

**Application to the**  
**Georgia Board of Pardons and Paroles**  
**on behalf of**  
**Gregory Paul Lawler**

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Pursuant to Article IV, Section II, Par. II(a) and (d) of the Georgia Constitution of 1983 and O.C.G.A. sections 42-9-20, 42-9-42(a), Gregory Paul Lawler, by and through undersigned counsel, applies to the Board of Pardons and Paroles for consideration of his application for commutation of the sentence of death imposed by the Superior Court of Fulton County on February 6, 2001, for the murder of John Sowa. Mr. Lawler respectfully seeks any relief within this Board's power to grant.

## **I. INTRODUCTION**

By the time this Board receives this Petition, it will have seen Gregory Lawler's interview with its investigators, recorded yesterday at the Georgia Diagnostic and Classification Prison, where Greg awaits execution on Wednesday, October 19, 2016. This Board will be able to see what Greg's family, friends, and, indeed, nearly everyone who has encountered him over his sixty-three years have puzzled over. That despite his obvious intelligence, there is something about how Greg interacts with others that is both alienated and alienating. His flat affect. His digressions into lengthy, obsessive monologues on topics that interest him, all delivered in a rushed monotone that occasionally erupts into anger. And underlying it all, an almost palpable anxiety. Because of these qualities, Greg has struggled throughout his life with social interactions and judgments, laboring

mightily to navigate professional and personal Interactions that most people consider routine.

No one, including Greg, has ever known the cause of his disconnect until now. Last month, Greg was diagnosed with Autism Spectrum Disorder (ASD), “a pervasive developmental disorder that impairs an individual’s ability to communicate, interpret social cues and context, and to interact in a socially appropriate manner.” Report of Robert Cohen, Ph.D., at 1, Appendix 1. Greg’s particular symptoms match those of Asperger’s Disorder. Because of his ASD, Greg’s brain cannot neither process nor understand social and non-verbal cues. When talking to people, he cannot read their faces, which leaves their thoughts and feelings a mystery. Nor can they read him, as his ASD leaves him unable to correlate his affect to the situation, leaving him impassive when one would expect him to be expressive, laughing when others are somber. Adrift, Greg clings to rationality and rules, hoping that logic and stricture will help him know how to act.

Like many who suffer from ASD, Greg has often been mistakenly perceived as cold, callous, or remorseless. Nowhere was this misapprehension more harmful than during his 2000 trial for the murder of Officer John Sowa and the shooting of Officer Patricia Cocciolone, the crimes that underlie his sentence of death. Greg’s jury knew nothing of his ASD, and surely found Greg’s behavior on the night of the crime inexplicable, as the tragic events were the product of misunderstandings

that can only be comprehended when one knows how Greg's ASD influenced both how he perceived the officers and how they perceived him. But Greg's ASD also prevented him from explaining his behavior on that night during his trial testimony. Instead, he could only offer his confused and angry insistence that he had acted within his rights, which provoked his jury further and alarmed even his defense counsel.

It is impossible to accurately assess Greg's culpability without understanding how Greg's ASD affected both his behavior on the night of the crime *and* his behavior during his testimony. This Board is the first body with all of the information necessary to make that assessment. Mr. Lawler accordingly urges this Board to exercise its authority and commute his sentence of death to life without parole.

## **II. Grounds for Clemency**

### **A. Mr. Lawler Has Been Diagnosed With Autism Spectrum Disorder.**

On September 26, 2016, Robert Cohen, a clinical neuropsychologist who specializes in cases dealing with Autism Spectrum Disorder evaluated Greg at the Georgia Diagnostic and Classification Prison. In addition to conducting a clinical interview and administering a battery of testing instruments to Greg, Dr. Cohen

reviewed voluminous affidavits<sup>1</sup> and records pertaining to Greg and personally conducted interviews of relatives. Dr. Cohen concluded “within a reasonable degree of scientific and psychological certainty that Mr. Lawler meets the diagnostic criteria for Autism Spectrum Disorder.” *See* Appendix 1, Report of Robert E. Cohen, Ph.D., at 1.

