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S.C. SUPREME COURT

THE STATE OF SOUTH CAROLINA  
IN THE SUPREME COURT

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Appeal from the Greenville County  
Court of Common Pleas

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Appellate Case No. 2026-001205

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STATE OF SOUTH CAROLINA,..... PETITIONER,

v.

JOHN RICHARD WOOD,.....RESPONDENT.

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**RETURN TO PETITION FOR A WRIT OF CERTIORARI**

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Petitioner's Question Presented

Did the PCR court err in refusing to order a continuing release of John Richard Wood's medical records and access to guardianship records that would provide the State with transparency about his mental health conditions, given that the PCR court's competency determination has now shifted the burden to the State to demonstrate when and whether Wood has regained competency?

Respondent's Restatement of the Question Presented

Whether this Court should deny the State's Petition for Writ of Certiorari because there is no dispute between the parties as to Wood's incompetency to be executed and the State has not identified any legal error with the post-hearing procedure adopted by the circuit court?

## INTRODUCTION

There is no dispute that Respondent, John Richard Wood, is incompetent to be executed. Petition for a Writ of Certiorari at 7 (“The State does not dispute that he is not.”). The evidence presented at the evidentiary hearing, including the unanimous agreement of all three qualified experts who examined Wood, overwhelmingly supports that conclusion.

The State’s only complaint is that the circuit court declined to enter an order directing the South Carolina Department of Corrections (“SCDC”) to produce Wood’s medical records every six months and to order Wood’s permanent guardian, Ms. Brie Rust, to provide the State with copies of the guardianship reports that she prepares for the probate court in her role as Wood’s court-appointed guardian. Counsel for Wood objected to these requests to the extent that they sought confidential medical and personal information that is unrelated to Wood’s mental health generally and his competency to be executed specifically. Counsel suggested the State should simply ask Rust for updates about his mental health status. The circuit court agreed and entered an order declining to adopt the State’s preferred procedure but finding that “Rust informed the Court at the hearing that she will comply with any requests from the State in the future as to periodic updates on Wood’s mental status, which apparently is the procedure that has been followed in other South Carolina competency-to-be-executed proceedings.” App. 10.

There was no error in the circuit court’s decision to adopt this procedure. Because of her role as Wood’s permanent guardian, Rust is in the best position to have the greatest access to his mental health information in the future. She is also authorized by the probate court to act as his personal representative under the Health Insurance Portability and Accountability Act (“HIPAA”). Thus, she should be the person to provide the State with relevant information regarding Wood’s mental health status while at the same time protecting his right to privacy over other confidential

information. The State has identified no deficiency with the circuit court’s decision and there is otherwise no dispute for this Court to address.

## STATEMENT OF THE CASE

### I. *The Competency Hearing*

This Court assigned the Honorable Grace Gilchrist Knie to hold a hearing and determine whether Wood is competent to be executed. App. 3. Judge Knie held an evidentiary hearing on March 24-25, 2026, at which three expert witnesses testified. Dr. Amanda Salas, a psychiatrist, and Dr. Susan Knight, a psychologist, testified for Wood. Dr. Matthew Gaskins, also a psychiatrist, conducted a court-ordered evaluation and was called to testify by the State. All three experts agreed that Wood suffers from schizophrenia and does not meet either of the *Singleton* prongs for competency.<sup>1</sup>

Dr. Salas examined Wood four times over a two-year period and reviewed “at least two decades of records” documenting “a progressive decline that follows a steady course that is typical of schizophrenia.” App. 30, 32, 40. Wood’s medical records showed extensive episodes of unmedicated states due to Wood’s refusal to take medication interspersed with periods of treatment, at least four of which occurred after involuntary commitments to Gilliam Psychiatric Hospital. *See* Applicant’s Ex. 4, Report of Dr. Susan Knight, at 11-34 (summarizing medical history from 2000 to 2025).<sup>2</sup> His psychiatric presentation was “further complicated by the amount of lead he has in

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<sup>1</sup> *Singleton v. State* established a two-pronged test: (1) the cognitive prong, defined as whether a convicted defendant can understand the nature of the proceedings, what he or she was tried for, the reasons for the punishment, or the nature of the punishment; and (2) the assistance prong, defined as whether the convicted defendant possesses sufficient capacity or ability to rationally communicate with counsel. 313 S.C. 75, 85, 437 S.E.2d 53, 58 (1993).

