

Arkansas: Mentally ill inmate put to death

Medical “treatment” prepares execution

Kate Randall
8 January 2004

Death row inmate Charles Singleton, 44, died by lethal injection at the Cummins Unit Prison near Varner, Arkansas on Tuesday, January 6. Singleton was convicted of the 1979 stabbing death of Mary Lou York, and had spent 23 years on death row.

Members of the Northwest Arkansas Chapter of the Arkansas Coalition to Abolish the Death Penalty held a candlelight vigil outside the Washington County Courthouse as the execution approached. Singleton’s short, incoherent final statement was read out before the lethal chemicals were administered: “The blind think I’m playing a game. They deny me, refusing my existence, but everybody takes the place of another. I will come forth as you go.”

Members of Mary Lou York’s family attended the execution. If any relatives of Charles Singleton had decided to attend, under Arkansas law they would have been held at a roadblock a mile from the prison’s entrance and denied the right to witness their loved one being put to death.

Singleton, who was also known as Victor Ra Hakim, had been diagnosed as suffering from schizophrenia. A 1986 Supreme Court decision, *Ford v. Wainwright*, bars execution of the mentally insane—those who cannot understand the reality of, or reason for, their punishment. In Singleton’s case, authorities got around this prohibition by obtaining a court order to forcibly medicate him to render him temporarily mentally competent—in order to be put to death.

The symptoms of Charles Singleton’s mental illness were obvious and myriad. By the late 1980s he had begun to suffer delusions, such as that his cell was possessed by demons and that his thoughts were being stolen as he read the Bible. He described himself variously as the “Holy Ghost” and “God and the Supreme Court.” He expressed the belief that execution

was simply a matter of stopping his breathing, and that a judge could restart it again—clearly a lack of understanding of the nature of execution.

By the early 1990s Singleton was regularly taking anti-psychotic drugs. If he failed to take his medication, or it needed to be increased or changed, his symptoms would worsen. He was subsequently put on an involuntary medication regime. A 1990 US Supreme Court ruling (*Washington v. Harper*) allows state authorities to “treat a prison inmate who has a serious mental illness with antipsychotic drugs against his will, if he is dangerous to himself or others and the treatment is in his medical interest.”

Singleton’s symptoms subsided and Arkansas officials set an execution date. His lawyers argued, however, that it could not be in their client’s interest to be forcibly medicated to prepare him for execution, and his death sentence was stayed awaiting a decision. In October 2001, a three-judge panel of the 8th Circuit Court of Appeals ruled 2-1 that the death sentence should be commuted to life in prison.

However, in February 2003, a full-court ruling of the 8th Circuit held that Arkansas authorities could forcibly medicate Singleton to prepare him for the death chamber. They wrote: “Singleton presents the court with a choice between involuntary medication followed by an execution and no medication followed by psychosis and imprisonment,” adding remarkably, “Eligibility for execution is *the only unwanted consequence* of the medication” (emphasis added).

Dissenting, Judge Gerald Heaney wrote: “I believe that to execute a man who is severely deranged without treatment, and arguably incompetent when treated, is the pinnacle of what [former Supreme Court] Justice [Thurgood] Marshall called ‘the barbarity of exacting mindless vengeance’” [in *Ford v. Wainwright*]...

Underneath this mask of stability, he remains insane. *Ford's* prohibition on executing the insane should apply with no less force to Singleton than to untreated prisoners.”

The European Union, as well as Amnesty International and other human rights groups, petitioned Arkansas governor Mike Huckabee to commute Singleton's sentence to life in prison, but he refused. The 8th Circuit's ruling stood, and after having evaded execution on six previously scheduled dates, Singleton was put to death on Tuesday.

Amnesty International condemned the execution: “While more than half the world has abolished the death penalty in law or in practice, the United States has allowed Charles Singleton to be executed—a man who suffers from irrefutable mental illness. Global standards of decency prohibit the execution of ‘persons who have become insane.’ Singleton was said to be ‘seriously deranged without treatment’ and ‘arguably incompetent with treatment.’... The execution of the mentally ill is another example of the arbitrary and unfair manner in which the death penalty system is administered.”

The United States is one of the few industrialized countries which continue to permit the barbaric practice of capital punishment. Not only does it allow the death penalty, but it allows the ultimate punishment to be meted out against foreign nationals, those convicted for crimes committed as juveniles and—as demonstrated by Charles Singleton's case—the mentally ill.

Execution of the mentally ill is the most extreme manifestation of a system in which US jails and prisons are teeming with inmates with psychological problems. As psychiatric institutions in recent decades have shut down, throwing patients into the streets, more and more of these individuals have found themselves arrested, prosecuted by an increasingly punitive judicial system and incarcerated. Experts estimate that somewhere between 200,000 and 400,000 persons with mental illnesses are confined in US prisons.

An estimated 5 percent of the general US population suffers from mental illness. However, a National Commission on Correctional Health Care report to Congress in March 2002 presented these shocking estimates of the prevalence of mental illness among prisoners on any given day:

* 2.3-3.9 percent of inmates suffer schizophrenia or

other psychotic disorder;

* 13.1-18.6 percent have major depression;

* 2.1-4.3 percent are suffering bipolar disorder (manic episode);

* 8.4-13.4 percent have dysthymia (mild depression);

* 22.0-30.1 percent suffer from an anxiety disorder;

* 6.2-11.7 percent are victims of post-traumatic stress disorder.

These are indices of a virtual epidemic of mental illness, calling for a crisis intervention of medical and psychological professionals. They are also an expression of the tragic impact of a complex combination of social and economic factors—in no small way exacerbated by the stresses pervading American life.

However, the response on the part of police and judicial authorities to this crisis is to increasingly criminalize the mentally ill. Those who find their way to prison are often misdiagnosed and untreated. In a cruel twist, in Charles Singleton's case, the authorities pushed for his “treatment” in order to send him to his death.



To contact the WSWS and the Socialist Equality Party visit:

wsws.org/contact