5 at bedtime which has left him feeling slightly sleepy. Overall he feels significantly improved. His wife reports there's been a gradual decrease in his explosive behavior. We decided to alter his medication somewhat; change to Triavil 4-50 tabs 1 h.s. with an additional 2-10 tab once or twice a day, if needed. I'll see him again in several weeks at which time we'll start marital therapy if the biological side is settled down.

BMD,JR:jd

OFFICE NOTE:

Bob and Sandra Black

8/ 8/83

Met with Robert and Sandra today. Things have been going well up until last week when he started working a double shift and became exceedingly exhausted, resulting in exacerbation of his irritability and moodiness. We discussed his obsessive need to work and how he cuts himself off from other things that are good for him. Generally I think things are going well and his current medication dosage is appropriate. I visited with both of them for one hour. Made plans to see them again in one month.

BMD,JR:jd

OFFICE NOTE:

8/30/83

I met with Bob and Sandra again. Generally things are going well from a depression standpoint. There's been no major disruption since he was last seen. However, we did begin to get into the areas of their marital problems such as his chauvinistic attitudes and demands and their typical ability to live in the same house and not have much communication. He indicated he wanted to start talking some about their marital infidelity problems on the next visit. Made no change in medications.

BMD,JR:jd

OFFICE NOTE

9/28/83

Several weeks ago I received a phone call from Robert's wife stating that Robert had another flare-up. He had been working on his motorcycle and the work was going unsuccessfully and he erupted, breaking out several windows in the house, threatening people around him, etc. He refused to see me at that time, but things seemed to settle down. Since that time, he has been restless, irritable and continues to show signs of explosive personality disorder. I met with him and his wife and we decided to go ahead and try Lithium carbonate in addition to the Triavil he currently takes. We also began talking about his continual need to try to escape bad situations that he sees as being overcontrolling or evidence of his bad performance. They are to start the Lithium and check back with me next week and I will be seeing both of them again in the next several weeks.

BMD,JR:jd

OFFICE NOTE

Sandra Black

10/ 5/83

Bob's wife came in stating that Bob had gotten angry with her and was planning to leave once again. He apparently is still taking the Lithium, but has not yet gotten a blood count level. She also brought the son with Bob's understanding and knowledge, and I sat with both of them trying to explain a little bit about what was going on. I asked her to get Bob to get the Lithium level and they will be calling me for results.

BMD, JR:jd

OFFICE NOTE:

Bob and Sandra Black

Bob's Lithium level was .35 so we increased his dosage to 2 1/2 tablets a day. He asked to see me alone briefly during this session and in doing so, told me he really didn't know if he wanted to stay married anymore. I brought Sandra back in and we discussed his frustrations and it seemed that the discussion of them allowed him a chance to feel a bit more comfortable. The plan is to continue medications as ordered, to get another Lithium level, and to see me again as a couple in several weeks

BMD, JR:jd

OFFICE NOTE:

Robert Black

11-16-83

Bob has done relatively well with no major upswings or downswings since last seen. Current Lithium level .67. We focused some on Sandra today in pointing out to her that she fails to take adequate time for herself, tending to do all the chores around the house and then complaining because others don't help out. We then talked some about her weight and how her obesity may be a mechanism of being angry at her husband. We also talked about Weight Watchers as a possible alternative. Continue same medications. See again after the first of the year.

BMD, JR: jd

OFFICE NOTE:

1-4-84

Bob asked to come in by himself without Sandra. He has had another rough couple of weeks apparently stimulated by the fact that he stopped taking his medications around Christmas time and was also assigned to a job that he did not like. The job business got straightened out today and he says he feels better although continuing evidence of depression is seen. I asked him to restart Lithium along with the Triavil in lower dosages. We spent much of the time reflecting on his Vietnam experience and the sadness that that generated. See him again several weeks.