Autism Spectrum Disorder is a group of complex disorders of brain development. ASD is characterized by difficulties in social interaction, verbal and nonverbal communications and repetitive behaviors. As the Center for Disease Control has noted, “people with ASD . . . have different ways of learning, paying attention or reacting to things.” As Dr. Cohen explained, ASD “impairs an individual’s ability to communicate, interpret social cues and context, and to interact in a socially appropriate manner.” Appendix 1, Cohen Report at 1. In Greg’s case, his condition does not allow him to “accurately interpret facial expressions, contextual cues, or vocal inflection. Similarly, he is unable to understand and anticipate how his actions or words will be interpreted by others.” *Id.* People like Greg often “exhibit inappropriate affect for the social situation presented (e.g., will laugh at the wrong time or appear emotionless when certain emotion would be expected).” Because of those characteristics, they are often

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<sup>1</sup>See Appendix 2, Affidavits submitted in support of Petition for Writ of Habeas Corpus, Butts County Superior Court.

perceived as “cold, callous, unempathetic, or remorseless.” *Id.* As Dr. Cohen notes, in Greg’s case, they also “negatively influence[d] his ability to assist counsel, to testify, and to withstand cross-examination.” *Id.*

Some of the relevant symptoms of ASD include:

- qualitative impairment in social interaction
- failure to develop peer relationships at the developmental level
- problems with social reciprocity
- difficulties in understand social situations and other people’s thoughts or feelings
- restricted and repetitive range of interests
- inflexible adherence to specific routines or rituals
- life-long qualitative impairments in verbal and non-verbal communication
- marked impairment in the ability to initiate or sustain a conversation with others
- pedantic style of speech

Dr. Cohen’s testing revealed that Mr. Lawler manifested all of these symptoms, indicating that he suffers from moderate to severe deficiencies in social behavior. Scores as high as Greg’s on this assessment are strongly associated with a clinical diagnosis in the DSM-V of an Autism Spectrum Disorder. Mr. Lawler and his brother were engaged separately in a clinical interview and questionnaire targeting symptoms of Autism Spectrum Disorder (Adult Asperger’s Assessment - AAA). Mr. Lawler’s endorsement of symptoms was very similar to others with Autism Spectrum Disorder and, specifically, since he did not have a speech production delay, he most closely matches that of Asperger’s Disorder. Below are

some examples of how Mr. Lawler falls into the required criteria for Autism

### Spectrum Disorder on the AAA:

**A) Qualitative impairment in social interaction:** From a behavioral perspective, it is noted that Mr. Lawler reveals marked impairment in the use of multiple nonverbal behaviors such that during our interview he often looked at the examiner with his head down but his eyes up. His affect and facial expression was flat. His reaction to mild obvious humor, revealed an eruption of guffawing and exaggerated behavioral reaction. He often stared or gave quick fleeting glances. His responses on topic of little interest to him were short in length and verbiage but areas of specific or restricted interest such as science, triathlons, or his current charges revealed overly detailed and tangential diatribes with little awareness of this examiner trying to get a word in to interject on the matter. He often talked "over" this examiner until he was finished a thought.

**D) Difficulties in understanding social situations and other people's thoughts or feelings:** Mr. Lawler has had chronic problems in understanding social situations and other people's thoughts and feelings. For example, he indicated on the AAA that, *"(AQ10) [i]n a social group, I cannot easily keep track of several different people's conversations. (AQ11) I do not find social situations easy. (AQ20) When I am reading a story, I find it difficult to work out the characters' intentions. (AQ27) I do not find it easy to "read between the lines" when someone is talking to me. (AQ35) I am often the last to understand the point of a joke. (AQ36) I do not find it easy to work out what someone is thinking or feeling just by looking at their face. (AQ45) I find it difficult to work out people's intentions. (EQ8) I find it hard to know what to do in a social situation. (EQ19) I cannot pick up quickly if someone says one thing but means another. (EQ22) I do not find it easy to put myself in somebody else's shoes. (EQ25) I am not good at predicting how someone will feel. (EQ35) I tend to find social situations confusing (EQ36) People do not tell me I am good at understanding how they are feeling and what they are thinking. (EQ55) I cannot tell if someone is masking his or her true emotion. (EQ57) I consciously work out the rules of social situations.*

