

RECEIVED

Oct 23 2026

S.C. SUPREME COURT

STATE OF SOUTH CAROLINA
IN THE SUPREME COURT

Appeal from Greenville County
Court of Common Pleas
Honorable Grace G. Knie, Circuit Court Judge

Appellate Case No. 2026-001205

JOHN RICHARD WOOD,

RESPONDENT,

v.

STATE OF SOUTH CAROLINA,

PETITIONER.

**Reply to Return to
Petition for Writ of Certiorari**

ALAN WILSON
Attorney General

DONALD J. ZELENKA
Deputy Attorney General

MELODY JANE BROWN
Senior Assistant Deputy Attorney General

DANIELLE DIXON
Assistant Attorney General
S.C. Bar No. 73999

Post Office Box 11549
Columbia, SC 29211
(803) 734-3737

ATTORNEYS FOR PETITIONER

INDEX

INDEX.....	i
REPLY ARGUMENT.....	1
 I. Certiorari is warranted so this Court can develop a procedure whereby the State can receive necessary records to fulfill its duties.	
 II. Contrary to Wood’s argument, the procedure suggested by Wood is not the procedure followed in other similar cases—especially when there has never been a “similar case” in South Carolina.	
 III. The procedure suggested by Wood is inadequate because it is unclear what role—if any—a probate guardian has in the present litigation, and the procedure leaves it in Guardian Rust’s discretion to determine what is relevant.	
CONCLUSION.....	8

Reply Argument

Singleton is incomplete: although *Singleton* places the burden on the State to request a hearing if a capital inmate regains competency after being found incompetent for execution, *Singleton* did not address the procedure by which the State could obtain those records. The inquiry necessarily rests on medical information. The provisions of HIPPA allow a court to release medical information under certain circumstances, but the State was denied an order that would allow such disclosure. The PCR court erred in finding it had no legal authority to grant the State's request for medical records. The procedure apparently adopted by the PCR court—whereby the State would receive information filtered through Mr. Wood's probate guardian—is not an adequate procedure, especially under the circumstances presented here. The instant situation is novel and presents the first opportunity for the State to present its request. This Court should grant certiorari so it can determine the appropriate procedure whereby the State can receive the information it needs to fulfill its duties. Mr. Wood may never regain competence, or he may, as his records indicate, become better without medication. That is precisely what needs to be monitored and what the PCR court denied.

I. Certiorari is warranted so this Court can develop a procedure whereby the State can receive necessary records to fulfill its duties.

Under *Singleton*, the State bears the burden of “mov[ing] for a hearing upon the defendant's return to competency.” *Singleton v. State*, 313 S.C. 75, 87, 437 S.E.2d 53, 60 (1993). In order to do that, however, the State must have unfiltered access to Mr. Wood's medical records. Additionally, given the posture of this case—where Mr. Wood has been appointed a Guardian in probate court who has been interjected into his legal strategy and is directing the South Carolina Department of Corrections (SCDC) to comply with her medication decision—the State also requests it be provided copies of the Guardian's mandatory reports.

Wood first argues certiorari should be denied because “there is no dispute between the parties as to Wood’s incompetency to be executed.” (RPWC 1). However, the question the State presents is not whether Mr. Wood is currently incompetent; the State has already conceded that issue. The question presented here is what procedure the State should use to ascertain Mr. Wood’s future competency. *See Singleton*, 313 S.C. at 86, 437 S.E.2d at 59 (“There is always a potential for change. To carve out a remedy which ignores the ebb and flow of medical science is to create a rule which potentially could be impossible to live with in years to come.”). The question becomes plain: Should the State have direct access to Wood’s medical records? The State maintains that the procedure in the PCR court’s order is inadequate, and this Court is the proper authority for determining what the procedure should be. By granting certiorari, this Court can develop a procedure to guide future cases.

Wood additionally argues that certiorari should be denied because “the State has not identified any legal error with the post-hearing procedure adopted by the circuit court.” (RPWC 1). Although this argument misses the point¹, the State *did* identify an error by the PCR court: the PCR court erroneously found it had “no legal basis” to grant the State’s request. (PWC 7, “This court should grant certiorari to acknowledge that the PCR court had authority to act . . .”).

In denying the State’s request for medical records, the PCR court erroneously found it had

¹ The order, in fact, has several errors. For example, the PCR court referred to Ms. Rust as both a *guardian ad litem* and a permanent guardian (although these are different things); the court indicated the State requested a second evaluation after “forced medication” when there was no request for forced medication but rather only whatever treatment would be correct under appropriate medical standards, as Dr. Gaskins indicated, and only for comparative evaluation (*see* App. 148); and the PCR court apparently adopted a procedure whereby the State would receive only filtered information (which is addressed more fully in Section II, *infra*). For purposes of this litigation, however, the State is most concerned with the frustration of its duty to fairly monitor Mr. Wood’s mental state and/or condition. Consider that as of this writing, over six months have passed since the circuit court’s order was filed. In the fluid mental health arena, that is significant.