BMD, JR: dab

OFFICE NOTE:

2/1/84

Bob brought Sandra with me. The last month has gone very well and nobody can really figure out why. Current medication level includes 1 lithium tablet in the morning and two in the evening accompanied by Triavil 2/10 tablets prn for anxiety. They are working towards selling their home and getting a new piece of land. Generally no major conflicts so I shortened their session. See again in 6 weeks.

BDM, JR/mlp



ROBERT BLACK

OFFICE NOTES: 3/8/84

Bob came alone as Sandra got tied up with business. He reports that things are generally going well. He and his son are planning to take an extensive motorcycle vacation and Sandra may be joining them later. We were talking some about his dissatisfaction with his current life and how he was viewing that almost as a schizophrenic situation when, in fact, it wounds more like the typical fantasy life that most people have. He seemed relieved in the discussion of this. Also reporting some recent difficulty with gastric intolerance to lithium. I asked him to rearrange the scheduling and drop back to two tablets a day if need be. Check back in one month.

BMD/dc





REGISTRATION NO #2 757	PATIENT NAME & ADDRESS Bob Black	11/7	CATEGORY	SURGERY DATE & TIME	ADMITTING DOCTOR	
AGE	DATE OF BIRTH	ROOM & BED	HEIGHT	WEIGHT	RACE	SEX
VISIT NO	MED REC NO	ADMITTING DATE & TIME		ORDERED BY		
ADMITTING DOCTOR DAVIS, B		PERFORMED BY CJ		DATE & TIME 11/7 2020		DATE & TIME TO BE DONE

COMMENTS  
CALL POSH in Am

Lithium - 0.67 meq/l therapeutic - 0.5 - 1.5 meq/l

LAB. REQUEST AND REPORT

ST. JOSEPH HOSPITAL - BRYAN, TX.  
CHART/OP DOCTOR

**EXHIBIT 12**

**Medical records of  
Dr. John Segrest, M.D., Bryan, Texas  
(suicide attempt October 9, 1984)**

Bob Black

MAR 26 1982 AGE 35 yr WT 214 1/2 HT ALLERGY: Patal Carrier PE

UA - WNL. Seacopy.

0-20-82 gvt. 1957 B.P. 110/88 c/o back pain today. S - c/o pain - left flank - constant - worse extending to left - no fever or chills. no hx of back injury. 0-17 - good ROM - pain worse in flexion to left & hyperextension - no palpable tenderness or deformities.

UA - wnl. A. back strain Pl: D. Lohr. Jm Hart.

10/9/84 (Ph) wife: Pt. took 91 Percocet + Albuterol last wk. (5 days) won't see a Dr. c/o back pain - drinking. Rec OV. was seeing Psych. - Barry Davis. - on Lithium. Separated from husband. Rec counseling @ the Prison. /ORS-

OCT 11 1984 AGE WT ET ALLERGY: P B BP 134/94 CCI See above. took 91 Percocet 1 wh ago test

Current c/o tilted CVA pain Pain down center back. Dizziness on movement - head to ride motorcycle - not sure of balance (!) in face. Appetite - early satiety. mild abd tenderness. No OD. Frequent urination & polydipsia - losing wt. but not eating much. - 15 yr son - seeing school counselor. - hourly -

NO CVA tenderness. long clean - Abd OKS - non tender. Swinded Percocet - OD. Percocet. Urine - Neg glucose Neg protein Neg Nitrites. 561,002. Liver profile. - 1st dx UA - Bot cancelled scheduled appt @ Paris CMA /ORS

3-27-86 Records subpoenaed & copied

**EXHIBIT 13**

**Psychological evaluation of  
Dr. John M. Walker, Ph.D., Houston, Texas  
8/16/85**

KENNETH F. KOPEL, Ph.D.  
Clinical Psychologist

## PSYCHOLOGICAL EVALUATION

Name: Bob Black  
DOB: 1/31/47  
Age: 38

Referred by: Jim Litner  
Date of Testing: August 2, 1985  
Date of Report: August 16, 1985

### PROCEDURES

Minnesota Multiphasic Personality Inventory  
Thematic Apperception Test  
Wechsler Adult Intelligence Scale - Revised  
Bender Motor Gestalt Test  
Rorschach  
Projective Drawings  
Incomplete Sentences  
Clinical Interview

Bob Black was referred for psychological evaluation by Jim Litner, his parents' private attorney, for purposes of diagnosis. The testing took place at the Brazos County Jail in Bryan, Texas. He was cooperative and friendly and stayed on task.