*(EQ58) I am not good at predicting what someone will do.*” More recently, he described an adult interaction that was confusing to him. He explained to this examiner that a group of other inmates sitting across the room who were not talking to him became annoyed when he interjected his opinion into their conversation. He could not understand why. He stated to this examiner, *“I knew about what they were discussing, so I gave them my opinion and they got pissed!”* His difficulties navigating and interacting with his social environment are made worse by his isolation, intermittent symptoms of depression, anxiety, and difficulties modulating his emotional expressions. For example, this examiner asked him if he thought he had difficulties with his social skills. Mr. Lawler stated that he had taken part in several *“Toast-Masters”* groups and knew how to be assertive and how to speak in public. This examiner tried to explain that learning about and then successfully implementing social skills were two different things, and offered the comparison that it was like trying to learn to play the violin by reading about it in a manual. He replied, *“But I don’t know how to play any musical instruments.”*

**H) Tendency to think of issues as being black and white:** Mr.

Lawler has a tendency to think of issues as being black and white (e.g. in politics or morality), rather than considering multiple perspectives in a flexible way (e.g. rigid). This was noted regarding the manner in which he views his current charges and is not consistent with mere denial but rather a severe inflexibility of thought. On the AAA, he indicated, *“(EQ10) People often tell me that I went too far in driving my point home in a discussion. (EQ60) I cannot usually appreciate the other person's viewpoint (especially if I don't agree with it).”*

**I) Increased Sensory Input:** Mr. Lawler’s brother described that in childhood and in his adolescence, he was extremely sensitive to mild pain or discomfort such that he would scream in a seemingly exaggerated manner and for an extended period in response to relatively mild injuries or illnesses, including stubbing his toe or having measles.



**J) Life-long qualitative impairments in verbal and non-verbal communication:** As noted in the interview, Mr. Lawler has life-long history of qualitative impairments in verbal and non-verbal communication. Specifically, there is an obvious deficit in his ability to engage in social reciprocity. For example, on the AAA he indicated, *“(AQ39) People often tell me that I keep going on and on about the same thing. (EQ15) I tend to focus on my own thoughts rather than on what my listener might be thinking. (EQ37) When I talk to people, I do not tend to talk about their experiences rather than my own.”* This is also evident in his misperceptions in his intimate relationships. He was often confused when the relationships failed. In one instance, his girlfriend reported that he could only provide physical intimacy and financial security but she was unfulfilled emotionally. When this examiner talked with him, he often talked over me or could not tell that I was trying to change the topic. It was only when I stated emphatically “we must move on” that he was able to shift gears.

See Appendix 1, Cohen Report at 7-11.

**B. Mr. Lawler’s Background Corroborates this Diagnosis**

Dr. Cohen also reported on the startling number of people in Greg’s extended family who also suffered from ASD and other severe mental illnesses, including “bipolar disorder, severe depression with institutionalization, suicide, schizophrenia, developmental disorders, alcoholism, and other addictions.”

Appendix 1, Cohen Report at 5-6. *See also*, Appendix 3, Affidavit of Susan

Purtell.<sup>2</sup> Greg’s paternal grandfather, Thomas Lawler, was a tool and die maker

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<sup>2</sup>Ms. Purtell is a special education teacher and Mr. Lawler’s first cousin, who has observed the Lawler family’s extensive psychiatric history. Susan and her husband, Chuck (who worked in a school for children with developmental

who barely talked, was unable to interact with his ten (10) children, and often shut himself in his room alone to do math puzzles. His wife, Grace, had a severe mood disorder with rage episodes. All ten of their children suffered from alcoholism.

One daughter, Elizabeth, committed suicide. Another daughter Marie, had a nervous breakdown and was hospitalized with severe catatonic depression. Another daughter Carol died of alcohol related complications. Another daughter Joan was diagnosed with bipolar disorder and was hospitalized as well. Joan has a son, Brian Konick, who also has autism spectrum disorder<sup>3</sup> . . .

Another son Paul suffered from alcoholism, and his brother Tony died of alcoholism. Another daughter, Rita, was diagnosed with bipolar disorder and alcoholism and was hospitalized. Rita ended up having five children (Gayle, Donna, Susan, John, and Renee). All of them . . . are alcoholics in recovery. . . . John has a son, Drew who suffers from schizophrenia and selective mutism and is currently residing in a supported family group home. His other son Daniel has symptoms of high functioning ASD.

*Id.* at 5-6.<sup>4</sup>

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problems), currently care for Susan's sister, Donna (age 70), who has severe autism.

<sup>3</sup> See, Appendix 8, Affidavit of Donald Konick and Appendix 9, Affidavit of Jan Worthen.