<sup>2</sup> The expert reports were admitted into evidence by stipulation of the parties. The hearing exhibits were sealed by the lower court and transported for this Court’s consideration.

his system.” App. 40. Since at least 2014, test results show lead toxicity at levels ranging from approximately 10 to 15 times higher than known “safe” levels of blood lead, which is likely due to a retained bullet fragment that embedded in Wood’s brain when he was shot by law enforcement at the time of his arrest in 2000. Report of Dr. Susan Knight at 9. Dr. Salas testified that there were times when she assessed Wood while medicated and other times when he was not medicated and he was not competent at any of those times, regardless of his medication status. App. 51. Dr. Salas opined that Wood could not likely ever be restored to competency, explaining, “I don’t think that we have medications and treatment interventions that would reduce his symptoms of schizophrenia so that he could be competent.” App. 48.

Dr. Susan Knight likewise diagnosed Wood with schizophrenia. App. 63. She evaluated Wood six times between 2013 and 2025. He was unmedicated during the first four evaluations and medicated during the last two evaluations in 2025. App. 65. Dr. Knight agreed that “[w]hether he was medicated or not, [Wood] expresses the same case related delusions and those are the delusions that interfere with his capacity to be executed.” App. 66. She noted that Wood’s treating psychiatrist on death row, Dr. Robert Ellis, had observed the same. *Id.* Dr. Knight also interviewed Wood’s former clinical counselor, his then-current counselor, and his treating psychiatrist at Gilliam Psychiatric Hospital, which further supported her conclusions regarding the long-standing, persistent nature of Wood’s illness. App. 67–68.

Dr. Matthew Gaskins met with Wood on June 18, 2025, for under an hour. App. 93. He opined that Wood lacked the capacity to be executed because he failed both *Singleton* prongs. App. 94. Dr. Gaskins based his opinion on Wood’s presentation, as during their meeting, “it was readily apparent Mr. Wood was experiencing symptoms of an active thought disorder.” App. 104. Dr. Gaskins noted that Wood was unmedicated during his evaluation but added that “by all accounts,”

even when medicated, “he’s still symptomatic.” App. 96. He acknowledged that Wood’s symptoms have been well-documented in his medical records for many years. App. 103. Dr. Gaskins testified that these symptoms include:

[H]e believes that he’s already been killed so therefore the death penalty doesn’t carry much weight on him. He also believes that he’s already been pardoned and believes that he could be resurrected so all of those, each of those three frankly kind of violates or would prevent him from meeting the cognitive prong because he doesn’t appreciate the fact that should this sentence be carried out, he would no longer be alive.

App. 102-03.

## II. *Post-Hearing Discussions*

At the conclusion of the evidentiary hearing, the parties discussed the State’s requests for ongoing access to SCDC medical records and the guardianship reports. App. 106.

Two years before the competency hearing, undersigned counsel moved for the appointment of a guardian.<sup>3</sup> Rust was appointed by the Richland County Probate Court to act as Wood’s permanent guardian. The probate court determined, by clear and convincing evidence, that Wood lacks the capacity to “effectively receive, evaluate, and respond to information or make or communicate decisions” about his “physical health, safety, or self-care, or manage his property or financial affairs, or provide support.” Order Appointing Permanent Guardian, *In the Matter of the Guardianship of John Richard Wood*, No. 2024-GC-40-00060 (S.C. Prob. Ct. Mar. 4, 2025) (citing

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<sup>3</sup> Pursuant to South Carolina Rule of Professional Conduct 1.14, when the lawyer reasonably believes that the client suffers from diminished capacity to make adequately considered decisions in connection with the representation and is at risk of substantial physical, financial or other harm, the lawyer may take reasonably necessary protective action, including seeking the appointment of a guardian. *See also Singleton*, 313 S.C. at 87, 437 S.E.2d at 60 (instructing that a “defendant or his/her guardian” may file a PCR action raising a competency-to-be-executed claim).

