

Execution Procedures

Process Review

Introduction and Charge

Following the execution of Joseph Lewis Clark #183-984, Governor Taft asked Director Terry Collins to review the execution procedures due to the unprecedented length of time necessary for the execution process. During the previous 20 executions, the process was carried out and concluded within one half hour of commencement. Clark's was not concluded until approximately ninety minutes after it was begun. During the process of carrying out Clark's execution, staff found it difficult to start and maintain the intravenous lines that would carry the lethal drugs, and those difficulties accounted for the delay in concluding the execution. Director Collins requested a meeting with counsel from the office of the Attorney General, the Warden of SOCF and two members of DRC's in-house legal staff to discuss the design of the process and the manner of carrying out the procedures.

The first meeting was convened on May 15, 2006 and the purpose of the meeting was described and agreed as a process review, an effort to identify ways that the process and procedures could be improved. It was the consensus of the group that inserting and maintaining the intravenous lines was the single procedure that presented the staff with difficulty. No other issue or procedure was identified as a source of operational concern.

Clark's Execution

Clark was received at the Southern Ohio Correctional Facility the day before his execution, as would normally be the case. His medical file was reviewed and he was visually examined by a nurse on the day of arrival to assess his health and to detect any potential difficulties with the intravenous insertion. The persons who insert the needles are trained medical professionals who are legally qualified to start intravenous lines in patients. No physician participates in the insertion of the needles, the delivery of the medication, or in any way other than the pronouncement of death.

On the morning of the execution, the process commences when the needles are inserted in the prisoner's arms. This is done while the inmate is in the holding cell, prior to his entrance into the execution chamber. Attached to the needles are small vials containing heparin, an anti-coagulant to prevent the blood from clotting at the intravenous site. Typically, two "heparin locks" are inserted, one into each arm, prior to the inmate's entry into the chamber. The drugs are always delivered to just one needle

site, but previous executions had always started two, with one to function as a back-up location in the event of some difficulty.

In Clark's case, one needle site was established, checked and found to be viable by flushing saline through the needle into the vein. The other site proved more difficult; the team members did not find and establish a second site within a number of minutes, and at some point, the decision was made to proceed with what appeared to be a single, viable site. The establishment of intravenous lines is more difficult for some individuals than others, as occurs in delivering medical care in the community.

The process of delivering the chemicals was initiated, but it soon became apparent to the team that the intravenous insertion was compromised, and the process was interrupted. The team members searched for another viable intravenous site. Finding and establishing an effective intravenous site proved to be difficult and time-consuming, but eventually it was accomplished. Once a new intravenous site was established, the process was re-commenced and concluded without further delay or interruption.

Recommendations

DRC officials and counsel agreed that the procedures for inserting and maintaining the intravenous lines should be the proper focus of the discussion. A number of suggestions for improvement were made and agreed upon. This report was prepared as a result of the meeting, listing each issue and the suggested, corresponding improvement.

Time Pressures Those persons involved in performing the execution are acutely aware of the profound significance of their roles and the attention focused upon them. There is a natural desire on the part of everyone involved to want the process to move smoothly toward the mandated conclusion, and this can be translated into a desire that it be performed quickly. The pressure to insert the needles quickly can contribute to the difficulty of that particular task.

Therefore, it is recommended that the administration relieve the staff of this pressure. The administration should recognize that the condemned prisoner may not always enter the death chamber at precisely 10:00 am. If the insertion of the needles requires more time that should not be considered cause for concern. If those responsible need to pause in their duty to discuss alternatives, this may well be an appropriate response. There should be no effort to hurry this stage of the process.

Prior Evaluation Whether or not Clark's difficult veins could have been "diagnosed" in advance is a matter of speculation. The establishment of an intravenous line is more difficult with some persons than others, and it is believed that such occurrences happen normally in the delivery of health care in the community.

Nevertheless, every possible step should be taken to anticipate and plan for foreseeable difficulties. The condemned prisoner should be thoroughly evaluated on the day of arrival at the institution, which should include a hands-on evaluation to the extent possible, and a review of the medical file as has occurred previously. Potential problems and alternatives should be discussed.

Two Intravenous Sites Clark's execution was begun with a single intravenous site established. However, it became necessary to interrupt the process to search for a second intravenous site. The fact of this interruption caused concern for the witnesses and the administration, and it almost certainly increased the level of difficulty for those persons responsible for finding a new vein.

In future executions, every effort should be made to establish intravenous lines in two sites. If the search for a second intravenous site causes delay in commencing the process, this should be viewed as a necessary consequence in order to avoid a start-and-stop scenario.

Low Pressure Flow The viability of the intravenous line was checked with a high-pressure injection of saline prior to entering the chamber. This is not the only alternative, however, as Maryland's procedure calls for the establishment of a low-pressure saline drip to keep the line open and confirm its ongoing viability.

It is recommended that future executions utilize a low-pressure drip to keep the line open and verify viability. The drip can be started in the holding cell and continued in the chamber. The lethal medications will be injected by syringe into the line at high pressure, and the low-pressure drip will continue between syringes. This will assist staff in monitoring the effectiveness of the delivery of the drugs into the blood stream.

The utilization of a low-pressure saline drip will eliminate the necessity of a saline syringe between chemicals. The policy should be changed to eliminate the use of and reference to three syringes of saline solution in a high-pressure flush between chemical doses.

Effective Delivery of Drugs The warden and other team members will observe the inmate's arms and check for signs of IV incontinence during the entire time that the drugs are being administered to the inmate.