<sup>4</sup>While there is no definitive answer to the question, "what causes autism?" it is widely believed that "most cases involve a complex and variable combination of genetic risk and environmental factors that influence brain development. In other words, in the presence of a genetic predisposition to autism, a number of non-generic environmental influences further increase [the] risk [of autism]." See, Autism Speaks at <https://www.autismspeaks.org/family-services/tool-kits/100-day-kit/diagnosis-causes-symptoms>.

As is clear from the family history recounted by Dr. Cohen and Ms. Purtell, there is a significant incidence of autism in Mr. Lawler's immediate family. It is

fair to say he is genetically predisposed to autism. Further, he has been exposed to “non-generic environmental influences” namely neurotoxins which are widely considered to be a triggering factor for autism. Many toxic chemicals can interfere with healthy brain development, some at extremely low levels of exposure. See e.g., *Science of the Total Environment*, Vol 536, December 2015, Autism spectrum disorder prevalence and proximity to industrial facilities releasing arsenic, lead or mercury, Appendix 10; *Environmental Health Insights*, August 2008, Autism Spectrum Disorders and Identified Toxic Land Fills: Co-Occurrence Across States, Appendix 11. Mr. Lawler, immediately after birth until twenty-two months, lived less than one quarter mile from American Cyanamid Superfund Site and less than a mile from Brook Industrial Park Superfund Site. From twenty-two months until the age of five, Mr. Lawler lived less than three miles from these sites and two miles from Middlesex Sampling Plate Superfund Site, Appendix 12. These Superfund Sites have been active since the 1800’s and early 1900’s. The facilities were used to produce rubber chemicals, pharmaceuticals, dyes, petroleum-based products, and insecticides. American Cyanamid expanded to become one the nation’s largest dye and chemical plants. Onsite impoundments contained 877,000 tons of waste material with elevated levels of volatile organic compounds (VOC’s), polychlorinated biphenyls (PCBs) semi-VOC’s and inorganics. See *Five-year Review Report American Cyanamid Superfund Site*, June 26, 2014, Appendix 13; *American Cyanamid Superfund Site Fact Sheet*, See Appendix 14. American Cyanamid was placed on the National Priorities List (NPL) in September 1983. The Agency for Toxic Substance and Disease Registry conducted Health Assessments for each Superfund Site, assessing potential risks to human health posed by the individual sites and facilities. See *Health Assessment for Brook Industrial Park*, August 1990, Appendix 15; See *Health Assessment for American Cyanamid Company*, September 1990, Appendix 16. All of the superfund sites in the vicinity of Mr. Lawler’s residences were on this NPL of hazardous sites and mandated by the EPA to be cleaned up. Many examples of neurodevelopmentally toxic chemicals that can contribute to learning and behavioral impairment, as well as specific neurodevelopmental disorders such autism spectrum disorder have been found in the waste on and the property of American Cyanamid, Brook Industrial Park, and Middlesex Sampling Plant. See *Project TENDR: Targeting Environmental Neuro Developmental Risks*, July 2016, Appendix 17; See *Mount Sinai Hospital List of the Top Ten Toxic Chemicals Suspected to Cause Autism and Learning Disabilities*, April 2012, Appendix 18.

The national average for incidence of autism is 1 in 68. However, in northern New Jersey, where Mr. Lawler grew up, the incidence is 1 in 45, the highest prevalence rate among all of the states surveyed. See *Journal of*

Dr. Cohen's report also details how the signs of Mr. Lawler's developmental delays were evident throughout his life, often isolating and derailing him. Born on December 29, 1952, in New Rochelle, NY, Greg was slow to learn to roll over and was sluggish in his movements. Struggling with fine motor skills, unlike normal babies he would not seek out people to interact with and so did not talk until age three. His parents and healthcare providers feared he was hard of hearing because his ability to process auditory information was so delayed and inconsistent. He would also undergo speech therapy for processing. His brother Gerry also reported Greg's inability to play sports, remembering that they learned to ride a bicycle at the same time even though Greg was two years older.

Greg was also "acutely sensitive to feelings of disappointment that would affect him intensely for days." Cohen Report at 4. Gerry attested that Greg was hypersensitive to pain and Gerry reported that if Greg stubbed his toe, he would scream for at the top of his lungs for several moments. *See* Appendix 4, Affidavit of Gerry Lawler, at ¶ 10. Gerry also recalled his mother saying that when Greg developed measles at five years old, he cried and screamed for the duration of the illness. *Id.*

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*Geographic Information System*, December 2014, Mapping Contaminants Associated with Autism: A Public Health Pilot in New Jersey, *See* Appendix 19. Given his genetics and proximity to neurotoxins during his early developmental period, it is not surprising Mr. Lawler suffers from Autism Spectrum Disorder.

