

**IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION**

| | | |
|----------------------------------------|---|------------------|
| JACK E. ALDERMAN, |) | |
| |) | |
| |) | |
| Plaintiff, |) | |
| |) | |
| v. |) | Civil Action No. |
| |) | |
| JAMES E. DONALD, in his capacity as |) | |
| Commissioner of the Georgia Department |) | |
| of Corrections; HILTON HALL, |) | |
| in his capacity as Warden, Georgia |) | |
| Diagnostic and Classification Prison; |) | |
| DOES 1-50, UNKNOWN |) | |
| EXECUTIONERS, in their capacities |) | |
| as employees and/or agents of the |) | |
| Georgia Department of Corrections. |) | |
| |) | |
| Defendants. |) | |

**COMPLAINT FOR INJUNCTIVE
RELIEF AND DECLARATORY JUDGMENT**

Jack Edward Alderman (“Plaintiff Alderman”) brings this action for prospective relief pursuant to 42 U.S.C. § 1983 challenging not his sentence of death, but rather the manner in which Defendants will execute him and the failure of Defendants to take necessary measures to minimize the risk that he will experience unintentional pain from the terrifying sensation of asphyxiation and

suffocation due to the paralysis of his respiratory system, the burning of Potassium Chloride in his veins and, finally, the pain and suffering associated with cardiac arrhythmia and complete cardiac arrest.

As provided in the Department of Corrections *Administrative and Execution Procedures, Lethal Injection, Under Death Sentence*, effective May 1, 2000, which were superseded on September 9, 2002, (“Procedures”) and has occurred in all lethal injections administered so far, Georgia has first injected the person to be killed with a ultrashort-acting barbiturate anesthetic to produce unconsciousness, followed by a neuromuscular blocking drug, which completely paralyzes the muscles, but does not affect cognition or any form of sensation, and, based on prior executions, it is likely that there will be delivery of less than the intended dose or improper injection procedures. Thus the anesthetizing agent will wear off, as occurs with ultrashort-acting barbiturates and has occurred on numerous occasions, causing the condemned to experience terror and excruciating pain without being able to signal his distress. Moreover, the paralysis will make it impossible for any witness observing the killing to determine whether the condemned is experiencing pain before dying. The way in which Georgia now administers lethal injections would not receive the approval of the American Veterinary Medical Association (“AVMA”) for use on animals.

In addition, Georgia's Procedures for administering lethal injection authorizes an outdated and discarded procedure – the “cut down” procedure for central venous cannulation – when a suitable vein cannot be found. This procedure results in unnecessary and painful mutilation of the body.

The method to be used by Defendants to execute Jack E. Alderman threatens and violates his right to be free from cruel and unusual punishment in violation of the Eighth and Fourteenth Amendment to the United States Constitution, to be free from arbitrary and capricious procedures and protocols in violation of the Fifth and Fourteenth Amendments to the United States Constitution, and to be free from the deliberate indifference of the Defendants to Alderman's health and safety in violation of the Eighth and Fourteenth Amendments to the United States Constitution. Accordingly, he seeks equitable and injunctive relief requiring the Department of Corrections to meet its constitutional responsibility to minimize the unnecessary risk of pain and mutilation during his execution. He asks that the Department be restrained from carrying out his execution until such time as it has minimized the risk of unnecessary pain, suffering, and mutilation.

PARTIES

1. Plaintiff Alderman was sentenced to death for his alleged involvement in the murder of his wife. Since that time he has been in the custody of the Georgia

Department of Corrections (“GDC”) at the Georgia Diagnostic and Classification Prison (“GDCP”) in Jackson, GA. Plaintiff Alderman is a United States citizen and a resident of the State. He is currently a death-sentenced prisoner under the supervision of the GDC. He is held at GDCP, Jackson, Georgia, 30233.

2. Defendant James E. Donald (“Donald”) is the Commissioner of Corrections for the State of Georgia and is the chief administrative officer of the GDC. He is authorized by statute to supervise, direct and execute the functions vested in the GDC, including the administration and execution of the death penalty. *See* O.C.G.A. § 42-2-6(b). Donald is being served in his official capacity for prospective relief.

3. Defendant Hilton Hall (“Hall”) is the Warden of the GDCP. He is authorized by statute to supervise, direct and execute the functions vested in the GDC, including the administration and execution of the death penalty. *See* O.C.G.A. § 42-2-6(b). Hall is being served in his official capacity for prospective relief.

4. Plaintiff Alderman is ignorant of the true names of Does 1-50 but alleges that they have or will participate in Plaintiff’s execution by virtue of their roles in designing, implementing, and/or carrying out the lethal injection process.

When Plaintiff Alderman discovers the Doe Defendants' true identities, he will amend his Complaint accordingly.

JURISDICTION AND VENUE

5. This action is brought pursuant to 42 U.S.C. § 1983 for violations and threatened violations of the right of Plaintiff Alderman to be free from cruel and unusual punishment under the Eighth and Fourteenth Amendments of the United States Constitution, to be free from arbitrary and capricious procedures and protocol in violation of the Fifth and Fourteenth Amendments to the United States Constitution and to be free from the deliberate indifference of Defendants toward his health and safety in violation of the Eighth and Fourteenth Amendments to the United States Constitution. Plaintiff seeks temporary, preliminary, and permanent injunctive relief to prevent the Defendants from executing him by means of lethal injection, as that method of execution is currently used in Georgia. Plaintiff contends that lethal injection, as performed in Georgia, unnecessarily risks infliction of pain and suffering. Plaintiff further contends that the use of Pancuronium Bromide, also known as Pavulon, a neuromuscular blocking agent that acts as a chemical veil over the lethal injection process, unnecessarily disguises from observers the pain and suffering to which he may be subjected.

6. Plaintiff additionally contends that Defendants, as a result of their failure to use appropriate procedures and properly trained personnel, have inflicted unnecessary and unintentional pain on several executed prisoners in the past, making it likely that Plaintiff will suffer the same fate.

7. This Court has jurisdiction pursuant to 28 U.S.C. § 1331 (federal question), § 1343 (civil rights violations), § 2201 (declaratory relief), and § 2202 (further relief). This action arises under the Fifth, Eighth and Fourteenth Amendments to the United States Constitution and under 42 U.S.C. § 1983.

8. Because the statutory office of the Commissioner of the GDC is in the City of Atlanta, *see* O.C.G.A. § 42-2-10, venue is proper in this Court. *See* 28 U.S.C. § 1391(b).

EXHAUSTION OF ADMINISTRATIVE REMEDIES

9. Without conceding that the provisions for exhaustion of administrative remedies are applicable to his claims, the Plaintiff has exhausted all administrative remedies to the extent that they were available and has satisfied the exhaustion requirements of 42 U.S.C. § 1997e(a).

10. Exhaustion of administrative remedies through a prison grievance policy is not required for this type of action because the injuries are prospective in

the sense that the injuries will not occur until the execution takes place. Thus, no administrative challenge to the lethal injection protocol is possible here.

11. Notwithstanding the fact that exhaustion of administrative remedies through a prison grievance policy is not required for this type of action, Plaintiff filed, with the GDC, an informal grievance on April 16, 2007 on the appropriate GDC Inmate Grievance Form (a copy of the receipt is attached at Appendix A). Plaintiff has also requested the proper form to file a formal grievance. However, to date a response has not been provided.

12. Moreover, on April 12, 2007 Plaintiff sent a letter to the GDC Ombudsmen's Office seeking a change to the Procedures. (Appendix B). However, to date the GDC Ombudsmen's Office has failed to respond.

ALLEGATIONS

13. On an unknown future date, the clerk of Chatham County Superior Court will issue a death warrant in the case of *Alderman v. State*, 241 Ga. 496, 246 S.E.2d 642, 644–45, *cert. denied*, 439 U.S. 991, 99 S. Ct. 593, 58 L.Ed.2d 666 (1978), *reh'g denied*, 439 U.S. 1122, 99 S. Ct. 1036, 59 L.Ed.2d 84 (1979), setting the date of execution of judgment of death on a date certain.

14. At the time Mr. Alderman was sentenced to death by the Chatham County Circuit Court, Georgia executed persons using electrocution. Thereafter,

the Georgia legislature adopted lethal injection as the method of execution for any death sentence imposed after May 1, 2000. *See* O.C.G.A. § 17-10-38. In 2001, the Georgia Supreme Court held that electrocution, which had been used to put people to death in Georgia since 1924, violates the State Constitution. *See Dawson v. State*, 554 S.E.2d 137 (Ga. 2001). Pursuant to that ruling, Mr. Alderman is scheduled to be executed by lethal injection on an unknown date.

15. The Georgia General Assembly directed the GDC to adopt and enact relevant protocols and procedures. Accordingly, the GDC adopted the *Administrative and Execution Procedures, Lethal Injection, Under Death Sentence*, effective May 1, 2000 (Appendix C), which were superseded on September 9, 2002 (Appendix D)(referred hereinafter to as “Procedures”).¹ The issues raised in the Nance Hearing and outlined in this Complaint are consistent in both sets of Procedures.

