

## EXECUTION

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motion for the appeal, and Henderson Hill is Ingle's attorney in the case. Both work for the Death Penalty Resource Institute. "They (the lawyers) knew I was vulnerable, and they played on me," Thompson told the Forest City Daily Courier. "I am not going to fight this anymore."

Rose said Wednesday afternoon that Ingle had been manipulated by prison officials into giving up his appeals. He said Ingle needed the drug Xanax as treatment for his mental illness, and prison officials told him he could have the drug if he chose not to appeal.

"The prison has a policy of not prescribing drugs until the defendant is at the end of his appeal or has given up all of his appeals," Rose said. "Phillip Ingle was desperate for this drug and was pretty much living a tortured existence," Rose said. "The prison offered him the prescription drug Xanax on the condition that he ended his appeal."

Although Ingle still wishes to be executed, Rose said Ingle has expressed an interest in seeking clemency. "Four days ago, he asked the governor for clemency and asked that he be put into a secure mental hospital," Rose said. "The fact that he asked for this shows that he is extraordinarily ambivalent about his own death."

The Rev. Jimmy Creech is a minister who's been visiting with Ingle for several months. Creech is a staff member for the North Carolina Council of Churches, which actively opposes the death penalty. People of Faith Against the Death Penalty was formed by the council a year ago. "He asked me to visit with him because he wanted me to tell people about his mental illness," Creech said. He also said that Ingle knew the first couple he killed well. He rented a trailer from Fred and Margaret Davis, but on July 28, 1991, Ingle saw them differently. "He suddenly saw them with red eyes, red tails and horns," Creech said. "He felt a moral obligation to kill them."

Ingle killed the Davises with an axe handle. While he did not know Sarah and E.Z. Willis, the second couple he murdered, again, Ingle saw them as demons and killed them with a tire iron, Creech said. "Phillip does not remember these events. He has no comprehension of how he could do such a thing," Creech said. "He is convinced he should never be free (because) he has no control over his behavior."

Creech said Ingle suffers from schizo-affective disorder, something he inherited from his mother and grandfather. Creech said Ingle's mother neglected him, and she was sexually and physically abusive to him. She tried to commit suicide in front of her children, Creech said. This environment influenced Ingle.

"At the ages of 5, 7 and 8, he tried to hang himself," Creech said. He added that Ingle shot himself in the stomach with a .22-caliber rifle, slit his wrists, overdosed on drugs and drove a car into a building in attempts to commit suicide. "He tried to kill himself after the first pair of murders by dressing in dark clothes and lying in the road," Creech said. He said Ingle was picked up and taken to the state psychiatric hospital in Morganton. Ingle was released from the hospital, and soon after, he committed the second pair of murders.

"Phillip is extremely remorseful," Creech said. "He lives with the vision of the two couples he murdered in his mind constantly."

The Rev. Diane Corlett, who has a master's degree in mental retardation and has worked with Piedmont Area Mental Health, said Ingle has been clearly defined as mentally ill.

Corlett, rector of the Episcopal Church of the Nativity, said she opposes the death penalty in all cases.

"If we were to abolish the death penalty, we'd be talking about Phillip Ingle's treatment," Corlett said. "We need to find a humane way to let him live out his life."

Creech said he went with a group of ministers to speak with Gov. Jim Hunt to plead Ingle's case. "Hunt said he didn't like the idea of killing a mentally ill person," Creech said. "When I got the news that the governor had denied clemency, I thought the governor had misled us."

Kim Brooks, a press secretary in Gov. Hunt's office, said Hunt weighed the mental illness question before deciding to deny Ingle clemency. Brooks said that Hunt thinks that the court sentence should stand.

He said Ingle wanted to spend Wednesday with the men on death row and today with his family. He moved out of death row and into the death watch area Wednesday night.

