

New details emerge on the execution of Clayton Lockett

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A new court document filed in the western district of Oklahoma provides new details on the events leading to and surrounding the torture and execution of Clayton D. Lockett, whose state execution was botched in April of this year. The document provides tremendous insight into the barbaric execution process that has been abandoned by all but a few nations around the world.

The filing is part of an attempt by lawyers to halt future executions in Oklahoma, of which four are scheduled to take place in early 2015. It shows that there had been questions over whether the sedative midazolam, which was used for the first time in Oklahoma on Lockett, should be used. A state official shrugged off coordinating with an expert prior to his execution due to “political pressure” to “get it done.”

The document also goes into more gruesome detail about what happened to Lockett after the blinds were drawn, effectively hiding the events from the witnesses present.

It had previously been revealed that on April 29, Lockett was “taken to the execution chamber, placed onto the table, and after failed attempts in other locations, an intravenous (IV) line was started in Lockett’s right groin area.” The administration of execution drugs then began, but several minutes into the process “it was determined that there was a problem with the IV patency.” Reportedly, the execution was stopped, but Lockett later died in the execution chamber.

Within a few minutes after the administration of the lethal drugs, Lockett began to “writhe” and “twitch,” apparently in pain. Those who witnessed the event before the curtains were drawn to hide the grotesque spectacle likened it to a seizure. Lockett’s lawyer reported that “his whole upper body was lifting off the table.”

It was later discovered that the physician decided to attempt access into a femoral vein even though the paramedic failed to find a sufficiently long needle and catheter for this type of injection. The physician decided to proceed with the longest needle available and reportedly believed that he had successfully started an IV and that the line was viable. However, the autopsy did not conclude that the femoral vein was punctured, and the toxicology report indicated elevated concentrations of midazolam in the tissue near the insertion site, supporting the observation that the IV was not administered into the vein properly.

The new court filing suggests that inadequate training was given to both the doctor and the paramedic. In fact, a statement by the physician explains, “I’m not supposed to be doing anything except, you know, deciding whether he was unconscious and then declaring him deceased. ... we are really not supposed to be the ones putting lines in. Someone else is supposed to put the lines in.”

Commenting on these events, the warden related that they had to “keep the offender calm because you could tell he was in some pain.” She then stated that Lockett was “taking it like a man” and that she was “really proud of him for that.”

At 6:23 p.m., after an hour of being strapped down and having needles poked into different parts of his body, Lockett was injected with a full dose of midazolam, and at 6:33 p.m. the physician determined that Lockett was unconscious, signaling that the execution could continue. A full dose of vecuronium bromide, a muscle relaxant that is used to paralyze the subject, and a majority of the potassium chloride, used to stop the heart, were administered.

Immediately upon administration of the lethal agent, Lockett began to move and make sounds, prompting

the physician to inspect the IV insertion site. The warden examined the area beneath the sheet that was being used to cover Lockett's groin and "viewed what appeared to be a clear liquid and blood on Lockett's skin." The physician then observed an area of swelling underneath the skin, and the blinds separating the witnesses from the chamber were lowered at the direction of the warden at 6:42 p.m..

Behind the blinds, the physician attempted to establish a second IV access into Lockett's left, femoral vein in order to administer more of the drug but instead punctured an artery, spattering blood everywhere, including his own jacket. When the paramedic tried to explain to the doctor that more drugs should not be inserted into the line, the doctor replied, "Well it'll be alright. We'll go ahead and get the drugs."

At this point, unbeknownst to the doctor, it was discovered that there were no more drugs available to inject into Lockett, assuming that the doctor could even establish a proper line. Even more horrifying was the answer to the warden's question: "[have] enough drugs entered into the inmate's system to cause death?" The response from the doctor was "no."

One of the officials reportedly stated that "we've applied all the drugs that we had for him and he's not deceased yet. The doctor doesn't know and can't tell just from looking at him if there's enough for him to expire or not." At this point, one of the executioners asked if they could use the drugs from the second execution that was planned for the same day following Lockett's, but this request was denied.

The execution was therefore stopped at 6:56 p.m., but ten minutes later, at 7:06 p.m., the physician pronounced Lockett deceased after the inmate suffered a massive heart attack. A government official reported to the Oklahoma governor that he "[didn't] know for sure what happened. If our drugs got there; if the stress of the event did it; I don't know why. ... But I said he's passed away, so the execution has been carried out."

There was reportedly conversation inside the chamber about administering life-saving measures, including transporting Lockett to the emergency room, but that the physician who suggested this was told "that they could not do that." The doctor explained that he could have started "CPR and advance cardiac life support" but that no order was given. When asked why no

lifesaving measures were given, the paramedic stated coldly that "the purpose of being there was to provide an execution ... and we were told not to reverse it."

The court filing makes the conclusion "that midazolam is a poor drug for executions" rather than calling for an end to executions as such. The lawyers involved seek only to delay the future executions planned for 2015. They do not oppose the practice generally, only this particular method. They call for new protocols that create "a more humane method" of execution.



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