16. However, in carrying out sixteen executions since *Dawson*, the GDC has failed to administer lethal injection in a way that minimizes the risk of

¹ These Procedures were described in the testimony of Deputy Warden Terry L. Duffey at the evidentiary hearing conducted in *Georgia v. Nance*, No. 95-B-2461-4 (Gwinnett County Superior Court, Apr. 30, 2002 and May 1, 2002) at 60-65 (referred hereinafter to as “Nance Hearing”).

unnecessary pain, suffering and mutilation as required by the United States Constitution.

17. The statute prescribes no specific drugs, dosages, drug combinations, or the manner of intravenous line access to be used in the execution process; nor does the statute prescribe any certification, training, or licensure required of those who participate in the execution process. All of the details of the execution process are to be determined by the GDC.

18. The Department of Corrections has decided to execute Plaintiff by poisoning him with a lethal combination of three chemical substances: Sodium Pentothal, a ultrashort-acting barbiturate; Pavulon, a drug which paralyzes all voluntary muscles; and Potassium Chloride, an extremely painful chemical which activates the nerve fibers lining the prisoner's veins and interferes with the heart's contractions, causing cardiac arrest. This method of execution, as conducted under the GDC's Procedures is likely to be more cruel and unusual than using the electric chair for execution.

19. In adopting the Procedures, Georgia conducted no independent official analysis of why these three drugs should be used as opposed to other alternatives and also conducted no independent official analysis of what dosages of the drugs to

administer.² Georgia uses a manual process, requiring that each chemical agent be administered individually through separate syringes, thereby increasing the risk of inserting the drugs in an improper sequence and maximizing the potential for other problems associated with administration of the agents. *See, e.g., State v. Webb*, 750 A.2d 448, 451 (Conn. 2000).

20. These three drugs are dangerous and carry inherent risks of inflicting extreme and excruciating pain and suffering when used by unqualified persons in circumstances like those extant in the Georgia execution chamber.

21. Sodium Pentothal is a very ultrashort-acting anesthetic. When given in an appropriate amount and administered properly, it renders a person unconscious quickly, but, in typical clinical doses, it begins to wear off quickly. The half-life of Sodium Pentothal in the brain, where it is meant to work as an anesthetizing agent, in clinical doses may be as short as one to two minutes. A dose of 2.5 grams, which is 25% more than the dose administered in Georgia, would dissipate within five to seven minutes. *See Webb*, 750 A.2d at 451-52. In other words, almost as soon as it begins working, Sodium Pentothal begins to dissipate. As a result, during surgical procedures, Sodium Pentothal is typically used to render a person unconscious, but

² *See* testimony of Deputy Warden Duffey, Nance Hearing, at 78.

additional drugs are administered almost immediately thereafter to keep a patient unconscious and pain-free.

22. The Procedures make no provision for basing the amount of Sodium Pentothal on the well-recognized factors affecting its efficacy, including body weight, body fat, prior drug usage, the presence of other sedating agents, the level of anxiety or stress, and the person's food consumption in the hours before the execution. If the inmate eats or drinks six-to-eight hours before the execution, he may choke or gag from the injection of Sodium Pentothal.

23. The Procedures contain conflicting provisions regarding the amount of Sodium Pentothal to be administered – one part of the Protocol calls for 2 grams of Sodium Pentothal to be administered,³ and another part calls for 1 gram of Sodium Pentothal.⁴ These contradictory instructions make it impossible for anyone to know how much Sodium Pentothal is intended to be given. This is a critical flaw, because the amount of Sodium Pentothal that is administered is vital to ensuring

³ Paragraph 10 of the Georgia Diagnostic and Classification Prison's "Controlled Chemical Handling Procedures for Execution by Lethal Injection" states that "Chemicals will be drawn up as follows: Sodium Pentothal – 50 cc's (2gms) – Syringe #1 and #1a."

⁴ Section 2.1 of Annex IC of the Procedures, titled "Injection Procedure" talks only about the use of "Syringe #1 (Sodium Pentothal)" – there is no mention of syringe 1a.

that the person is unconscious while being put to death. The possible 1 gram dose is far too low to assure a prolonged deep anesthesia for the duration of all executions. See Testimony of Mark Dershwitz, Tr. Evid. Hr. Vol. 3, p. 264, *Taylor v. Crawford*, No. 05-4173-CV-S-FJG (June 13, 2006)(“. . . I would say that probably the minimum acceptable dose would be 1.5 grams”). (Appendix E)

24. The second drug administered, Pavulon, is a paralyzing agent. It interferes with the nerve impulse emanating from the brain to the muscles by blocking the neurotransmitters that “direct” muscles to move. This includes the muscles which enable a person to breathe, swallow, speak, blink, or move extremities. Pavulon leaves the muscles in a flaccid state so that the person to whom it has been administered appears calm and relaxed.

25. The use of Sodium Pentothal and Pavulon together creates an unnecessary risk of severe pain and suffering. If the Sodium Pentothal wears off, which can occur even in the hospital setting where surgery is conducted by several physicians, patients can awaken during surgery. If such an occurrence were to take place in an execution, the inmate would become conscious, experience suffocation, feel the burning of the Potassium Chloride in his veins, and then experience a massive heart attack. Because Pavulon is such a thorough paralytic agent, onlookers would not realize that the person was experiencing excruciating pain,

including the terrifying sensation of asphyxiating and suffocating, choking on vomit, and cardiac arrest. Pavulon creates a serene appearance because the person being executed is totally paralyzed.

26. Under the Procedures, there are no directions as to how to make a determination as to whether the Sodium Pentothal has taken effect. Therefore, the chemical agents used to execute the prisoner may be administered without proper unconsciousness.

27. The third drug, Potassium Chloride, causes cardiac arrest, which, if untreated, leads to brain death after several minutes. If the Sodium Pentothal wears off or never achieves effectiveness by the time the Potassium Chloride is administered, the condemned would experience excruciating pain. The sensation of the Potassium Chloride flowing through the veins would cause extreme and excruciating pain. Once the drug reaches the heart, the condemned would experience all of the pain and suffering associated with complete cardiac arrest.

28. The GDC has not only failed to minimize this risk, it has increased it by failing to follow its own Procedures in two of the first six executions by lethal injection. In the executions of Ronald Spivey and Tracy Housel, the execution

personnel discovered residual heart activity after the first course of injections.⁵ Despite the fact that the Procedures provide for the administration of another set of all three drugs,⁶ the GDC's personnel did not inject the first two and instead injected a second dose of Potassium Chloride.⁷ The lapse of time between the administration of the first drug – Sodium Pentothal – and the administration of the Potassium Chloride significantly increased the likelihood that Spivey and Housel regained consciousness and felt acute, excruciating pain, asphyxiating and suffocating, intense burning, and a massive cardiac arrest. The GDC began administering drugs to Spivey at 7:24; he was not pronounced dead until 7:34 – ten minutes later.⁸ Drugs began flowing into Tracy Housel at 7:17; he was not pronounced dead until 7:28.⁹ As noted earlier, *supra* ¶21, even a 25% higher dose of Sodium Pentothal than was administered to Mr. Housel and Mr. Spivey could have worn off within five to seven minutes.

29. The Procedures also direct that the Warden or another designee shall direct that the catheter be inserted into the prisoner. Even a well-trained person may have difficulty finding a vein. Thus, the catheter can be inserted into a

⁵ See GDC's records, Nance Hearing, at 525, 585.

⁶ See Procedures § 16.3.19.

⁷ See GDC's records, Nance Hearing, at 525, 585.

⁸ See Commissioner's Command Post Activity Log, Nance Hearing at 524-25.

sensitive area of the body, such as the groin or hand; in the wrong direction so that chemicals flow away from the inmate's heart and therefore hinder their absorption; or intramuscularly or subcutaneously instead of intravenously.

30. The Procedures also mandate the use of a “cut down” procedure if the person inserting the IV line into the inmate cannot find a suitable vein.¹⁰ The Procedures provide that “[t]he IV team will place intravenous ports into the veins of both arms of the condemned. The heart monitor leads will be applied to the condemned. If the veins are such that an IV cannot be started, a contract physician will perform *the cut down procedure* to establish an intravenous port.”¹¹

31. The “cut down” procedure involves unnecessary mutilation of the human body and is a grossly outdated medical procedure. In fact, the “cut down” procedure for central venous cannulation is rarely even taught in U.S. medical schools. Instead, there is another procedure, percutaneous central venous cannulation, that is routinely used by highly trained personnel in hospitals in situations where a suitable vein cannot be found. Thus, the procedure currently mandated by the Procedures subjects the inmate's body to unnecessary and painful mutilation.

⁹ See Commissioner's Command Post Activity Log, Nance Hearing at 538.

¹⁰ See Procedures § 16.3.

32. When Jose High was executed, GDC's personnel took thirty-nine minutes to start the IVs. The intravenous ports that were established were not placed in Mr. High's arms. Rather, one was placed in his hand, and the other near his collarbone.¹² The autopsy photographs make clear that the IV sites in his hand were infiltrated, a condition where the needle is in subcutaneous tissue, not in the vein. Moreover, the contract physician did not follow the Procedures, but performed a percutaneous central venous cannulation instead of a "cut-down" on Mr. High when the nurse could not establish an intravenous port. While the percutaneous central venous cannulation is the accepted medical procedure, it requires specialized drugs and medical equipment to handle complications, and their absence exposed Mr. High to an unwarranted risk of excruciating pain and suffering.