### EVALUATION

Bob's level of intellectual functioning was in the superior range overall with a clear preference for performance tasks over verbal ones. No indication of organic dysfunction was noted.

Bob demonstrated, through his testing, instability in a number of areas including interpersonal relationships, mood and self-image. Interpersonal relationships for Bob tend to be rather intense, situation specific, and unstable. Mood can change within a matter of moments and can shift from extremely dysphoric to elated. On numerous occasions this shift was noted throughout the assessment period. Behaviorally Bob is likely to be rather impulsive and unpredictable. Potential self-damaging behavior is always possible. Periodic angry outbursts and difficulty modulating emotion are characteristic. Bob also is having and has had difficulty coming to grips with his self-identity.

These characteristics, although indicated to a lesser degree before Vietnam, were probably exacerbated due to the stressors of combat. Bob reported recurrent and intrusive thoughts about combat, increased detachment and estrangement from others over time, as well as sleep disturbances, survival guilt and memory impairment. All of these symptoms are associated with a Post-Traumatic Stress disorder. Bob describes himself, after Vietnam,



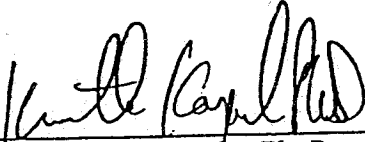
Bob Black

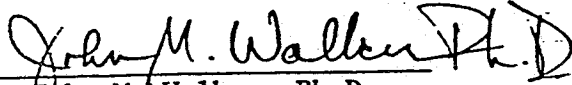
as silent, antisocial, tempermental, isolated, hurt and guilt ridden.

Years after Bob came back from Vietnam, he states that he "relives the war daily." At times, Bob himself, became the target of all his pent up rage as manifested in several reported suicide attempts. At other times, his wife Sandra became the target. She was seen by Bob as the cause of all his rage. In his mind she became the enemy. He reported that she never accepted him after Vietnam, was available and was so much weaker then he. Bob stated "the more she clung to me, it seemed as if she was trying to destroy me." Because of difficulty adjusting to civilian life in combination with his apparent personality disorder, Bob appears to have had a series of vocational and personal failures. The more he failed the more intense his disturbance and the more his rage spilled over at his wife. This intense emotionality and instability is still very much in evidence in Bob at this time.

DIAGNOSIS:

- AXIS I - 309.81 - Post-Traumatic Stress Disorder  
delayed and chronic
- AXIS II - 301.83 - Borderline Personality Disorder with  
depressive and anxious features.
- AXIS III - Deferred
- AXIS IV - Severity of Psychosocial Stressors: Extreme
- AXIS V - Highest level of Adaptive functioning in last  
year: Very poor

  
Kenneth F. Kopel, Ph.D.  
Licensed Psychologist  
State of Texas #990

  
John M. Walker, Ph.D.

**EXHIBIT 14**

**Letter of Dr. John P. Wilson, Ph.D., Cleveland, Ohio  
5/18/92**

University: 687-2544

Home Office: 932-3297

JOHN P. WILSON, PhD  
*Clinical Psychologist*  
Practice Limited to Stress Response Syndromes  
2307 Westminster Road  
Cleveland Heights, Ohio 44118

May 19, 1992

The Honorable Governor Ann W. Richards  
Attention: General Counsel Office  
P.O. Box 12428, Capitol Station  
Austin, Texas 78711

Dear Governor Richards:

I am a professor of psychology at Cleveland State University, and a practicing clinical psychologist with eighteen years experience studying, diagnosing and treating American military veterans who, a result of their service in combat, suffer a debilitating psychological disorder known as Post Traumatic Stress Disorder. I have particularly extensive experience working with veterans of the Vietnam war. Rather than detail my extensive credentials in this area here, I enclose my curriculum vitae for your consideration. I write because, after becoming familiar with the facts surrounding the presently scheduled execution of Robert V. Black, Jr., I have reached the conclusion that the execution of Mr. Black would amount to a profound miscarriage of justice.