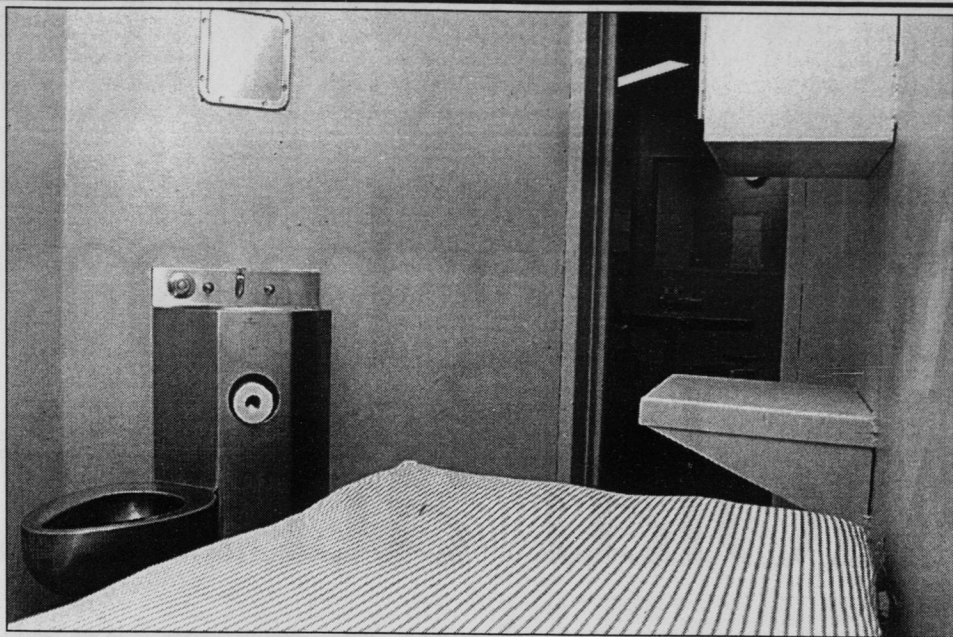
People of Faith Against the Death Penalty staged noon protests at Central Prison on Tuesday and Wednesday.

The Rev. Bob Albritton, pastor of Milbrook Baptist Church said they were protesting in hopes that Ingle would come to the realization that he should appeal.

There will be a service for Ingle tonight at Pullen Memorial Baptist Church starting at 7 p.m. After the service, there will be a candlelight march to Central Prison. The protesters will remain outside the prison until just after 2 a.m.

## Mental Illness: The Debate Continues

Mental competence has been a major issue in the capital punishment debate. A defendant's mental state is questioned when murder is the issue, and legal scholars disagree on the defi-



Ingle is spending the last hours of his life in this cell, Cell C in the death watch area of Central Prison. The death watch area is adjacent to the execution chamber, and death row inmates are moved here three to seven days before their scheduled execution. Except for his time spent showering, Ingle will remain in this cell until he is granted a stay or is escorted to the execution chamber.

Even during the 15 minutes he is allotted for a daily shower, Ingle is watched at all times. Inmates in the death watch area are afforded no personal privacy, having two guards assigned to them 24 hours a day. Because his contact with visitors is limited, Ingle will be allowed to see only his attorneys (a right he has refused), chaplains, psychologists and family members in a non-contact environment, and others with specific authorization.



Lib Hutchby, John Hilpert and Beth McAllister, members of People of Faith Against the Death Penalty, protest on Tuesday outside Central Prison against Ingle's scheduled execution. The group, which comprises people of many different faiths, was holding a prayer vigil for Ingle. Rev. Jimmy Creech (not pictured), a participant in the vigil and a spokesman for the group, said a candlelight vigil will be held tonight in front of the prison with the hope that the execution will be stayed.

nition of incompetence and sanity as they relate to capital cases.

Ingle has undergone three separate psychological evaluations. Each of the evaluators said Ingle suffers from schizo-affective disorder, meaning he displays both schizophrenic and mood-related disorders.

UNC psychology Professor Joe Lowman said people suffering from schizo-affective disorder exhibit symptoms that can include delusions, hallucinations, disorganized speech and catatonic behavior.