33. The GDC has failed to minimize the likelihood of miscommunication and failure to discover when the injection goes into the subcutaneous tissue, and not a vein, resulting in excruciatingly painful necrosis of the tissue. The GDC uses an inadequate and unacceptable arrangement whereby the nurse in the death chamber watches the injection sites remotely (not at the condemned's side) and thus, she

¹¹ See Procedures § 16.3.11 (emphasis added).

¹² See testimony of Deputy Warden Duffey, Nance Hearing, at 86-93..

does not receive information about the pressure required to push the syringe down when she is advising the staff on how fast to inject the drugs. The nurse cannot recognize any excessive pressure, which suggests infiltration. Excessive pressure can also be due to other problems in which the drugs are not being properly injected into the blood stream.

34. The GDC has also failed to minimize the risk of unnecessary pain by deviating from regular medical practice by using large syringes to administer the drugs, which increases the possibility of improper administration of the drugs. Large syringes offer minimal tactile feedback, which makes it difficult to determine whether infiltration is occurring or not.

35. The Procedures also lack necessary safeguards, thus increasing the risk that Plaintiff will suffer unnecessary pain during the lethal injection process. There is no standardized time to administer each of the three chemicals. The Procedures identify no protocol for ensuring that the anesthetic agent is properly flowing into the prisoner. The Procedures identify no protocols for ensuring that the prisoner is properly sedated prior to the administration of the lethal chemicals as would be required in any medical or veterinary procedure before the administration of a neuromuscular blocking agent, such as Pavulon, or the administration of a painful potassium chloride overdose.

36. The Procedures address an event in which the condemned person is not killed by the injection of one series of these drugs. However, GDC has not followed this part of the Procedures, thus creating further risk of unnecessary pain. In the event the condemned person is not killed by the first series of injections, the Procedures call for a second series of injections of the three drugs.¹³ As discussed above, *supra* ¶28. In two of the first six lethal injection executions in Georgia the execution staff significantly deviated from these Procedures. For these two condemned persons, heart activity was observed after the first series of drugs had been injected. Dr. Rao – who had not read the Procedures¹⁴ – ordered that rather than follow the Procedures and inject the drugs in the predetermined sequence (Sodium Pentothal, Pavulon, Potassium Chloride) the injection team was to inject only additional Potassium Chloride.¹⁵ If the Sodium Pentothal had worn off at this time, the condemned person may have been conscious yet paralyzed and unable to communicate.

37. The Procedures also do not establish any minimum qualifications or expertise required of the personnel who perform all of the tasks in the lethal

13 See Procedures § 16.3.19.

14 See testimony of Dr. Rao, Nance Hearing, at 294.

15 See testimony of Charles Kelley, Nance Hearing, at 180.

injection process. There are no guidelines upon which these personnel can rely if they are required to exercise their discretion during the process. The protocol has no plan in place if the Plaintiff requires medical assistance during the execution.

38. Appended to this Complaint are the declarations of Dr. Mark Heath, M.D., a cardiac anesthesiologist, and Dr. Randall L. Tackett, Ph.D., a professor of pharmacology at the University of Georgia's College of Pharmacy, both of which were previously attached to Complaint filed with this Court in *Fugate v. Department of Corrections, et. al.*, (Appendices F and G, respectively); pertinent provisions of the Procedures (*see* Appendices C and D); and excerpts from documents and testimony from the Nance Hearing regarding the administration of lethal injection in Georgia (Appendix H). Mr. Alderman hereby incorporates by reference these appendices as if fully set out herein.

COUNT I

**USE OF LETHAL INJECTION IS A VIOLATION OF RIGHT TO BE
FREE FROM CRUEL AND UNUSUAL PUNISHMENT PURSUANT TO
THE EIGHTH AND FOURTEENTH AMENDMENTS TO THE UNITED
STATES CONSTITUTION
(42 U.S.C. § 1983)**

39. Plaintiff realleges and incorporates by reference the allegations contained in paragraphs 1 through 38.

40. Defendants are acting under color of Georgia law in using an arbitrary, capricious and irrational method of execution by administering to Plaintiff chemicals that will cause unnecessary pain in the execution of a sentence of death, thereby depriving Plaintiff of his rights under the Fifth, Eighth and Fourteenth Amendments to be free from cruel and unusual punishment and treating him with deliberate indifference to his health, safety and serious medical needs in violation of his rights under the Eighth and Fourteenth amendments to the United States Constitution entitling him to relief under 42 U.S.C. § 1983.

41. The Procedures, which specify the State's lethal injection protocol, violate Plaintiff's rights under the cruel and unusual punishment clause of the Eighth Amendment because (a) the Procedures create the unreasonable and unacceptable risk of unnecessary physical and psychological pain; (b) the Procedures do not comport with contemporary norms and standards of society; (c)

the Procedures offend the dignity of the person and society; and (d) the procedures constitute deliberate indifference to the condemned's safety, health and serious medical needs.

42. The failure of the GDC to take sufficient measures to minimize the risk of unnecessary, extreme and excruciating pain and mutilation, when that risk could easily be minimized, violates the Eighth and Fourteenth Amendments to the United States Constitution.

PRAYER FOR RELIEF

43. WHEREFORE, Plaintiff Jack E. Alderman prays for:

a. Temporary, preliminary, and permanent injunctive relief to enjoin the Defendants, their officers, agents, servants, employees, and all persons acting in concert with them from executing Plaintiff by lethal injection using the current Procedures or any similar procedure;

b. In the event that the Procedures are not enjoined in its entirety as violating the Fifth, Eighth and Fourteenth Amendments, temporary, preliminary, and permanent injunctive relief to enjoin Defendants, their officers, agents, servants, employees, and all persons acting in concert with them from administering Pavulon during the execution process;

c. In the event that the Procedures are not enjoined in its entirety as violating the Fifth, Eighth and Fourteenth Amendments, temporary, preliminary, and permanent injunctive relief to enjoin Defendants, their officers, agents, servants, employees, and all persons acting in concert with them from allowing personnel who lack sufficient training, credentials, certification, experience, or proficiency to conduct the lethal injection procedure;

d. Reasonable attorneys' fees pursuant to 42 U.S.C. § 1983 and the laws of the United States;

e. Cost of suit; and

f. Any such relief as the Court deems just and proper.

This 20th day of April, 2007.

Jack E. Alderman

By: 

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Tab A

Informal Grievance Form Receipt / SOPHB05-0001

Inmate Name: Alderman, Jack Date Informal Grievance Submitted: APR 16 2007
Date of Incident: 4-11-07
Deputy Warden of Care & Treatment Name: MS Lince
Counselor's Signature: Willie Chapin

Tab B

GEORGIA RESOURCE CENTER

303 Elizabeth Street
Atlanta, Georgia 30307

(404) 222-9202

FAX (404) 222-9212

Via Facsimile and U.S. Mail [Fax No. 404-651-6537]

12 April 2007

Georgia Department of Corrections Ombudsman's Office
Shevondah Fields
#2 M.L.K. Jr. Dr. S.E.
East Tower, Suite 766
Atlanta, GA 30334

RE: Jack E. Alderman, UNO-385463

Dear Georgia DOC Ombudsman:

This office represents Jack E. Alderman, UNO -385463, who is currently incarcerated on death row at the Georgia Diagnostic Prison in Jackson, Georgia. Mr. Alderman is nearing the conclusion of his appeals process and recognizes that if his appeals are denied, he will be executed by the State of Georgia using the method outlined in the Georgia Department of Corrections Lethal Injection Administrative and Execution Procedures (hereinafter Procedures). In accord with the Georgia Department of Corrections grievance system, Mr. Alderman intends to file both an informal and formal grievance pertaining to these Lethal Injection Procedures. It does not appear, however, that a grievance of this kind is grievable under the DOC's grievance system. As such, on behalf of Mr. Alderman, I write to alert you to the intended violations of his constitutional rights as guaranteed by the 8th and 14th Amendments should these Procedures be utilized.

The current Procedures fail to take necessary measures to minimize the risk that Mr. Alderman will experience terror or excruciating pain caused by asphyxiation and suffocation due to the paralysis of his respiratory system, the burning of Potassium Chloride coursing through his veins and, finally, the extreme pain and suffering associated with cardiac arrhythmia and complete cardiac arrest.

As Georgia's Procedures provide, and has occurred in all lethal injections administered so far, the person to be killed is first injected with a short-acting barbiturate anesthetic to produce unconsciousness, followed by a neuromuscular blocking drug, which completely paralyzes the muscles, but does not affect cognition or any form of sensation. As a result, if through delivery of less than the intended dose or improper injection procedures, the anesthetizing agent wears off, as can occur with short-acting barbiturates and has occurred on numerous occasions, the condemned will experience terror and excruciating pain, but will be prevented from signaling any distress. Moreover, the paralysis will make it impossible for any witness observing the killing to determine whether the condemned is experiencing pain before dying. Georgia's current procedure for the administration of lethal injections would not receive the approval of the AVMA for use on animals.