Greg's deficits in social interactions disrupted his childhood. "[Greg] had a hard time making friends and found that he could not interact well with others, not knowing when to start a conversation." Appendix 1, Cohen Report at 3. His fifth grade teacher recorded that Greg was having "a tremendous problem in adjusting . . . [is] socially inept . . . [has] few if any friends," and refused to participate in class discussions and projects because he "already knew the answers." His seventh grade teacher would write that Greg was "different" and "difficult", "socially immature", "was frustrated", "gets very upset when he knows the test is timed . . . needs to work on self-control and self-discipline.... needs prodding and constant supervision ... [and is] a volcano that could blow at any moment." Despite this document of Greg's frustration, he stayed out of trouble and earned good grades. As his brother Gerry attested, however, Greg was "different." "He was never mean to anyone but just didn't have success hanging out with others because he was different. Other kids bullied him, chased him, and beat him up.... He never hit back and did not argue with them." As a teenager, when Gerry would invite him to play card games with his friends, Greg was so slow to act during his turn that it would irritate the other players would get irritated. Once while playing hearts, a friend of Gerry became so frustrated with Greg that he asked "What's the matter? Is your brain numb?" From then on, Gerry's friends referred to Greg as "Numby." See Appendix 1, Cohen Report at 4.

While Greg would later have romantic relationships, his girlfriends noted his inability to provide emotional support. Greg's affect caused some women to suspect that he was hitting on them, despite his protests that he was just talking to them, which confused and upset him. One former girlfriend attested to a bizarre call from Greg several months after they had broken up suggesting in earnest that they fix their relationship by getting married. *Id.*

C. This Diagnosis Was Not Previously Available to Mr. Lawler

Greg has been aware of his social difficulties throughout his life. For a variety of reasons, however, his interactions with mental health professionals were insufficient to reveal this diagnosis. Long before the crime, Greg himself sought professional help. In 1977, while attending college at Worcester Technical Institute, Greg sought psychological counselling on "an exploratory basis" from the school counselor, Roy Astey. Mr. Astey, who was neither a psychologist or psychiatrist, met with Mr. Lawler on five occasions and did not render a diagnosis. The best Mr. Astey could say was that Mr. Lawler was having "difficulty" with adjusting. Later that same year, Mr. Lawler was diagnosed with depression and prescribed an antidepressant, which he took (in various forms) until 1995.

When Greg was evaluated during his pretrial and state habeas proceedings, moreover, the professionals examining him had too little information to assess him properly. While awaiting trial, Greg was evaluated for competency and intellectual

disability by Dr. Michael Hilton, a psychiatrist. Dr. Hilton did not have the benefit of a detailed family history or records from Mr. Lawler's past. He met briefly and just before trial with Mr. Lawler's mother and brother. Lacking any meaningful information about Mr. Lawler, Dr. Hilton failed to consider ASD as a possibility, instead concluding, based upon their limited interactions, that Mr. Lawler suffered from Paranoid Personality Disorder.

In 2006, during his state habeas proceedings, Mr. Lawler was examined by psychiatrist Pablo Stewart, who found Mr. Lawler to be suffering from Bipolar Disorder. Dr. Stewart, like Dr. Hilton, did not consider ASD as a possibility, as he "did not have the information about his family history of autism and his childhood exposures to neurotoxins." Appendix 5, Affidavit of Pablo Stewart at ¶ 6. Dr. Stewart also explained that "in 2006, it would have been uncommon for any psychiatrist evaluating an adult to explore ASD as a possible diagnosis unless the patient had been diagnosed with autism as a child, because autism manifests by the age of three." *Id.*, citing Raja and Azzoni, *Comorbidity of Aspoerger's syndromve and Bipolar disorder*, CLINICAL PRACTICE & EPIDEMIOLOGY IN MENTAL HEALTH, 2008, ("Asperger's Syndrome (AS) . . . is sometimes unrecognized, especially in the adult psychiatric setting."). *Id.* at ¶ 7. Dr. Stewart's observations are confirmed by ASD expert, Robert Cohen, Ph.D.,

