



# THE PENNSYLVANIA PRISON SOCIETY

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Testimony on SB 637

Lethal Injection

Before the

Pennsylvania House Judiciary Committee

Pat Scholder  
Pennsylvania Prison Society  
November 7, 1990



My name is Pat Schulder and I am a member of the Pennsylvania Prison Society Board of Directors. I am also a member of the Harrisburg Chapter of the Pennsylvania Coalition to Abolish the Penalty of Death. I appreciate the opportunity to present testimony today to the House Judiciary Committee on the issue of lethal injection.

The Pennsylvania Prison Society is firmly opposed to the use of lethal injection. As stated in the society's policy position:

"SB 637 proposes the use of lethal injection in lieu of electrocution in capital cases in Pennsylvania. Supportive arguments suggest that lethal injection is a more humane method of carrying out the death. It is our position that there is no humane method of imposing the death penalty.

Regardless of the method of execution, the Pennsylvania Prison Society remains opposed to capital punishment. Our position is that the state should not avenge one death by causing another.

The Pennsylvania Prison Society abhors any form of the death penalty."

We firmly believe there is no humane method of state sanctioned murder. Examples of cases of lethal injection going awry are numerous and indicate that it is not, a quick, painless death. Botched executions have been in the press including cases in Texas (the second state to use lethal injection following Oklahoma), Florida and Alabama. Gruesome stories are also reported on electrocutions around the nation.

In Texas in 1983, James Autry was strapped to a gurney while saline (the first step in execution by lethal injection) was administered in his veins even though there had been a stay

of his execution. The final lethal dose in March 1984 took 15 minutes while Mr. Autry was conscious, moving about and complaining of pain. In another Texas case, Raymond Landry waited 40 minutes while strapped to a gurney as the executioners hunted for a vein to administer the lethal drug after the needle popped out the first time. Until a vein was found, the lethal dose of potassium chloride sprayed in the room on the witnesses. If another vein was not found, the executioner and medical personnel would have had to make an incision to administer the needle. This is a major problem in that many drug users have none-usable veins.

In addition to the painful nature of these executions, one must question the participation of the physician in any capacity during an execution.

The Oath of Hippocrates taken by physicians states "I will prescribe regimen for the good of my patients according to my ability and my judgement and never do harm to anyone." Doesn't this suggest that doctors should not participate in killing? If they have sworn to preserve life, how can they actively participate in the execution of individuals?

In the early 1980's, the United Nations General Assembly, the World Medical Association, the American Psychiatric Association and the American Medical Association took positions against the participation of physicians following the introduc-

tion of lethal injection. On September 11, 1981, the Secretary General of the World Medical Association, Dr. Andre Wymen, issued a press release stating that "regardless of the method of capital punishment a state imposes, no physician should be required to be an active participant. Physicians are dedicated to preserving life...Acting as executioner is not the practice of medicine and physician services are not required to carry out capital punishment even if the methodology utilized pharmacologic agents or equipment that might otherwise be used in the practice of medicine." In addition, The British Royal Commission on Capital Punishment considered the use of drugs for executions but rejected this idea in the early 1950's. They concluded that no medical personnel could participate in taking a life.

The statutes currently existing in other states do not require a physician to personally administer the lethal drugs. Most however, provide, that the execution be carried out by "medically trained" technicians attached to state corrections departments. Irregardless, the physician must write the prescription and supervise the technician who inserts the catheter. Physicians, then, are directly involved in the execution procedure.

The electric chair was developed in 1888 as a more humane method of execution than hanging. One-hundred years later, we are looking at lethal injection as the more humane method. One must question whether or not it really is more humane. It may

be more humane for the witnesses who view the execution, but residents on Florida's death row, when asked if they would prefer to die in an electric chair or under a "painless" needle responded that "killing is killing." It did not make a difference to them at all.

Execution is the issue not the form of it. A more aesthetic, less objectionable method is not the solution to the state's dilemma of killing. The administration of the death penalty is fraught with problems and questions. Should the mentally retarded be executed, or should juveniles be executed? What if, as in the case of Neil Ferber, evidence later shows the person on death row to be innocent; why does the race of the victim figure so significantly in who gets the death penalty?

The death penalty serves no penological purpose. The myth of its deterrent value is a ruse for tough on crime and law and order stands of public officials. The only real deterrent, perhaps, is for the one individual faced with the execution, not the public at large. It is expensive and barbaric, and is arbitrarily applied. Let's use the energy we are now expending to talk about how to help victims' families, and how to end the cycle of violence and revenge instead of discussing how to kill. These questions are more troubling and more critical than the method of execution.

We urge you to oppose SB 637, which provides for lethal injection, but also to go further and question capital punishment as well.