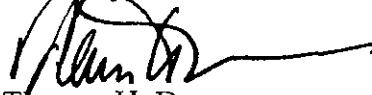
Georgia could minimize the risk of unnecessary pain and suffering, as constitutionally required, by substituting a long-acting anesthetizing agent for the short-acting barbiturate anesthetic currently used, by employing qualified persons to closely monitor the vital signs of the person being put to death, or by eliminating administration of the paralyzing agent and instead causing death through the use of agents that produce cardiac arrest without causing pain upon administration.

In addition, Georgia's Procedures for administering lethal injection authorizes a grossly outdated and discarded procedure - the "cut down" procedure for central venous cannulation - when a suitable vein cannot be found. This procedure results in unnecessary and painful mutilation of the body. Georgia can prevent such unnecessary and painful mutilation by utilizing another procedure, percutaneous central venous cannulation, that is routinely used by the medical profession.

While Mr. Alderman was sentenced to die over 31 years ago, his death sentence did not include subjecting him to extreme and excruciating pain and mutilation. Accordingly, through undersigned counsel, Mr. Alderman formally requests that the Georgia Department of Corrections adapt procedures that minimize the risk of pain and mutilation during his execution.

We look forward to your prompt attention to this matter and ask that you provide a response no later than April 18, 2007.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas H. Dunn", with a long horizontal flourish extending to the right.

Thomas H. Dunn
Executive Director

cc: Jack E. Alderman
Michael A. Siem, Esq.

Tab C

**GEORGIA DEPARTMENT
OF
CORRECTIONS**

**ADMINISTRATIVE AND EXECUTION
PROCEDURES**

LETHAL INJECTION

UNDER DEATH SENTENCE

MAY 1, 2000

666

PREFACE

GEORGIA LAW PROVIDES THAT WHEN A PERSON IS CONVICTED OF A CAPITAL CRIME AND RECEIVES A DEATH SENTENCE, THAT SENTENCE IS AUTOMATICALLY APPEALED TO THE GEORGIA SUPREME COURT. THIS, ALONG WITH OTHER LEGAL REMEDIES AVAILABLE TO PERSONS UNDER DEATH SENTENCE RESULTS IN INMATES WITH DEATH SENTENCES BEING HELD IN THE CUSTODY OF THE GEORGIA DEPARTMENT OF CORRECTIONS FOR LENGTHY PERIODS OF TIME.

AN EXECUTION MAY ACTUALLY OCCUR WHEN THE PAROLE BOARD HAS CONSIDERED AND DECLINES TO MODIFY THE DEATH SENTENCE, OR WHEN THE APPEAL PROCESS HAS BEEN EXHAUSTED, OR WHEN THE INMATE IS DEMANDING THAT THE SENTENCE BE CARRIED OUT.

GEORGIA DEPARTMENT OF CORRECTIONS

EXECUTION PROCEDURES

AUTHORIZED DISTRIBUTION

| | |
|---------|--------------------------------------------------------|
| Copy #1 | Governor State of Georgia |
| Copy #2 | Attorney General State of Georgia |
| Copy #3 | Commissioner |
| Copy #4 | Facilities Division Director |
| Copy #5 | Director Special Operations |
| Copy #6 | Warden Georgia Diagnostic and Classification Prison |
| Copy #7 | Warden Georgia Diagnostic and Classification Prison |
| Copy #8 | Warden Metro State Prison |
| Copy #9 | General Counsel Legal Services |

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UNDER DEATH SENTENCE

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I. RECEPTION OF UNDER DEATH SENTENCE (UDS) CASES

1.0 THE SENTENCE

- 1.1 Upon a verdict or judgement of death made by a jury or a judge, it is the responsibility of the Clerk of Court, in which said sentence is pronounced, to forward a certified copy of said sentence to the Warden of the Georgia Diagnostic and Classification Prison not less than ten (10) days prior to the first day of the seven (7) day execution period as fixed by the court (OCCA 17-10-33).
- 1.2 Where the date for execution has passed for any reason, i.e., appeal, habeas corpus, State Board of Pardons and Paroles, etc., the judge of the Superior Court of the county where the case was tried shall have the power and authority to fix a seven (7) day period for the execution of the original sentence. Such order shall fix the seven (7) day period not less than ten (10) nor more than twenty (20) days from the date of such order. Such order shall be sent immediately to the Warden of the Georgia Diagnostic and Classification Prison (OCCA 17-10-40).
- 1.3 In either event, described in Paragraph 1.1 or 1.2, the Commissioner and the Warden of the Georgia Diagnostic and Classification Prison will immediately notify one another and immediately forward to the other a copy of the sentence (Execution Order) or other orders.
- 1.4 In addition, the Commissioner will reproduce said sentence or order and forward a copy to the Governor (Attention: Legal Counsel, Governor's Office); Attorney General's Office, and the Chairman of the State Board of Pardons and Paroles.

2.0 DELIVERY OF THE CONDEMNED PERSON

- 2.1 In all cases in which the defendant is sentenced to be executed, it shall be the duty of the trial judge in passing sentence, to direct that the defendant be delivered to the Commissioner of the Georgia Department of Corrections for execution at such state prison as may be designated by said Commissioner, (OCCA 17-0-38).
- 2.2 It shall be the duty of the sheriff of the county in which such convicted person is so sentenced to convey such convicted person to said state prison not more than twenty (20) nor less than two (2) days prior to the time fixed in the sentence for execution of the condemned person unless otherwise directed by the State Board of Pardons and Paroles, or unless a stay of

execution has been caused by appeal, granting of a new trial, or other order of a court of competent jurisdiction, and the expense for transporting of said person to the state prison for the purpose of execution shall be paid by the Ordinary of the County wherein the conviction was had, or the Board of County Commissioners, the County Commissioner, or other person or persons having charge of the county funds, out of any funds on hand in the treasury of such County, (OCGA-17-10-33).

- 2.3 The Commissioner will issue assignment orders to the Sheriff of the County of conviction and forward copies of the Order and sentencing documents to the state prison. Delivery of the condemned person by the Sheriff will be arranged and coordinated by the Commissioner between the Sheriff of the County concerned and the Warden of the prison.
- 2.4 Persons under death sentence incarcerated at institutions other than the institution designated by the Commissioner as the execution site will be transferred to the execution site approximately two (2) days prior to the scheduled execution date. Details of such transfer will be coordinated by the Commissioner.

3.0 ADMISSION PROCESSING

Upon arrival of the condemned person at the Georgia Diagnostic and Classification Prison or Metro State Prison, he/she will be processed through regular inmate admission procedures, to include security search, medical examination, fingerprint, photograph, personal history information, etc., to include a complete diagnostic evaluation, a copy of which will be provided to the Commissioner of the Department of Corrections, and the State Board of Pardons and Paroles.

4.0 CONFINEMENT

The condemned person will be confined in a cell designated by the Warden. Appropriate safeguards and security measures will be maintained as directed by the Warden. Pending the invoking of the Death Watch, the condemned person will be maintained in accordance with Departmental Rules and Regulations, special regulations for persons under death sentence, and specific court order. Persons delivered to the execution site less than thirty-six (36) hours prior to the time of execution, (refer to Paragraph 2.2), will be processed immediately and assigned to the Death Watch Cell.

II. HOLDING AND PREPARATION FOR EXECUTION

5.0 PREPARATION FOR EXECUTION AND TIME OF EXECUTION

The order of the court will specify a time span for the execution. A specific date and time within the designated time span will be established and announced by the Commissioner to the appropriate personnel on a need to know basis. The date and time for execution should be finalized seven (7) days in advance.

6.0 NOTIFICATION

Upon receipt, the Warden or his designee shall read to the condemned inmate the Order of Execution issued by the court of conviction. The condemned will sign the Order acknowledging notification of the Order and the signature of the condemned will be witnessed by the staff member and same will provide the condemned with a copy of the Order. If the condemned refuses to acknowledge receipt of the Order of Execution, the Warden or designee shall read the Order of the Court and acknowledge receipt for the condemned, in writing, which shall be witnessed by a staff member other than the Warden and attached to the Order.

7.0 DEATH WATCH

The condemned shall be moved to a designated cell, and observation shall begin thirty-six (36) to twelve (12) hours but an optimal eighteen (18) hours prior to the scheduled execution. A minimum of two (2) officers shall be assigned to observe the condemned at all times during Death Watch. If the condemned is a female, security will be maintained by female security personnel. Duties shall be established by the Deputy Warden of Security and the Warden. No other correctional staff, or civilian personnel, except medical personnel, shall be allowed in the Death Watch area without approval of the Warden or designee. No inmates are allowed in the Death Watch area.

7.1 Special Escort Team and Other Staff Participants

- 7.1.1** The identity of all departmental staff performing official duties related to the carrying out of an execution shall not be disclosed.