The mental health community has made significant strides in correctly identifying Autism-Spectrum Disorder, even over the 10 years since

Greg's last evaluation in 2006. It is also quite likely that until very recently, most mental health providers who treat adults would have assumed that any pervasive developmental delay (such as ASD) would have already been identified in childhood, when in fact, our knowledge and ability to identify autism was far worse in the early 1950's when Mr. Lawler was born and raised. Individuals with ASD are often diagnosed with other mental health problems since the diagnosis of ASD does not rule out other distinct mood disorders. The pervasiveness and chronicity of symptoms is what separates ASD from an AXIS I diagnosis.

See Appendix 1, Cohen Report at 12.

The one expert whose evaluation yielded significant clues as to Greg's ASD was Dale G. Watson, a neuropsychologist who administered a full battery of neurocognitive testing in 2006 and identified a number of specific brain deficits that profoundly affect Greg's functioning. Appendix 6, Affidavit of Dale G. Watson") at ¶4. Per Dr. Watson, "[t]he most notable of these deficits were Mr. Lawler's markedly impaired visual memory, particularly as to his memory for faces and interpersonal interactions; deficits in recognizing emotion by means of facial expression; an impaired sense of smell; and a slowing of his decisional speed." *Id.* Dr. Watson noted that "Mr. Lawler had particular difficulties with an assessment tool called the Comprehensive Affect Testing System (CATS), which tests how accurately one can perceive emotions from faces and voices," and which revealed that he "he had significant deficits in facial emotion recognition." *Id.* Because of this impairment, "Mr. Lawler's ability to discern emotions from facial expressions" was severely impeded. Dr. Watson also noted that while Greg "scored in the high average range on



the intelligence testing that I administered, his scores on certain subtests demonstrated marked deficits in the speed with which he could process information. *This, too, is indicative of neurocognitive dysfunction.*” *Id.* (emphasis added). Dr. Watson “also observed many of the same impairments in social interaction that Dr. Cohen noted in his report,” *id.* at ¶5, including Greg’s presentation as “irritable, guarded, and occasionally angry,” his complaints about his “difficulty in controlling tremors in his hands,” and his visible agitation “when challenged by the task at hand, particularly when it was mathematics,” *id.* at ¶5.

#### D. Greg’s ASD is Critical for Understanding the Crime and His Testimony

On two occasions, Mr. Lawler has given his account of the events of October 12, 1997: 1) during his testimony at his 2000 trial; and 2) in his videotaped statement yesterday to this Board’s investigators. As this Board will observe, Greg’s testimony and statement closely parallel each other. Accordingly, there is no way to better replicate how Greg came across to his trial jury than by watching this videotaped statement, and no clearer illustration of how the symptoms of Greg’s ASD misled his jury. Again, no assessment of Greg’s culpability can be complete without understanding how Greg’s ASD affected both his behavior on the night of the crime *and* his behavior during his testimony. Both are bizarre. Neither can be explained without understanding the limitations that his disorder has imposed upon him.

The tragic events of October 12, 1997, were set into motion by a misunderstanding. As Greg and his girlfriend, Donna Rodgers, were walking home to their apartment from their neighborhood bar, a concerned citizen had driven to the nearby police station to report that he had seen a man hitting a woman in a nearby parking lot. It is unclear whether this man had seen someone else entirely, or whether he misinterpreted Greg's efforts to assist the very inebriated Donna in walking home as some kind of assault. Regardless, Officers Sowa and Cocciolone approached the couple in their police cruisers with the belief that they were responding to a violent crime – a piece of information that Greg would not learn until much later.

Not knowing that the officers suspected him of a crime, Greg was agitated and bewildered when the officers pulled up, blue lights flashing, and began questioning him. This situation, which would be unsettling for anyone, was frankly terrifying for Greg, whose inability to read the officers' faces exponentially increased his confusion and fear. Greg, who clings to his knowledge of rules and procedures as a security blanket, could not understand why the officers had approached him, as he could think of nothing that he and Donna were doing to justify a stop. Interpreting the officers' approach as inexplicably aggressive, and fearing that the situation might escalate, Greg made what surely seemed to the

officers an odd choice<sup>5</sup>: he left the scene, walking rapidly to his apartment. While Greg went up to his room and tried to compose himself, the officers decided to bring Donna to her apartment rather than arrest her for public drunkenness.