“no legal basis upon which to grant these requests.” (App. 10). HIPPA, however, specifically allows a covered entity to “disclose protected health information in the course of any judicial or administrative proceeding” in response to a court order. 45 C.F.R. § 164.512 (e)(1)(i). This provision implicitly grants a court the authority, as part of litigation, to order the disclosure of protected health information—in fact, the PCR court did so here for purposes of this hearing. Additionally, *Singleton* places the burden on the State to move for a hearing to lift the stay of execution if Mr. Wood regains competency. In order to fulfill its burden, the State needs access to Wood’s medical records. The provisions of HIPPA as well as the State’s burden under *Singleton* are the legal authority the PCR court had to order the release of these records, and the PCR court erred in finding no legal authority to grant the State’s request.

In arguing the court lacked the authority to order the release of records, Wood appears to have overlooked the fact that he has only been granted a stay; the case is far from over, and the PCR court will retain jurisdiction again once the appellate process is complete.² And not of little note is that Wood *submitted to the authority* of the PCR court by filing the application. It makes little sense to leave critical information in his hands alone. Likewise, his position that the PCR court is allowed to enter a stay but not allowed to shape its terms makes little sense.

Here where the circuit court determined it lacked the legal authority to order the release of these records, this Court should grant certiorari and set forth the appropriate procedure for the State to obtain these records.

² *Singleton*’s use of the word “hearing” rather than “action” or “petition” is telling: had *Singleton* intended the stay of execution to be a final order closing the case, the State would need to file a new action in order to request a hearing. However, *Singleton*’s use of the word “hearing” indicates it intended the action to remain pending.

II. Contrary to Wood’s argument, the procedure suggested by Wood is *not* the procedure followed in other similar cases—especially when there has never been a “similar case” in South Carolina.

Wood additionally contends his suggested procedure—that the State simply ask Wood’s probate guardian for periodic updates on Wood’s mental status—is “the same procedure [that] has been used effectively in all similar cases.” (RPWC 8). Wood, however, cites to no authority to support this proposition—probably because none exists. In fact, this specific situation has not been litigated in South Carolina since this Court decided *Singleton*—and the Supreme Court of South Carolina has not yet considered this issue. (App. 106-07). Further, counsel for the State is not aware of any other situation where a probate guardian has been appointed to a capital inmate to direct SCDC to withhold medication against the treating psychiatrist’s medical advice.³ Simply put, this is the first time a circuit court has denied the State access to medical records necessary to determine whether the State should move for a hearing under *Singleton*. Thus, it is disingenuous

³ The closest case that appears in this jurisdiction would likely be *James Wilson v. State*, C/A 2004-CP-24-0759. Although Mr. Wilson has filed an action challenging his competency to be executed, a ruling has not yet been entered finding Mr. Wilson competent or incompetent—and thus the State has not been confronted with the necessity of a procedure to evaluate his future competence. However, the record in that case shows that Mr. Wilson’s PCR counsel obtained a healthcare power of attorney from Mr. Wilson and then directed SCDC personnel to withhold medication. An early hearing transcript confirming counsel’s direction and actions reflects that counsel was thereafter seeking to have a guardian appointed to “get [counsel] out of . . . the middle of this.” June 1, 2006 Transcript, p. 7, C/A 2004-CP-24-0759. SCDC sought advice on what procedure to follow, noting that if a situation arose with Mr. Wilson, they would have to have the court revisit counsel’s direction. *Id.* at 4-5.

More recently, as this Court is aware, in the competency proceedings for Steven Bixby, Judge Sprouse appointed a *guardian ad litem* for purposes of the action challenging competency to be executed. Appellate Case No. 2025-002075, Appx. at 613. The *guardian ad litem* there reported his interactions with Mr. Bixby but did not control or present evidence. *Id.* at 291-292. Notably, Bixby (unlike the present case) was not found incompetent to be executed. From Respondent’s view, there does not appear to be a pattern—much less a generally accepted procedure—in the way these cases are being handled.

for Wood to assert that requiring the State to receive information filtered through a probate guardian is the “normal” procedure in South Carolina.

III. The procedure suggested by Wood is inadequate because it is unclear what role—if *any*—a probate guardian has in the present litigation, and the procedure leaves it in Guardian Rust’s discretion to determine what is relevant.