7.2 Observation

- 7.2.1 Security of the Execution Chamber and the Execution Witness Room is the responsibility of the Warden of the institution, or designee. Security briefings shall be held as appropriate.
- 7.2.2 The officer in charge on each shift shall supervise the use of all items retained by the condemned and shall maintain a log of all activities of the condemned to include, but not limited to, the times of feeding, showering and all other occurrences.
- 7.2.3 All meals for the condemned during the Death Watch shall be prepared/procured and delivered by the Food Service Director, or designee. The activity log sheet shall reflect all names of persons delivering meals, menu items served the condemned and whether they were consumed or returned, to include date and time.
- 7.2.4 A communication check, by telephone/radio, shall be made every thirty (30) minutes, on a continuous basis, during this period by the Death Watch Officer to the institution's control center. This communication check shall be logged.
- 7.2.5 The Warden will discuss with the Commissioner the possibility of requesting a disinterested person to visit the Death Watch area daily or as frequently as desired during the Death Watch period for the purpose of reassuring the Commissioner, the Warden, and the public that Rules and Regulations, procedures, and proper treatment are being observed. The disinterested observer will be briefed and/or provided copies of pertinent regulations and procedures, (for review or prior to such visit and will be requested to provide a written report immediately for the Commissioner and Departmental records.
- 7.2.6 Medical
 - 7.2.6.1 Sick call will be in accordance with institution Rules and Regulations prior to the Death Watch period. During the Death Watch, sick call will be in the Death Watch area.

7.2.6.2

Request for medical attention by the condemned, in addition to sick call, will be provided in the Death Watch area unless determined inappropriate by the Medical Authority. A medical determination to examine or treat the condemned in other than the Death Watch area should be coordinated with the Warden as soon as possible.

8.0 PERSONAL PROPERTY OF THE CONDEMNED

- 8.1 The condemned shall personally take inventory, pack and seal his personal property at the beginning of the Death Watch.
- 8.2 The inventory process and sealing of personal property shall be performed under the supervision of an institutional officer and another staff person designated by the Warden.
- 8.3 The condemned shall sign a completed inventory sheet which shall be witnessed by the officer and the other staff member.
- 8.4 The condemned shall indicate, in writing, on the completed inventory sheet the recipient of all personal property.

9.0 STATE ISSUE ITEMS

- 9.1 The condemned shall be furnished with the following state-issued items while under Death Watch:
 - 1 Mattress
 - 1 Pillow
 - 1 Pillowcase
 - 2 Blankets (as needed)
 - 2 Sheets
 - 2 Towels
 - 1 Comb (provided as needed)
 - 1 Bar of Soap
 - 1 Shirt or Jacket
 - 1 Pair of Pants
 - 1 Pair of Boxer Shorts
 - 1 Pair of Socks
 - 1 Pair of Shoes or Shower Shoes

- 1 Religious Material
- 1 Toothbrush and Tube of Toothpaste (provided as needed)
- 1 Use of Electric Razor (Cordless)

9.2 The condemned may be provided the following upon request:

- 1 Television Set to be Located Outside the Cell
- 1 Radio to be Located Outside the Cell
- Playing Cards
- Stationery
- Newspapers and Magazines (as approved by the Warden)
- Items available in the Inmate Store at condemn's expense, excluding those items in metal, glass containers, or hard plastic.
- Personal Items Approved by the Warden or Designee (limited to essential needs)

9.3 Any variation from the above list shall be approved by the Warden or designee, in writing, and attached to the activity log.

9.4 The condemned will not be provided with the following:

- Razors or Blades (other than cordless electric)
- Belts
- T-Shirts

9.5 Property issued to the condemned by the State shall be destroyed by burning following the execution.

10.0 FUNERAL ARRANGEMENTS

At the beginning of the Death Watch, if not previously done, the condemned shall specify, in writing, his or her request for funeral arrangements. This information shall be conveyed to the inmate's family or others as appropriate, by the Warden of the institution, or designee at least twelve (12) hours prior to the scheduled execution, (refer to Paragraph 16.3.26).

11.0 DESIGNATION OF WITNESSES

11.1 The following shall be present at each execution and shall be notified by the Warden in writing by name and acknowledged a minimum of twelve (12) hours in advance of the time and date of the execution. Notification shall include date and time of execution, and place to report for assignment. The Warden has the authority to waive the twelve (12) hour requirement on an emergency basis (refer to Sample Letters - see Annex V):

11.2 The following shall be present:

- 11.2.1 Warden of the correctional facility or Deputy Warden thereof, who shall ensure that the court ordered execution is carried out.
- 11.2.2 Two (2) assistants, or more as directed by the Warden.
- 11.2.3 Two (2) staff physicians - (as designated by the Warden) to determine when death supervenes.
- 11.2.4 One (1) contract physician - (as designated by Health Services) to provide medical assistance during the execution process.
- 11.2.5 Intravenous (IV) Team, to consist of two (2) Emergency Medical Technicians to insert intravenous ports.
- 11.2.6 Six (6) Correctional Officers to serve as a special escort team who will apply restraints to the condemned during the execution process.
- 11.2.7 Three (3) volunteers, (staff members), to inject solutions into the intravenous ports during the execution process.
- 11.2.8 One (1) Chaplain to administer to the spiritual needs of the condemned and to provide a prayer on the condemned's behalf upon request.
- 11.2.9 Security personnel as appropriate.

11.3 Records of notification and acknowledgment will be maintained by the Warden. A tentative list of the above person's names shall be maintained and periodically updated by the Warden.

11.4 Restrictions:

No photographic, recording or computerized equipment will be permitted in the execution chamber or witness room except as specifically authorized by the Warden. All pencils, note pads, etc. will be issued and controlled by designated GDC staff.

12.D WITNESSES THAT MAY BE PRESENT

Witnesses to the execution beyond those specifically prescribed by law or elsewhere in this procedure must be approved by the Commissioner prior to the day of the scheduled execution.

12.1 Space limitations may limit the number of witnesses to be present in the execution witness room. Witnesses will be selected as outlined below:

12.1.1 Five (5) witnesses selected by the condemned. These witnesses may not consist of inmate or victim family members unless approved by the Commissioner of the Georgia Department of Corrections.

12.1.2 Six (6) witnesses representing the news media organizations may be present during the executions. Media representatives shall be determined as follows:

12.1.2.1 The Georgia Bureau Chief of the United Press International Wire Service may designate one news reporter to be its representative.

12.1.2.2 The Georgia Bureau Chief of the Associated Press Wire Services may designate one news reporter to be its media representative.

12.1.2.3 The Georgia Press Association, through its Executive Director, may designate two pool newspaper reporters to be its media representatives, including one pool reporter from a newspaper published within the county in which the condemned was convicted.

12.1.2.4 The Georgia Association of Broadcasters, through its President, may designate two pool news reporters to be its representatives for the electronic media, including one television or radio reporter from the county in which the condemned was convicted.

- 12.1.2.5 The names of the news reporters representing the above mentioned classes or news media and designated alternates, shall be communicated telephonically to the Commissioner of the Department of Corrections at least twenty-four (24) hours prior to an execution.
- 12.1.2.6 All approved media witnesses will be certified in writing by the Commissioner to the Warden of the Georgia Diagnostic and Classification Prison.
- 12.1.2.7 In the event that more than one execution is carried out in a single day, the same media representatives shall be the witnesses for those executions. The newspaper and broadcast representatives from the county of conviction will change if the offenders to be executed are from different counties.
- 12.1.2.8 Upon entering the Georgia Diagnostic and Classification Prison, each media representative must present sufficient evidence to establish his/her identity to the Warden or designee that he/she is entitled access to the press conference interview. This shall include a current photo I.D. Pencils, pens, notebooks, etc., will not be allowed; these items will be provided by Department of Corrections staff.
- 12.1.3 Not less than five (5) witnesses approved in writing by the Commissioner of the Department of Corrections.
- 12.1.3.1 The Commissioner of the Department of Corrections may approve five (5) or more witnesses to be present in the execution witness room. These witnesses may include officials with the Executive, Judicial or Legislative Branch of Government, or private citizens. The Commissioner's Office shall maintain a tentative list of witnesses and keep the list updated.

12.1.3.2 The Commissioner may approve one execution witness representing the victim(s). Requests of this nature will be received by the Commissioner no later than twelve (12) business hours prior to the day of the scheduled execution.

12.1.3.3 All approved witnesses will be certified in writing by the Commissioner to the Warden of the Georgia Diagnostic and Classification Prison prior to the time of the scheduled execution, if possible. Prior to the time of the execution, the Warden shall confirm participation.

12.2 Restrictions

12.2.1 No witnesses other than those authorized in paragraph 11.1, 11.2, 12.0, and 12.1 will be permitted.

12.2.2 Witnesses will not be permitted to have photographic, recording or computerized equipment of any type in the execution witness room (refer to Paragraph 11.4).

12.3 Witnesses: Request of the Condemned

If the condemned person so desires, the following may be present at such execution: his/her counsel, relatives, clergymen and friends, (OCCA 17-10-41), pursuant to approval as outlined in 12.1.1.

The condemned periodically updates/confirms the names of those he/she desires to be present at the execution with the Warden or Commissioner's approval. These names shall be recorded in writing, witnessed and maintained by the Warden or designee. The Warden will send letters to these witnesses (refer to Sample Letters - Annex V).

12.3.1 Not later than twelve (12) hours prior to time of execution those witnesses requested by the condemned shall be contacted by the Warden or designee in the most expeditious and appropriate method of communication to confirm the request and advise them of the time and date of the execution, assembly, orientation and escort procedures to the execution witness room. A record shall be made of these contacts, i.e., copy of telegram or certified transcript of telephone conversation, letters, personal contacts, etc.