As he sat in his room, Greg concluded that the officers had almost certainly arrested Donna, and began running through the procedure for what would happen next: a call from the drunk tank, and what would be required to secure her release and bring her home. As he mentally ran through that scenario again, however, the officers arrived at his apartment. Greg's description of this moment in his statement to the Board conveys some of the visceral terror that gripped him. Just as he had begun to believe that the confusing and frightening encounter was over, his senses were overloaded with blue lights, the revving of car engines, the slamming of doors. He grabbed the rifle he had purchased for Donna to use for home defense and went downstairs. He waited, agitated and flummoxed, until he saw Donna through the blinds, waiting to be let inside. Relief flooded him. Again believing that the frightening encounter was over, Greg put down the rifle and opened the door. As Donna came inside, Greg tried to close the door. Officer Sowa stopped him.

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<sup>5</sup>Officer Cocciolone recalled that Mr. Lawler also crouched next to a car "tr[ying] to look little," and observed that he was "kind of funny" and that she "didn't know what was wrong with him." T. 3984.

The tragedy of what followed is all the more heartbreaking because neither man knew the one fact that would have deescalated the encounter: that Greg had ASD. As the Board has seen from his statement, Greg -- not knowing that he had been reported to the police for an assault, and with his inability to decipher Officer Sowa's non-verbal communication -- was disoriented and terrified. He remembers Officer Sowa as extraordinarily aggressive -- a memory likely distorted by his fear and confusion. He was terrified that for reasons that he could not understand, he was about to be killed. And he grabbed the gun.

It is not difficult to imagine how the encounter might have gone differently had Greg known to identify himself as having ASD. Now, people with autism are encouraged to develop a handout card disclosing the fact the individual has autism and when encountered by law enforcement, present it.<sup>6</sup> If Greg had known to say that he could not read the officers' expressions and needed their help in understanding what was happening, it might have de-escalated the situation. If he had known to say that his disorder flattened out his affect, and if he could have conveyed that he was frightened rather than angry or menacing, as he might have appeared, the situation likely would have resolved peacefully. But he did not. And

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<sup>6</sup>Available at <https://www.autismspeaks.org/family-services/autism-safety-project/community/law-enforcement> (last visited: October 12, 2016).

because Greg did not know that he had ASD, he could not explain his perception of those events in a way that did not make him seem deplorable.

Greg's defense counsel, Michael Hauptman, witnessed these struggles first hand. As Mr. Hauptman noted, Greg would talk to him "about the events of [October 12, 1997] every time that [they] met," but, even though he was "clearly scared," his bizarre behavior made him "very difficult to deal with." Appendix 7, Affidavit of Michael Hauptman at ¶ 4,

He would ramble on for long periods of time about subjects that were completely tangential to his case. He would get so frustrated and upset at times that he would visibly shake. I used to joke that he needed a timeout. Even in court, he could quickly go from being soft-spoken to shouting at the judge.

*Id.* Most critically, when Greg "tried to express his confusion about how the officers had behaved on the night of the crime, he just seemed angry, and was unable to understand how unsympathetic that made him seem." *Id.*

As Greg's trial approached, the symptoms of his undiagnosed disorder created a dilemma for Mr. Hauptman. The "best and only evidence" to support Greg's belief that he had acted in self-defense was for him to testify. *Id.* at ¶ 5. Given his deficits, however, such testimony could easily redound to his detriment. Even though Mr. Hauptman believed that "Greg's only hope of avoiding conviction was to testify," he feared that Greg's "testimony

could go so terribly that he would guarantee a death sentence for himself.”

*Id.*

Mr. Hauptman proved prophetic. As detailed in Dr. Cohen’s report, several aspects of Greg’s ASD manifested during his testimony, particularly his “verbalized confusion,” his “difficulty understanding the police officers’ state of mind, and a rigid belief system about his rights.” Appendix 1, Cohen Report at 13. As Mr. Hauptman summarized:

Greg’s testimony went very badly. He couldn’t make eye contact with anyone, and he seemed like he had no sympathy for the officers. If anything, he just sounded angry. He made a number of inappropriate comments that seemed to upset the jury. He talked in painstaking detail about how he had acquired the guns that were seized in his apartment, which just reinforced the State’s argument that he was a dangerous gun nut. He said that he was scared and upset, but he seemed to focus on how he felt physically, not emotionally . . . . I am convinced that Greg’s testimony played a big role in the jury’s decision to sentence him to death.