"Schizophrenia affects a lot of people," Lowman said. "You need to have a biological predisposition. You also need environmental factors." At the press conference Creech told of how Ingle's mother and grandfather both suffered from schizophrenia.

Lowman said Ingle's willingness to die in this case amounts to court-assisted suicide. "He wants to die," he said.

Hunter Labovitz, legal fellow for the ACLU's Capital Punishment Project, said mental fitness always has been a big issue in capital punishment cases. Most case laws revolve around the restrictions on capital punishment as they relate to mental retardation.

Labovitz said that the real issue in these cases is legal competence. "The law prohibits the execution of a mentally retarded person. But mental illness is not a clear-cut issue," Labovitz explained.

"There is not a definition of mental illness as it relates to capital punishment," he said. "The court has left it up to state governors and to the judiciary for oversights. The court has not answered the question of what mental illness is or what the definition of incompetence is. There is no litmus test."

Lowman addressed the issue of Ingle's use of the prescription drug Xanax. He said that it is a mild sedative and a mood elevator. "It's sort of like Valium," he explained. "It's kind to give it to him. They are trying to take public execution and make it nice." Ingle's sister's attorney, Rose, argued in his appeal that the drug Xanax works to enhance Ingle's predisposed suicidal tendencies.

## Stop by Stop: The Death Penalty in North Carolina

Unless he decides to initiate a last minute appeal of his own, Ingle will die by lethal injection at Central Prison in Raleigh on Friday a little after 2 a.m.

There have been seven executions in North Carolina since the death penalty was reinstated by the Supreme Court in 1977. Ingle's death would bring the national total up to 41 state-sponsored executions this year, the largest number since capital punishment was reinstated.

All executions in North Carolina must be witnessed by at least 10 people. The witness room looks into the execution chamber through a glass window. Six official witnesses and four news media witnesses will watch Ingle die. Five of the six official witnesses sit in the first row of chairs.

Three to seven days before execution, the prisoner is moved from death row into the death watch area, where his movements are monitored by two guards. Executions are held at 2 a.m. because most of the prison's activities have ceased. "At about 10 minutes to one, I will tell the inmate to strip down to his shorts and socks," Warden James French said. "I will instruct the execution team to escort the inmate into the execution chamber."

The execution chamber is a long, thin hexagon with a window into the witness room and a window into the control room. The lethal gas chair is in the center of the room against the back wall, and the lethal injection gurney is wheeled in to rest directly in front of it.

The inmate is strapped onto the gurney in a small room just outside of the chamber. There are three intravenous lines; one going into each arm and a third going into a dummy bag on the gurney. The inmate is attached to a heart monitor. French said the prisoner is allowed to say his final words into a hand-held tape recorder after he is strapped onto the gurney, and then the chaplain offers a final prayer.

At 1:40 a.m., the witnesses are brought into the witness room. At 1:50, the inmate is rolled into the chamber, and the curtain is drawn behind the gurney.

Five minutes before 2 a.m., French calls Secretary of Correction Franklin Freeman to find out if there are any additional instructions. If there are none, he calls again at 2 a.m. and returns to the chamber.

The lethal drugs are administered in three installments, French said. Sodium penathol puts the inmate to sleep. Then the prisoner's system is flushed with saline solution. Finally, a Pavulon injection paralyzes the system and causes death.

"It stops the respiratory system, and eventually death occurs," French said.

French said death usually occurs around three to seven minutes after the Pavulon is administered. After the heart monitor shows a straight line for five minutes, French will pronounce the inmate dead. The body is turned over to the Wake County medical examiner and then to the inmate's family members if they want it.

The default form of capital punishment in North Carolina is asphyxiation by lethal gas, but inmates have the choice between the gas chamber and lethal injection. "According to the general statutes, the principle form is lethal gas," French said. "Inmates have until five days before the execution to decide." Inmates who do not decide which form of execution they prefer are killed by lethal gas.