12.4 Witnesses - Other

- 12.4.1 Those witnesses to the execution required by law shall be under the supervision of the Warden of the institution or designee and shall appear at the institution at a time and place as directed by the Warden.
- 12.4.2 Those witnesses requested by the condemned shall appear at the institution no later than two (2) hours prior to the execution for orientation and escorted to the execution witness room (refer to Paragraph 12.2).
- 12.4.3 Those witnesses to the execution who are approved by the Commissioner of the Georgia Department of Corrections shall appear at the institution no later than two (2) hours prior to the execution for orientation and escorted to the execution witness room (refer to Annex V - Sample Letters and Paragraph 16.3.6).

13.0 MEDIA INFORMATION AND PUBLIC INFORMATION OFFICE

- 13.1 If the condemned expresses his/her willingness, all interviews with the news media will be conducted on one occasion, at a time and place designated by the Warden. Media representatives will consist of reporters specified in paragraphs 12.1.2.1, 12.1.2.2, 12.1.2.3 and 12.1.2.4 of this procedure. All interviews will require prior approval from the Commissioner.
- 13.2 News media representatives shall not be allowed to visit any inmate at the institution during the Death Watch.
- 13.3 Briefings for news media representatives shall be conducted as appropriate during the Death Watch and immediately after the execution by the Director of Public Information at a time and place designated by the Warden of the institution.
- 13.4 Broadcast reporters will be allowed to broadcast live from a pre-designated area on the grounds of the institution during the hours designated by the Warden on the day of the execution. A delay in the execution may require that these hours be adjusted accordingly.

14.0 VISITATION BY FAMILY

The condemned shall be allowed contact visits daily with family, friends and private clergy as approved by the Warden.

- 14.0.1 The condemned's visitors will park in the designated parking lot. In the event that visitors are transported by persons not desiring to visit, such persons may wait in the institutional parking lot.
- 14.0.2 A staff person (chaplain) will be assigned to the condemned's family. During the Death Watch, the chaplain should be available to the family.
- 14.0.3 If possible, all visitors should be processed into the institution at one time and placed in the room provided. A maximum of five (5) visitors at a time shall be allowed in the institution at one time.
- 14.0.4 One Executive staff member shall be assigned the responsibility of visitation. He/she is to ensure that staff respond in an appropriate manner.
- 14.0.5 The condemned may eat an institutional meal while in the visiting room with his visitors. Visitors may purchase an institutional meal which may be consumed in the visitation area in the presence of the condemned.
- 14.0.6 All family visitors to the condemned will abide by the institutional dress code and will depart from the institution immediately after visitation unless delayed by inclement weather. Visitors to the condemned shall not bring in any food or other items.

14.1 VISITATION BY OTHERS

- 14.1.1 A Chaplain, designated by the Warden, as well as an administrative staff member approved by the Warden shall be assigned the responsibility of visiting the condemned on a daily basis.
- 14.1.2 Attorney(s) shall be allowed to visit the condemned upon approval of the Warden or designee.

14.2 VICTIM'S FAMILY/RELATIVES

A staff member will be designated to care for any of the victim's family who remain within the institution during the execution. A room shall be designated for this purpose.

15.0 TELEPHONE

Telephone access shall be provided to the condemned, with the following limitations:

- 15.1 Telephone calls shall be in accordance to institutional rules and regulations prior to Death Watch.
- 15.2 At least one (1) fifteen (15) minute call per day during Death Watch, unless otherwise approved by the Warden; a phone will be provided to the condemned, unless otherwise restricted by the Warden.
- 15.3 All telephone calls shall be made collect, unless the Warden makes exceptions.
- 15.4 All telephone calls are to be made between the hours of 8:00 a.m. and 6:00 p.m. unless otherwise approved by the Warden.
- 15.5 Incoming calls for the condemned will be referred to the Warden or designee for screening and approval. Such calls will be denied unless the purpose involves family and/or legal matters requiring the condemned's involvement.

III. DAY OF EXECUTION

16.0 DAY OF EXECUTION

16.1 Three (3) Hours Prior to Execution

- 16.1.1 The IV Team will perform a check of all necessary equipment and instruments. A self-test or diagnostic check will be conducted on the heart monitor.
- 16.1.2 A communications check will be performed.

16.1.2.1 Telephone - Telephone circuits and private lines between the Commissioner's Office (CP1), Warden's Office (CP2), and Execution Chamber (CP3) will be checked.

16.1.2.2 Fax Machine - A test message to Central Office requesting acknowledgment will be sent.

16.1.2.3 Radio - A radio check between the Execution Chamber and Warden's Office and between Central Office and Warden's Office will be initiated.

16.1.2.4 Execution Chamber and Execution Witness Room will be inspected as directed by Warden.

16.2 Two (2) Hours Prior to Execution

16.2.1 The IV Team will perform a check of all necessary equipment and instruments. A self-test or diagnostic check will be conducted on the heart monitor.

16.2.2 The designated staff member will prepare the lethal injection solution and deliver it to the execution chamber.

16.2.3 Communications Check - The same procedure will be followed as at three (3) hours prior to the execution.

16.2.4 Execution Chamber and Execution Witness Room - These areas will be inspected as directed by Warden.

16.2.5 The condemned will be prepared in accordance with prior responsibilities previously designated by Warden:

16.2.5.1 The condemned may visit with clergyman.

16.2.5.2 An opportunity for the condemned to make last statement will be provided. (Statement shall be recorded by the Recorder designated by the Warden.)

16.2.5.3 A shower and clean clothing will be provided to the condemned.

- 16.2.6 A designated staff member shall confirm the presence of witnesses required by law to attend the execution. Any final instructions shall be issued by the Warden.
- 16.2.7 A designated staff member shall confirm the presence of the witnesses designated and approved by the Commissioner. Instructions will be issued to the witnesses to assure an understanding of their conduct in the Execution Witness Room and while being escorted to and from the Execution Witness Room. All witnesses are to have previously acknowledged, in writing, their understanding and agreement to abide by the rules, regulations and procedures of the Agency (refer to Annex V, Example 3).

16.3 One Hour Prior to Execution

One hour prior to the time of execution, designated members (2) of the special escort team will commence the following:

- 16.3.1 The IV Team will perform a check of all necessary equipment and instruments. A self-test or diagnostic check will be conducted on the heart monitor.
- 16.3.2 Special Escort Team members will ensure all straps are in place and functional on the execution gurney.
- 16.3.3 Communications Check: The same procedures will be performed as at three (3) hours prior to the execution as specified in paragraph 16.1.2.1. The telephone lines between the Commissioner's Office (CP1), the Warden's Office (CP2) and the Execution Chamber (CP3) are to remain open thirty (30) minutes prior to execution time.
- 16.3.4 Execution Chamber and Execution Witness Room will be inspected as directed by Warden.
- 16.3.5 Assistants and those required by law to attend executions are to be issued additional instructions and escorted to the Execution Chamber and Execution Witness Room as appropriate. The condemned's witnesses, media representatives and the State's witnesses shall be processed, instructed and transported separately as referenced in this section.

- 16.3.6 The presence of witnesses requested by the condemned, those approved by the Commissioner, and approved media representatives will be confirmed. Instructions to the witnesses and media representatives will be issued, in writing, to assure that an understanding of their conduct and behavior, during escort to and from the Execution Witness Room. All witnesses are to acknowledge, in writing, their understanding and agreement to abide by the rules, regulations and procedures of the Agency (refer to Annex V).
- 16.3.7 The witnesses will be searched, issued additional instructions and escorted to the Execution Witness Room. At least one of the correctional officers present shall be a female. Curtains are closed; microphone turned off.
- 16.3.8 The condemned is escorted to the lethal injection gurney by member(s) of the Special Escort Team, ten (10) minutes prior to the time of the execution.
- 16.3.9 Members of the Special Escort Team are stationed at the gurney and will place the body strap in place immediately.
- 16.3.10 The Special Escort Team will attach restraints to arms, legs and body of the condemned.
- 16.3.11 The IV team will place intravenous ports into the veins of both arms of the condemned. The heart monitor leads will be applied to the condemned. If the veins are such that an IV cannot be started, a contract physician will perform the cutdown procedure to establish an intravenous port.
- 16.3.12 Witness Room curtains will be opened by a designated staff member and the microphone turned on. The Warden will introduce himself to witnesses and issue final instructions regarding the execution.
- 16.3.13 The Warden or designee will ask the condemned if he has anything to add to the final statement. Such statements will be limited to two (2) minutes. (Statement shall be recorded by the Warden or designee.) A prayer is offered if condemned requests, which is limited to two (2) minutes.

- 16.3.14 The condemned is read essential Order of the Court; the microphone is turned off.
- 16.3.15 All unnecessary staff shall clear the execution chamber.
- 16.3.16 Execution officials take their place behind the partition.
- 16.3.17 Final communication is made to Central Office Command Post. (CP #1)
- 16.3.18 The execution is carried out.
- 16.3.18.1 Three (3) designated staff members inject lethal solution into intravenous tubing leading to ports in the condemned's arm.
- 16.3.18.2 After ten (10) minutes have elapsed, or the heart monitor shows a "flat line" display, the condemned will be checked by two (2) physicians to determine if death has supervened.
- 16.3.19 If condemned shows residual life signs, repeat 16.3.18.1 and 16.3.18.2.
- 16.3.20 Microphone is turned on; the fact of death is then announced to the witnesses by the Warden or designee; the microphone is turned off. The curtains to the Execution Chamber are then closed.
- 16.3.21 The witnesses and media representatives are escorted from the Execution Witness Room. Media representatives will be immediately escorted from the prison to the press area.
- 16.3.22 The IV's are removed, the body is unstrapped and removed from the gurney. Photographs will be taken of the body by the State Crime Lab for evidence purposes. The body is placed in a body bag and placed on a stretcher provided by the State Crime Lab. The body is taken by van to the State Crime Lab for a postmortem examination.