Appendix 7, Hauptman Aff. at ¶ 6.

Some of the specific observations made by Dr. Cohen reflect how Mr. Lawler’s ASD affected both his testimony and his statement to this Board. As Dr. Cohen noted, “[i]ndividuals with ASD are extremely rigid in their behaviors and manner of thought.” Appendix 1, Cohen Report at 13. To a person with ASD, “[l]aws are laws, rules are rules.” And a person with ASD cannot understand allowing exceptions to these rules, because “[e]xceptions would require flexible, abstract thinking,” which someone like Greg simply cannot do. This aspect of

ASD explains perhaps the most aggravating portion of Mr. Lawler's testimony and statement: his insistence that the officers had no right to stop him in the parking lot or prevent from closing the door, and the dire conclusions he drew from what he saw as their refusal to follow the rules.

I inquired after Officer Sowa had questioned me in the parking lot. In the best way I could, I said, well I don't understand what's illegal here. We are not driving. We are over 21 . . . . And you know, I thought it was clear when I tried the door, I said, you know, Donna is home, everything is fine, you know. Thank you and good night officer . . . . And I said, you know, good night officer; you know, Donna is home, everything is fine; you know, please go; you know *I don't understand what you are doing*.

T. 4038. As Dr. Cohen noted, because of Mr. Lawler's "dichotomous and rigid" thinking, if he "believed he had a right to defend himself because of something he read, his disorder would render him *unable* to see another person's perspective."

Appendix 1, Cohen Report at 13 (emphasis added). That same rigidity would also make it "challenging for his defense team to reason with him . . . ." *Id.*

Dr. Cohen further summarized the aspect of Greg's ASD that most complicated both of his encounters with the officers:

[I]ndividuals with ASD may not respond in a typical way to the facial expressions, gestures, tone of voice or physical proximity of others. They may not be able to "feel" or sense what another is feeling (or may not even ask). Additionally, since nearly two-thirds of all communication is non-verbal, one can understand how a person without the ability to detect or modulate their emotional expression -- especially under stress -- would be hindered at best. Greg's variable eye contact, flat facial expression, and style of speech might appear

cold and detached. As noted above, this is how Mr. Lawler has always functioned — in a seemingly unemotional or overly emotional manner.

Appendix 1, Cohen Report at 13. As Dr. Cohen also noted, these traits would hinder Greg's efforts to communicate with his jury and, indeed, this Board.

Without understanding the impact of ASD, it would be difficult for someone observing Greg to discern between a lack of empathy related to a personality disorder . . . versus a lack of awareness or connectedness due to a neurodevelopmental delay like ASD. This could lead law enforcement, legal officials, or even his own lawyers to interpret Mr. Lawler as rude, uncaring, detached, or lacking remorse.

*Id.*

### **III. Conclusion**

Three weeks ago, Gregory Paul Lawler learned that he has been afflicted since childhood with a disorder that has silently and relentlessly shaped every aspect of his life. Greg's ASD has obscured and distorted his every social interaction, isolating him from his family, his colleagues, and his peers. On October 12, 1997, it also played a decisive role in the death of John Sowa and the wounding of Patricia Cocciolone.

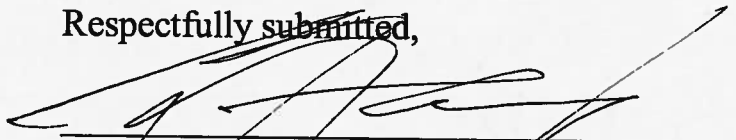
The implications of this discovery are profound for Greg and for this Board. For the first time, it is possible to understand why Greg acted as he did that night. Through no fault of Greg's, no judge, jury, or lawyer has ever considered this



evidence. Only this Board has the power to give it the consideration it requires and deserves. We respectfully pray that this Board spare Greg's life.

For all the reasons contained in this Application and appendices, and for the reasons found in the evidence and argument presented at the hearing on this Application, Gregory Paul Lawler respectfully asks this Board to grant a stay of execution for ninety (90) days to permit the Board to review and deliberate over the evidence presented on his behalf and to exercise its awesome power to bestow mercy and commute Mr. Lawler's death sentence, or to grant whatever relief is within its power to give.

Respectfully submitted,



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