Mr. Wood acknowledges that the State bears the burden of moving for a hearing should he return to competency. (RPWC 7). However, Mr. Wood seeks to limit the State’s access to records necessary for determining whether he has regained competency. Instead, at the hearing, Wood’s counsel suggested the State simply ask Wood’s probate guardian “for the relevant information.” This seems to be the procedure the PCR court adopted in denying the State’s motion to obtain the records.⁴ However, this procedure is inadequate for two reasons.

First, as *probate* guardian, it is unclear what role—if any—Rust has in the present litigation. As stated, the undersigned is not aware of any other South Carolina case where a death row inmate has been appointed a guardian through the probate court for purposes of stopping medication (against medical advice).⁵ By suggesting the State seek information from Rust, the circuit court conflated Rust’s role as a probate guardian with the role of a guardian ad litem (which

⁴ Although the PCR court did not flesh out a procedure whereby the State could determine Wood’s future competency, in denying the State’s request for records, it stated, “GAL Rust informed the Court at the hearing that she will comply with any request 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). Notwithstanding the label “GAL” in the order, Rust has been appointed a guardian over Wood in *probate* court; she has *not* been appointed as a guardian ad litem in the present litigation.

⁵ To put a fine point on it, if an inmate is incompetent on psychiatric medication, he will highly likely be incompetent off medication. Medical professionals know this. If, indeed, Mr. Wood was incompetent enough to have a guardian appointed (though he is held in SCDC, which is already charged with a duty of care regarding mental health), the direction to withhold medication for his comfort is a questionable, at best, decision, and unwarranted according to Dr. Gaskins. (*See* Dr. Gaskins report).

has not been appointed in this case). The issue of what authority (if any) a probate guardian has in a situation like this has never been litigated.

Further, this procedure leaves it in Guardian Rust's discretion to determine what information is "relevant." Critically, there have been indications that the decisions made under the authority of Rust's guardianship are being driven at least in part with the goal of advancing Wood's litigation strategy.⁶ For example, Guardian Rust has previously asked SCDC to stop medicating Wood prior to a competency evaluation:

Good afternoon, Mr. Wood's evaluation will be 6/18 with Dr. Matthew Gaskin[]s. He needs to be unmedicated for them to truly evaluate him and firmly [] understand his delusional beliefs about his execution. We can reassess after he is returned from DMH to ensure his comfort and everyone's safety.

(Report of Dr. Gaskins, pg. 6). This request was made even though Mr. Wood himself had raised concerns just a month before about whether he was getting the correct number of doses of Risperdal. (App. 151-52, citing SCDC records 39-40).⁷ This request was also made against the advice of Mr. Wood's medical professionals. To the extent her role includes advocating for Mr. Wood's best interest in the current litigation (which the State does not believe it includes), asking her to provide the "relevant" information is akin to asking Wood himself (were he competent) to provide the relevant information. Discovery exists to prevent this very type of party control of critical information. To fairly evaluate Mr. Wood's competency, the State needs access

⁶ Notice was not provided to Petitioner in this matter of any proceedings in probate court. Notably, over the long years of representation, a guardian was not appointed during any of the times Mr. Wood had decompensated previously, sometimes dangerously so, while in SCDC.

⁷ Although Wood's medical records reflect periods of him refusing medication, it also reflects periods of him requesting medication or an increase in medication and acknowledging it helps him. If he has regained competency, then Wood himself should be permitted to decide whether to take his medicine. However, if SCDC is withholding his medication at the request of Wood's Guardian, then Wood cannot make this choice for himself.

to his medical records; such information should not be filtered through an individual who has demonstrated a goal of advancing Wood's litigation strategy.

As noted, *Singleton* is incomplete. Although it provides the State the burden of requesting a hearing upon a change in competency, it does not outline the procedure or mechanism for obtaining the necessary information to determine whether there has been a change in competency. That is the very point of the State's petition. As this Court's precedent imposes the duty, it seems only right that there is a mechanism whereby the State can carry it out.

In sum, the State did not contest that Mr. Wood is *presently* incompetent based on the medical opinions presented; however, the State seeks to periodically review his condition with unfiltered information from the agency that is tasked with monitoring his health and well-being, and the guardian's annual report. Respondent's protests simply amplify the necessity for this Court's direction as to the proper procedure at this juncture.

Conclusion

Based on the foregoing, the State respectfully requests this Court grant certiorari and set forth the appropriate procedure for the State to receive necessary medical records for determining whether to request a hearing under *Singleton*.

ALAN WILSON
Attorney General

DONALD J. ZELENKA
Deputy Attorney General

MELODY JANE BROWN
Senior Assistant Deputy Attorney General

DANIELLE DIXON
Assistant Attorney General
S.C. Bar No. 73999

s/Danielle Dixon
Assistant Attorney General
Office of the Attorney General
Post Office Box 11549
Columbia, SC 29211
803-734-3737
ATTORNEYS FOR PETITIONER

This 23rd day of October, 2026.