- 16.3.23 Press release: The Public Affairs Officer for the Department of Corrections will advise news media that Order of the Court has been carried out.
- 16.3.24 The Warden or designee and attending physicians prepare certificate of execution and certify the fact of execution. The certificate is to be forwarded to the Clerk of Superior Court of the county in which sentence was pronounced. A copy is forwarded to the Commissioner.
- 16.3.25 The last statement of the condemned is forwarded to the Central Office, as appropriate.
- 16.3.26 Interment: The body may be released to the relatives at their expense or should the nearest relative of the condemned so desire, the body will be carried to the former home of the person so executed, if in the State of Georgia. The expense of such transportation to the former home shall be paid by the Ordinary, County Commissioners, or person(s) having the charge of county funds in which the person was convicted. (OCGA 17-10-43).
- 16.3.26.1 If the relatives do not claim the body of the executed person, interment will be in accordance with GDC Rule 125-2-4.20.
- 16.3.27 Staff participants will be seen by the Critical Incident Debriefing Team within seventy-two (72) hours of each execution or as soon as possible.

ANNEX I

ADMINISTRATIVE PROCESSING OF UDS CASES

1. Fundamental Requirements to Accept UDS Cases
 - 1.1 As in all cases, the Department of Corrections must receive a copy of the indictment, a copy of the Sentence, and Affidavit of Custodian, and a Personal History Statement.
 - 1.2 When the U.S. Supreme Court overturns a death sentence the Department should immediately seek counsel and advice from the Attorney's General's Office prior to taking any further action.
2. Processing the New UDS Cases
 - 2.1 When the Reception/Release Section receives papers on a death case, those papers are brought to the UDS Administrator. If the papers are not proper and GDC is unable to accept the inmate, the papers will be returned to the Clerk of the Sentencing Court with an explanatory letter. If the papers are proper, a telephone call will be made to the Warden or I.D. Room at the Georgia Diagnostic and Classification Prison or Metro State Prison (if the condemned is female) to establish a date and time for acceptance of the inmate.
 - 2.2 An assignment order is issued to Reception/Release Section. The assignment order will show: maximum security, sheriff to deliver, date of delivery, and place of delivery. At least one copy of the assignment order will be mailed to the Sheriff so that he will have the authority to deliver the inmate to the Georgia Diagnostic and Classification Prison or Metro State Prison as directed on the order.
 - 2.3 Pertinent data on the case will be listed in official "death log".
 - 2.4 Place significant data on the "working" list of UDS cases.
 - 2.5 Place name, county of conviction and date to be executed on the "imminent execution" board if case has an active execution date.
 - 2.6 Mail a form letter with copy of the indictment and sentence to: Governor's Office, Executive Counsel; Attorney General's Office; Parole Board; Information Services (form letter only); Warden; File (Reception/Release).

- 2.7 The Reception/Release Section prepares all the regular admission documents, has sentence data recorded in the computer, and sends all documents to the Records Office. The Records Office establishes a file, and this file is returned to the UDS Administrator who keeps all files on death cases.

3. Other Processing

- 3.1 Those cases which are not automatic appeal and have an active execution date are listed on the "imminent" board showing name, county of conviction, and date to be executed. The UDS Administrator keeps abreast of this board and when a case gets within five (5) days of the scheduled execution date he will determine status of any appeal process or the necessity to go ahead with operation procedures for carrying out the death sentence. He will confer with the Attorney General's Office, the Parole Board, and the Warden of the Georgia Diagnostic and Classification Prison or Metro State Prison daily to determine the status of each case within the five (5) day time schedule and document any additional information. Whenever the UDS Administrator is away from his office for one or more days, he will appoint an interim UDS Administrator. A special "UDS" five (5) day schedule log will be maintained and kept up-to-date, (see attached). A copy of this log is provided to the Director, Facilities Division, each day. A separate log is kept on each case and is filed in the appropriate UDS file upon the granting of a stay.
- 3.2 A stay of execution at this time can be received in several ways.
- 3.2.1 A copy of a court order can be received or a message can be received by phone.
- 3.2.2. Phone messages could be received from:
- 3.2.2.1 the inmate's attorney;
 - 3.2.2.2 from the Clerk of Court;
 - 3.2.2.3 from the Parole Board;
 - 3.2.2.4 from the Warden; and
 - 3.2.2.5 and from the Attorney General's Office.
- 3.3 Notification of Stays which are received by telephone must be verified immediately for authenticity with the Attorney General's Office. The appropriate institution, as well as the State Board of Pardons and Paroles should be notified by telephone and /or fax machine upon verification of this

information. All contacts referenced in items 2 and 3 are documented on the "5-day" Log.

4. Other Documents That May Be Received

- 4.1 Various lengths of Stay of Execution issued by the courts. Any court order or other action which delays an execution beyond the scheduled execution prohibits further action until a new execution date is established by the sentencing court and valid documents are received.
- 4.2 An order may be received confirming the conviction but overturning the sentence. In such a case the District Attorney in the county of conviction would be responsible to have the inmate returned to the county to be re-sentenced. (If GDC already has a valid concurrent sentence which the inmate is serving, the Department of Corrections may retain custody of the inmate for service on the concurrent sentence).
- 4.3 An order may be received which overturns the conviction. In this case, the inmate does not have a sentence, and is not convicted and, again, the District Attorney of the sentencing court is responsible to return this person to the county. As above, if the inmate has a concurrent sentence, we may retain custody of the person for service of the concurrent sentence.
- 4.4 Should all appeals fail, or not be applied for, the inmate or his attorney could apply to the State Board of Pardons and Paroles for a Stay to take up the question of commutation of the death sentence. This request for a Stay will probably be made at the "eleventh hour". It will be necessary to maintain close communication with the Parole Board during such period.
- 4.5 The Parole Board may commute the sentence to life or other sentences or decline to grant a commutation, thus upholding the sentence of execution.
- 4.6 A court order establishing a new execution date may be received after receipt of the Parole Board decision (except Parole Board commutation). At that time the inmate's name and execution date would be placed on the "imminent execution" board as indicated in paragraph II, #5. The case then would be followed through again until another Stay is granted or an execution takes place.
- 4.7 Upon receipt of each of the documents mentioned in this section, a copy of that document will be mailed, with a form letter, to each of the offices listed in paragraph II, #6.

5. Metro State Prison

Women under death sentence who are confined at Metro State Prison will be transferred to the execution site in accordance to Section I, 2.5 of the "Execution Procedures". The two (2) day procedure will commence as described in Section III of this document and the transfer to the execution site will occur two (2) days prior to the scheduled execution date.

ANNEX II

TASK DESCRIPTIONS OF STAFF

PHYSICIAN 1

- Examines condemned to determine that the Order of the Court has been carried out.

PHYSICIAN 2

- Administers treatment to participants if the need arises.
- Confirms findings of Physician 1.
- Accompanies Physician 1 to the record office for completion of death certificate.

PHYSICIAN'S ASSISTANT

- Administers treatment to witnesses and staff if the need arises.

MINISTER/CHAPLAIN/MEMBER OF CLERGY

- Maintains frequent contact with condemned during Death Watch period and up until condemned is removed from cell to Execution Chamber.
- Assist family, friends and others as indicated.
- Provides prayer in Execution Chamber if desired by condemned.

RECORDER (Appointed by Warden)

- Performs check of all recording equipment before the arrival of the condemned in execution chamber.
- Asks the condemned if he/she wishes to make a last statement. If so, records same and transmits to the Warden's Office as soon as completed.
- Records two (2) minute addition made by the condemned to his/her last statement just before the execution, if applicable.

DEATH WATCH OFFICERS

Assume duties at Death Watch prior to execution time. Maintain strict observation of the condemned for self-inflicted injury. Report any unusual observations to the Supervisor in accordance with POST orders.

RECORDS OFFICER

Prepare death certificate with all pertinent data. Notify family of the deceased that the order has been carried out and to determine disposition of the remains. Notify clerk of court. Prepare and file last statement.

FOOD SERVICE DIRECTOR OR DESIGNEE

Prepares/procures and delivers all meals to the condemned during Death Watch.

CHIEF OF SECURITY (CORRECTIONAL MAJOR)

- Schedules Death Watch personnel.
- Coordinates with Food Service Director, or designee, for the condemn's choice of last meal.
- Assigns specific staff to specific functions to prepare condemned for execution, such as: shower, clothing, etc.
- Assures that adequate personnel is available to escort condemned to the execution chamber.
- Provides for escort of witnesses to execution witness room.
- Serves as back-up to staff member designated to obtain, mix and deliver the lethal injection drugs to the execution chamber.