S.C. Code Ann. § 62-5-101(13)).<sup>4</sup> Thus, Rust was appointed to make decisions on Wood’s behalf in multiple areas, including financial, medical, mental health, living arrangements, and end-of-life decisions. *Id.* The authority to “authorize disclosures of confidential information” was explicitly revoked from Wood and transferred to his guardian by the probate court’s order. Rust’s authority includes “all powers as personal representative under HIPAA,” and requires Wood’s treatment or care providers to share information with her. *Id.*

The State reported to Judge Knie that SCDC had refused its request for ongoing release of Wood’s medical records at six-month intervals because of “HIPAA and the confidentiality.” App. 118. Thus, the State wanted Knie to order SCDC to provide them with Wood’s records. Undersigned counsel objected that the State should not have “unfettered access” to all medical records because they contain statutorily and constitutionally protected, private information beyond the topic of Wood’s mental health. App. 114 (“[T]here’s a lot of stuff in there that doesn’t have anything to do with his mental health and that information is still protected. . . . [H]e should not be required to waive any rights he has to privacy that he has over that information just because he’s mentally ill.”).<sup>5</sup> Instead, counsel suggested the State should ask Rust for the relevant information, which is the process that has occurred in other cases involving prisoners who were not competent

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<sup>4</sup> This order was provided to the circuit court and cited in Judge Knie’s order denying the State’s Motion for Additional Interview. App. 159.

<sup>5</sup> This point also applies to the guardianship reports, which require disclosure of, *inter alia*, the general state of the ward’s physical condition and a list of any medical visits, including the provider names, dates of visits, complaints and provider findings. *See* Probate Court Form 534GC. Undersigned counsel does not prepare or maintain the guardianship reports. The guardian submits them directly to the probate court.

to be executed. Counsel represented that Rust “would be willing to give them what is relevant and that process works just fine in all other cases that I’m aware of.”<sup>6</sup>

The State agreed it was not entitled to non-mental health related information, stating “[w]e’re not trying to, you know, just go on an open expedition every six months, we’re just trying to determine what is happening as far as his mental care.” App. 116. Nevertheless, the State maintained that Judge Knie should adopt its preferred procedure by entering the orders it had requested.

### ARGUMENT

There was no error in the circuit court’s decision. Once a prisoner is found incompetent to be executed, “the burden necessarily shifts to the State to move for a hearing upon the defendant’s return to competency.” *Singleton*, 313 S.C. at 87, 437 S.E.2d at 60. The parties agree that Wood is not competent to be executed. The evidence offered below established that Wood suffers from a severe, progressive course of schizophrenia, with case-related delusional beliefs dating as far back as at least 2013, and his presentation is further complicated by chronic lead toxicity.<sup>7</sup>

The State takes no issue with the lower court’s competency determination but asks this Court to grant certiorari and order that “Wood or his counsel” are responsible for providing the

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<sup>6</sup> Rust attended the evidentiary hearing in place of Wood, who refused to leave his cell and showed no interest in attending. Rust was placed under oath and testified, “Mr. Wood does not believe that these proceedings are affecting him in any way, and he does not wish to participate, and I waive his right to be present.” App. 83. Rust remained in the courtroom for the duration of the hearing and the post-hearing discussions.

<sup>7</sup> See, e.g., App. 71 (Dr. Knight describing Wood’s delusion of immortality and explaining he believes “he was given this immortality through a covenant with a certain deity and he mentioned that in my interview with him in 2013.”); Report of Dr. Susan Knight at 65-71 (detailing case-related delusions documented by other professionals in Wood’s medical records from 2010 to 2024); *id.* at 47-48 (discussing opinion of Dr. Andres Lugo, a medical toxicologist, who opined “to a reasonable degree of medical certainty, Mr. Wood’s severe lead poisoning is contributing to his progressive neuropsychiatric symptoms.”).

State with the information it wants, so that the State can assess whether it should consider moving for another hearing in the future. Petition at 11. There is no meaningful distinction between the State's request and the procedure adopted by the circuit court. The State has not identified any way in which the lower court committed a legal error. Judge Knie's determination that the State should bear the obligation of requesting the relevant information from Wood's permanent guardian is logical given that the burden now shifts to the State, Wood's guardian will have the greatest ongoing access to his mental health information, and the same procedure has been used effectively in all similar cases.

### **CONCLUSION**

This Court should deny the State's Petition for Writ of Certiorari and affirm the lower court's decision finding Wood incompetent to be executed.

Respectfully submitted,

/s/Emily C. Paavola

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