I first came into contact with Mr. Black in January of this year, when attorney Raoul Schonemann contacted me and requested that I evaluate Mr. Black to determine whether Mr. Black suffered from Post Traumatic Stress Disorder, and if so, whether the disorder played a role in the murder of Mr. Black's wife. In addition to conducting a one-on-one examination of Mr. Black, I have also reviewed both the record of Mr. Black's trial and an exhaustive compilation of records documenting Mr. Black's life before, during and after his combat service in Vietnam.

Before I address Mr. Black's situation in particular, allow me briefly to explain what Post Traumatic Stress Disorder is. According to the Diagnostic and Statistical Manual of Mental Disorders (Third Edition -- Revised 1983) ("DSM-III-R"), "the essential feature of this disorder is the development of characteristic symptoms following a psychologically distressing event that is outside the range of usual human experience." According to the DSM-III-R, military combat is a typical trauma that has been known to induce PTSD. Symptoms of the disorder are then manifested in a number of ways, including recurrent and intrusive recollections of the event or recurrent distressing dreams in which the event is reexperienced; persistent avoidance of stimuli associated with the event; diminished responsiveness to the external world, or "psychic numbing," resulting in feelings of detachment or

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estrangement from other people, lack of interest in previously enjoyed activities, or inability to feel emotions of any type, particularly those associated with intimacy and tenderness; increased arousal, such as difficulty falling asleep, recurrent nightmares, hypervigilance, and exaggerated startled response; and changes in levels of aggression, irritability, and unpredictable explosions of aggressive behavior.

From my evaluation of Mr. Black, there can be no question that he suffers from Post Traumatic Stress Disorder. His symptoms are similar to those often experienced by combat veterans exposed to the stressors of war. From 1973 to 1985, the year that Mrs. Black was killed, Mr. Black experienced a progressive pattern of deterioration in his level of adaptive behavior and the quality of his psychological functioning. He was unable to secure or maintain employment. More importantly, he was unable to sustain and maintain meaningful interpersonal intimate relationships, in particular with his family and his wife. Related to this, he experienced patterns of increasing irritability, outbursts of anger, violence, depression and suicidal ideation. Throughout all of these difficulties, Mr. Black experienced an inability to come to terms with and understand the impact of his experiences as an F-4 Phantom pilot in Vietnam. Daily he has to deal with painful and intrusive memories of combat episodes, as well as survivor guilt regarding the death of close comrades and innocent civilians who Mr. Black fears were killed during his attacks on targets of opportunity.

Mr. Black's well-documented psychiatric problems should not be allowed to obscure Mr. Black's exemplary military service. His level of achievement on proficiency tests was consistently superior, most frequently ranked at 4.9 out of a possible 5. He attained the rank of captain and capably performed the difficult tasks of radio intercept operator on an F-4 Phantom jet. In addition to being awarded numerous medals for his courageous service, Mr. Black also has received the air medal with nine awards. Each award is given after twenty-five hours of combat flight. Thus, Mr. Black flew a minimum of 225 hours of combat flight. His flight records confirm that his service as a combat pilot was, to say the least, extensive. His military service record reflects a man who was able to perform at a high level of adaptive functioning at that time. This is consistent too with Mr. Black's numerous accomplishments as a young man before he joined the service: Eagle Scout, diligent high school student, and school representative to the highly prestigious American Legion Boys State program.

