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The Nation

The Chaos Behind California Executions

Trial testimony paints lethal injection methods as haphazard, with little medical oversight.

October 02, 2006 | Maura Dolan and Henry Weinstein | Times Staff Writers

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SAN JOSE — "Operational Procedure No. 770," the state's name for execution by lethal injection, is performed in a dark, cramped room by men and women who know little, if anything, about the deadly drugs they inject under extreme stress.

Thousands of pages of depositions and four days of testimony last week in a federal courtroom here provided the most intimate portrait yet of a state's lethal injection methods.

Witnesses depicted executions by lethal injection -- long considered a more humane alternative to the gas chamber or the electric chair -- as almost haphazard events, and medical experts on both sides could not rule out the possibility that one or more inmates had been conscious and experienced an excruciating sensation of drowning or strangulation before death.

Describing the pressure executioners feel and the surreal atmosphere in which they work, one executioner explained: "There's no other place in the world that you're asked to start an IV for that purpose."

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U.S. District Court Judge Jeremy Fogel, who presided over the trial here, is now reviewing the testimony and records to determine if the state can continue to perform lethal injection executions or if it should revise procedures to ensure the condemned don't suffer cruel and unusual punishment in violation of the Constitution. The litigation was brought by Michael Morales, condemned for the 1981 murder of Terri Winchell, 17, a high school student from Lodi.

Morales, like inmates in several other states who have also challenged lethal injection, claims prisoners may not be anesthetized properly before receiving a muscle-paralyzing drug that would mask any suffering before a third, heart-stopping chemical kills them. His witnesses insisted that trained medical personnel are needed to ensure a humane execution.

The testimony of dueling doctors and pharmacologists underscored the incongruity of using a medical procedure to produce a decidedly nonmedical result.

Witnesses for both sides stumbled when discussing the condemned, frequently referring to an inmate as "the patient."

Lawyers for the state defended the work of the executioners, stressing it was much less complicated than medicine. An execution, after all, is supposed to be punishment, the attorneys reminded the court.

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When anesthesia is administered in a hospital setting, "you have two objectives -- one to render the patient unconscious, and two, to make sure you don't kill him," said senior Assistant Atty. Gen. Dane Gillette, the lead lawyer for the state. "That is not at all the objective of a lethal injection execution."

All California executions take place at San Quentin prison north of San Francisco. The condemned is strapped on a gurney in a small, mint-green room that for decades served as the gas chamber.

After the IVs are set up, the chamber's heavy, solid steel door is shut and locked, and the inmate is left alone. A prison employee leans into the door to seal it, an apparent holdover from the days when the prison had to ensure toxic gas would not escape.

The execution team retires to an adjacent room, where members insert the execution drugs by syringe into IV lines that run through the wall and into the inmate's arms.

That anteroom is often packed with state officials, prosecutors and other government visitors. There were "so many people in that room you didn't even know who they were" and why they were there, Dr. Donald Calvo, a prison doctor, testified in a deposition.

Former San Quentin Warden Steven W. Ornoski said that during one execution, "I don't believe I could move from my spot much, if any." He once had to tell someone to leave. It was a doctor.

A nurse working in the jammed room said she had to pass syringes to an outstretched hand whose owner she could not see. The same nurse said she did not know the origins of a document with instructions for the drugs. She had simply found it "in the gas chamber."

To prevent the executioners from being seen or identified by witnesses, their room is illuminated only by a red light. A doctor who filled out execution records said the room was so dark he had to use a flashlight to see what he was writing.

The IV bags hang from ducts so high that it would be impossible to determine if everything was working properly, testified Dr. Mark Heath, a Columbia University anesthesiologist and expert witness for Morales. A member of the execution team said in a deposition that she believed "the janitor" helped set the bags.

The executioners are chosen from among a group of volunteer prison workers. Though several have had medical training as registered nurses, background screening appears to have been minimal.

A prison employee was chosen as team leader even though he had missed months of work and had been under care for post-traumatic stress caused, he said in his deposition, by "my years of working in the prison system." That executioner, who was taking antidepressants, also had been disciplined for a drunk driving conviction.

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