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Criminal Justice Issues and Prisoners' Rights

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by [Jean Casella](#) | March 9, 2010

One of the many grotesque realities involved in the administration of the death penalty is the fact that condemned prisoners are not permitted to kill themselves; that privilege is reserved for the state.

Lawrence Reynolds was scheduled to be executed by the state of Ohio at 10 a.m. today. But at the appointed time, Lawrence was in the hospital, recovering from a suicide attempt. On Sunday night, Lawrence took an overdose of pills in his cell. The state is now waiting for him to recover enough so that it can put him to death.

According to a report in this morning's [Columbus Dispatch](#):

The Akron man now has until next Tuesday to recover from the overdose before the state injects him with a dose of thiopental sodium, a powerful anesthetic that will most likely kill him within minutes.

The state will pay for Reynolds' medical treatment until he can be returned to Death Row at the Ohio State Penitentiary in Youngstown, where he was housed, or to the Southern Ohio Correctional Facility near Lucasville, where executions take place.

Julie Walburn, spokeswoman for the Ohio Department of Rehabilitation and Correction, said the state has two legal obligations. We have a constitutional duty to provide health care for this inmate until the execution commences. And we are legally responsible to carry out executions under the law. We will meet both our legal obligations.

The 43-year-old Lawrence was convicted of murder in 1994 and has spent more than 15 years on death row. He is not the first condemned prisoner to attempt suicide, and undoubtedly he won't be the last. In recent years, mental health experts and death penalty opponents have been warning about death row syndrome, a condition in which the already severe effects of long-term solitary confinement are compounded by the constant threat of death.

In a [2008 article on death row syndrome](#), Stuart Grassian, a psychiatrist and former Harvard Medical School professor who is considered an authority on the effects of solitary confinement, told the IPS:

There is an enormous agony in endlessly, and helplessly, waiting while others decide whether you live or die.

Generally, over time, the inmate learns he cannot afford to actually befriend his fellows; they keep disappearing into the death chamber. The horror of all that, the endless tedium and tension, often proves unbearable.

The article cited the case of Raymond Riles, who had spent more than 30 years on death row in Texas. No execution date has been set because he suffers from delusions and paranoia. But in 1975, there were no mental health barriers in the way of his sentencing.

Beyond deliberate suicide attempts, some critics have said that death row syndrome causes some prisoners to waive their right to further appeals, which can itself be viewed as a form of suicide. Since the death penalty was reinstituted in 1976, more than 130 condemned prisoners have abandoned their appeals.

Many inmates in these circumstances cannot stand it any longer, fire their attorneys, drop their appeals, and effectively volunteer to be executed, Stuart Grassian said. In such cases, the state is usually quite willing to oblige, as long as it retains ultimate control over the machinery of death.

Last fall, Ohio temporarily suspended executions after a botched attempt to administer a lethal injection. Facing accusations that its three-drug protocol amounted to cruel and unusual punishment, the state switched to a one-drug system (previously used only to euthanize animals) and [resumed executions](#) in December.

Five prisoners condemned to death in Ohio have been exonerated, according to the [Death Penalty Information Center](#). Just last week, a federal court paved the way for the final exoneration of another inmate, Joe D'Ambrosio, who had spent 20 years on Ohio's death row.

Jean Casella is the director of Solitary Watch. She has also published work in The Guardian, The Nation, and Mother Jones, and is co-editor of the book *Hell Is a Very Small Place: Voices from Solitary Confinement*. She has received a Soros Justice Media Fellowship and

an Alicia Patterson Fellowship. She tweets @solitarywatch.

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September 29, 2022

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This is what I mean by knowingly encouraged to commit suicide.
Here is another quote I found on:

http://realcostofprisons.org/blog/archives/control_unitsshusupermax/index.html

While inmates have always had to be evaluated by a mental health clinician prior to being moved to the SMU, in the past there have always been a physician available. Not so at SBCC where there are no therapists on site on weekends. So from Friday afternoon until Monday morning prisoners are kept naked with only a large vest secured with Velcro, under 24 hour watch in an empty cell until cleared to be moved to the segregation unit. Even if a prisoners issue is a minor one, and has never had suicidal ideations or exhibited irrational behavior he will be held for up to 72 hours without even a bar of soap, a toothbrush or toothpaste.

Once he is approved to be taken to the segregation unit he is again placed in an empty cell. This time he will only be allowed one item for the first 24 hours. He will not receive a book, a Bible or rosary beads. He will not be allowed a pen, a pencil or a writing pad. And he won't get a shower, a phone call or even cosmetics. But he will be given a bedroll. In other words, after days of psychological torture this prisoner, who may be suffering from mental illness, substance abuse issues or withdrawal symptoms,

is given absolutely nothing except a set of sheets with which to hang himself.

It is important to mention two very significant points:

- 1) Every prisoner who has committed suicide in the SMU has hung himself, and;
- 2) Every inmate is given a manual containing a complete and comprehensive set of rules and regulations which govern the SMU. And nowhere in this or any other manual is it written or even hinted that prisoners are not entitled to anything for the first 24 hours in the segregation unit.

While the condemned are prevented from killing themselves other inmates in isolation are in the estimation of Dr. Kom knowingly encouraged to commit suicide. Here is his quote:

Dr. Richard Kom, in a 1987 report on Lexington commissioned by the ACLU, framed the matter even more clearly. In Dr. Richard Kom's estimation, the purpose of an SHU-style facility is to:

reduce prisoners to a state of submission essential for their ideological conversion. That failing, the next objective is to reduce them to a state of psychological incompetence sufficient to neutralize them as efficient, self-directing antagonists. That failing, the only alternative is to destroy them, preferably by making them desperate enough to destroy themselves.

<http://ishgooda.org/peltier/copap8.htm>

I am sure the hopelessness of death row would indeed make the condemned contemplate destroying themselves as well.

P.O. Box 11374
Washington, DC 20008

info@solitarywatch.org

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