In light of his exemplary life history before and during his Vietnam service, Mr. Black's post-Vietnam life can only be explained through an understanding of Post Traumatic Stress Disorder. The role of PTSD in the events leading to the murder of Mrs. Black is somewhat unique, but nonetheless real. Upon returning from Vietnam, Mr. Black experienced difficulty establishing and maintaining close interpersonal relationships, even with his wife. Repeatedly throughout the decade following Vietnam, Mr. Black came face to face with this inability, and his reaction was always to leave the The

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relationship. Irrationally, his wife became the focus of his feelings of frustration and disappointment with his life; she came to represent the enemy. At the same time, however, he loved his wife. He desperately wanted to be as close as he could be with her and have a reunion and have a happy family. This cycle of ambivalence explains the Blacks' repeated pattern of separations and reunions, even to the point where they were once divorced and remarried.

Mr. Black's disorder must also be understood in the context when Colonel John Wayne Hearne entered the picture. Colonel Hearne first met Mr. Black through an advertisement which Hearne placed in the Soldier of Fortune magazine. He represented himself as a Marine Corps colonel and helicopter gun-ship pilot who specialized in weapons. Mr. Black was drawn to Colonel Hearne because of his military orientation. He needed to relate to someone in authority, someone in a chain of command. Because Hearne represented himself as a Colonel in the Marine Corps, Mr. Black believed they could trust in each other due to their common experience in the Marine Corps, as well as in Vietnam. Colonel Hearne came to represent to Mr. Black a commanding officer, and without Hearne to direct the course of events, Mr. Black would have continued with his cycle of ambivalence, alternating between love and hate, but without the resolve it would take the murder the woman upon whom he was so dependant.

To go through with Mr. Black's execution would be to ignore the sacrifices which Mr. Black made for his country, and the suffering which resulted. Sandra Kay Black's death was a tragedy; it did not need to happen. But her death does not wipe out everything that Mr. Black has been and has done for his country, or the role of his psychological disorder in the events which led to her death. The Brazos County District Attorney, Bill Turner, has consistently evidenced a lack of understanding of what it meant to fight in Vietnam. When I testified at the evidentiary hearing in March of this year, Mr. Turner made much of the fact that a major stressor faced by Mr. Black was the fact that he is haunted by the prospect that he may have killed innocent civilians when he was under orders to seek out targets of opportunity. I have interviewed over eight thousand soldiers, hundreds of them F-4 Phantom pilots, and Mr. Black's guilt and pain arising from the slaughter of innocent civilians has routinely appeared in the statements of these thousands of American soldiers. The jungle warfare which occurred in Vietnam, the inability to distinguish friend from foe, the rejection of the war by the general American populace and the resulting lack of support at home, all made the Vietnam war experience unique and especially destructive for the veterans returning.

I continue to believe, based upon my experience with these eight thousand combat veterans, that Mr. Black minimized the traumatic experiences he faced in Vietnam, and he in fact cannot remember his most stressful experiences, because his mind has blocked them from his conscious memory. That doesn't mean that the subconscious memories of those events are not constantly pressing upon his consciousness and influencing his behavior. But

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for this psychic pain and the influence of Colonel Hearne, who offered an aura of the structure and authority which Mr. Black craved, Mr. Black would not be on death row.

To execute Mr. Black would constitute a retributive reaction which would advance no purpose. It is a simplistic response which the State of Texas should recognize as inhumane and unjustified, and a disservice to those men who have sacrificed their lives and their well being for their country. If I can provide further information or assistance, please feel free to contact me.

Sincerely,



John B. Wilson, Ph.D.  
Professor of Psychology, Cleveland State  
University  
Past-President of the Society for  
Traumatic Stress Studies  
Licensed Clinical Psychologist #1538  
National Consultant - Veterans  
Administration  
Consultant - Veterans Administration  
of Australia  
DSM-III-R Task Force on PTSD  
Chairperson, Disaster Services,  
The American Red Cross

JLV:LV