Lethal Injection is Inhumane

“I had just watched a man be tortured to death.”
-Florida Death Row Chaplain Dale Recinella after Angel Diaz’s Execution

Throughout the history of capital punishment, there have been attempts to develop a humane form of execution. Hanging, the guillotine, the electric chair, the gas chamber, and lethal injection were all seen, at one time, as humane advancements. It has become clear that even lethal injection presents a real risk of severe pain to the condemned man or woman – and trauma to individuals carrying them out.

The Supply of Lethal Injection Drugs in Delaware

- As has been standard practice in most states that carry out lethal injection protocols, Delaware law currently requires a three-drug protocol. The state’s supply of these medications has expired.¹

- The EU and other producers of lethal injection drugs have halted production citing the inhumanity and barbaric nature of the death penalty.

- There is now no legal means of obtaining the medications required by Delaware law.

Alternative Combinations Invite Botched Lethal Injections

Since the death penalty returned to the United States in 1982, there have been at least 44 documented instances of botched lethal injections.

Recently, Ohio, Oklahoma, and Arizona deviated from protocol and sought alternative drug combinations, with horrific results. These combinations were, essentially, “tested” on death row inmates in executions administered in 2014. In each case, the states made national news as the deaths of these condemned men amounted to cruel and unusual punishment.

Jan. 16, 2014. Ohio. Dennis McGuire. Lethal Injection. McGuire gasped for air for some 25 minutes while the drugs used in the execution, hydromorphone and midazolam, slowly took effect. Witnesses reported that after the drugs were injected, McGuire was struggling, his stomach heaving and fist clenched, making “horrible” snorting and choking sounds. His family has since filed suit against the state.ii

April 29, 2014. Oklahoma. Clayton D. Lockett. An hour before the execution began, the governor was notified that the executioner (a “phlebotomist”) was having problems finding a usable vein, but she did not intervene. After an hour, a vein was finally found in Mr. Lockett’s “groin area,” and the execution went forward. Ten minutes after the administration of the first drug, a sedative, the physician supervising the process (whose very presence violated ethical standards of several medical organizations) announced that the inmate was unconscious, and therefore ready to receive the other two drugs
that would actually kill him. Those two drugs were known to cause excruciating pain if
the recipient was conscious. However, Mr. Lockett was not unconscious. Three minutes
after the latter two drugs were injected, “Lockett began breathing heavily, writhing on
the gurney, clenching his teeth and straining to lift his head off the pillow.” Officials
then lowered the blinds to prohibit witnesses from seeing what was going on, and 15
minutes later the witnesses were ordered to leave the room. Twenty minutes after the
first drugs were administered, the Director the Oklahoma Department of Corrections
halted the execution, and issued a two-week stay (later extended by extensive
litigation) for the execution of Mr. Warner. Mr. Lockett died 43 minutes after the
execution began, of a heart attack, while still in the execution chamber.iii

minutes before death was pronounced. A spokesperson for the Arizona Attorney
General’s office claimed that Mr. Wood was asleep and was simply snoring. In the days
before the execution, defense attorneys won a stay from the U.S. Court of Appeals for
the Ninth Circuit on their motion to compel the state to reveal the source of the drugs
and the training of the executioners. This stay was later overturned by the Supreme
Court. Michael Kiefer, a reporter for the Arizona Republic who witnessed the
execution, said that he counted 640 gasps from Wood before he finally died.iv

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