DEPUTY WARDEN OF SECURITY

Through his commissioned officers:

- Assures that remaining part of institution is secure from possible adverse action.
- Assures that only authorized persons enter guard line area.
- Prepares for crowd control.
- Assures that communication system is established and maintained.
- Obtains, mixes and delivers the lethal injection drugs to the execution chamber.
- Ensures that the execution is carried out in accordance with the laws of the State of Georgia.

DEPUTY WARDEN OF CARE AND TREATMENT

- Assures that physicians, chaplains and records officer personnel are briefed on their duties.
- Supervises Command Post #2.
- Ensures that the victim's family, if present, are properly supervised.

WARDEN

- Briefs all personnel assigned tasks during the execution.
- Telephones Commissioner regarding any change in status.
- Ensures that the execution is carried out in accordance with the laws of the State of Georgia.

ANNEX III

IV TEAM - DETAILED INSTRUCTIONS

SET UP PROCEDURE:

1. The Warden or designee will have an intravenous infusion device placed in each arm of the condemned and a saline solution available for an infusion medium. Those persons engaged in this activity will be referred to as the IV Team.
2. An IV administration set (Travenol #2C0005 or equivalent) shall be inserted into the outlet of the bag of Normal Saline IV solution. Two (2) IV bags will be set up in this manner.
3. The administration set tubing for both set-ups will be connected to the receiving port of the three-way control devices; one for the left arm, the other for the right arm.
4. IV extension tubing (Travenol #2C0066 or equivalent) will be connected to the discharge ports on the right/left three-way control device and shall be thereafter be connected to the applicable right/left angiocath/cathlon. Extension tubing will be of sufficient length to accommodate distance from the control device to the IV insertion site.
5. The tubing shall be cleared of air and made ready for use.
6. Angiocath/cathlon devices shall be initiated through standard procedure for such devices. Once infusion of IV solution has been assured, the IV devices shall be secured to the right/left arm as necessary.
7. At this point, the administration sets shall be running at a slow rate of flow (KVO), and ready for the insertion of syringes containing the lethal agents. The Warden or his designee, shall maintain observation of both set-ups to ensure that the rate of flow is uninterrupted. **NO FURTHER ACTION** shall be taken until the prearranged signal to start the injection of lethal agents is given by the Warden or designee.

ANNEX IV

INJECTION TEAM - DETAILED INSTRUCTIONS

INJECTION PROCEDURE:

1. The three-way control device facilitates the movement of infusion fluid from the saline bag and allows for the interdiction of lethal agents. A valve serves to direct which fluid source is entering the IV set-up.
2. When the signal to commence is given by the Warden:
 - 2.1 Syringe #1 (Sodium Pentothal) shall be inserted into the designated receiving port of the three-way control device.
 - 2.2 The flow of saline solution will be interrupted by moving the three-way valve assembly to the saline solution receiving port.
 - 2.3 The contents of Syringe #1 shall commence with a steady even flow of the lethal agent. Only a minimum of force will be applied to the syringe plunger.
 - 2.4 When the contents of Syringe #1 has been injected, the three-way valve assembly will be moved so as to effect the return of saline infusion.
 - 2.5 Syringe #1 will be replaced by Syringe #2 (Pavulon) and the procedure described in 2.1 through 2.4 will be repeated.
 - 2.6 Syringe #2 will be replaced by Syringe #3 (Potassium Chloride) and the procedure described in 2.1 through 2.4 will be repeated.
 - 2.7 This procedure shall continue until all three syringes have been used or until the contract physician advises the Warden or designee to cease due to the absence of life signs.

ANNEX V
SAMPLE LETTERS

EXAMPLE 1

Letter to Witnesses Required by Georgia Law (See Paragraph 11.0).
Deliver to addressee - by hand (duplicate).

In Accordance with Georgia Law, the execution of _____ has been set for
(time and date). Your duties as _____ require that your presence at this
execution take priority over all other matters at the specified time. You should report to the
Warden's Office at _____ on (date of execution) unless otherwise instructed by me.

Please complete the acknowledgment below and deliver the original to my office.

Sincerely,

Warden

Warden
Georgia Diagnostic and Classification Prison
Jackson, Georgia 30233

Dear Sir:

I acknowledge receipt of the notification of Execution Date _____ at (time)
(date) _____, and will be present in the Warden's Office at
(time) _____ on the date of the execution or as otherwise instructed by you to perform my
assigned duties. I hereby declare that I will not hold the State responsible for any physical or
emotional duress which may occur as a result of observing the execution.

Signature

Distribution:

Original: Warden
Copy: Addressee
Copy: File

EXAMPLE 2

Certified Mail
Return Receipt Requested

(Personal Address)

The execution of (name) has been scheduled for
(time), (date) at the Georgia
Diagnostic and Classification Prison, Jackson, Georgia.

In the event the execution is carried out, (name) has
requested that you be present at this scheduled execution. In accordance with Georgia
Law, this wish is conveyed to you; however, it should be pointed out that your attendance
is in no way compelled and is totally voluntary.

Should it be your desire to be present at this scheduled execution, you must sign and
return the enclosed acknowledgment to the Warden's Office at Georgia Diagnostic and
Classification Prison prior to the specified execution time. Acknowledgment by telephone
to my office will be acceptable (telephone 770-504-2011) provided the signed
acknowledgment is presented upon arrival at my office. If you desire to attend, you will be
contacted by telephone telling you when to present yourself to the Warden of the Georgia
Diagnostic and Classification Prison at a stated time of the stated date. Please note the
conditions and stipulations upon your attendance, contained in the acknowledgment, to
which you will be held should you attend this execution.

Sincerely,

Warden

Enclosure

EXAMPLE 3

Warden
Georgia Diagnostic and Classification Prison
Jackson, Georgia 30233

Dear Sir:

This will acknowledge receipt of notification of the request of (name) for my presence at his/her scheduled execution. I further understand that my attendance is voluntary and of my own free will. I further agree to abide by all standards and procedures specified by the Warden prior to the time of the scheduled execution. I understand that no photographic or recording equipment is allowed in the execution witness room and agree to submit to whatever searches may be deemed appropriate by the Warden of the Georgia Diagnostic and Classification Prison. I fully understand that should my presence or my behavior constitute a disturbance or disruption to the proceedings that I may be denied access to the execution or may be ejected from same. I further acknowledge that I may be denied access to the execution or may be ejected from same if, in the judgement of the Warden of the Georgia Diagnostic and Classification Prison, conditions dangerous to the security of the Georgia Diagnostic and Classification Prison arise due to the conduct of actions of others. Furthermore, I hereby declare that I shall not hold the State responsible for any physical or emotional duress which may occur as the result of observing the execution.

Signature

)
Telephone Number Where You May Be Contacted

ANNEX VI

CROWD CONTROL ON EXECUTION DAY

1. All visitors to the Georgia Diagnostic and Classification Prison on Execution Day shall be requested to state the purpose of their visit upon entering the reservation and to furnish appropriate identification prior to being allowed to enter.
2. Visitors to the Institutional Reservation shall be directed to one of the following areas and given the appropriate colored arm bands:
 - 2.1 Those Opposing The Death Penalty (Green Arm Band)
 - 2.2 Those Supporting Death Penalty (Blue Arm Band)
3. Media representatives shall be directed to a specified area and given a yellow arm band.
4. Regular inmate visitation will be canceled.
5. Departmental visitors shall be limited to staff that have an official execution function that specifically requires them to be present at the institution.

ANNEX VII
CENTRAL OFFICE - SECURITY FOR SPECIAL EVENTS

When notified of a special event which could lead to a disruption of normal office routines, the following shall occur. The goal is to ensure that the orderly conduct of business be maintained.

1.0 Three or more days prior to a scheduled event:

- 1.1 Notify the following offices of the anticipated event and advise them of the possibility of disruptions at the Central Office:
 - 1.1.1. Office of the Commissioner
 - 1.1.2 Division Directors
 - Facilities
 - Probation
 - 1.1.3 Board of Pardons and Paroles - Executive Officer
 - 1.1.4 Atlanta Police Bureau
 - 1.1.5 Georgia State Patrol
 - 1.1.6 Georgia Building Authority
- 1.2 Ensure that needed Internal Investigations are appropriately scheduled.
- 1.3 Arrange for all-night security for night prior to event, if indicated.
- 1.4 Notify the Communications Center and arrange for communication back-up after normal work hours.
- 1.5 Review "Actions to be Considered", evaluate and prepare for response to those deemed appropriate.

2.0 One day prior to scheduled event:

- 2.1 Provide agencies with up-to-date information and confirm the anticipated responses of each.
- 2.2 Survey Central Office for security deficiencies and take necessary actions to resolve each.
- 2.3 Arrange "break-room" facilities if stand-by personnel are to be utilized.

- 2.4 Assign night-long security to prevent or immediately detect intrusion/sabotage acts or attempts, if indicated.

3.0 Day of Special Event:

- 3.1 Personnel assigned for security purposes report to designated location for briefing by designated Officer in Charge and assignment of Post Orders.

- 3.2 Officer in Charge shall brief support personnel (i.e., receptionists, Commissioner's Secretary, Division Directors) of special arrangements and specific procedures for obtaining security assistance if needed.

3.3 Day After Special Event:

- 3.3.1 Review the overall responses and prepare written critique for future considerations.

- 3.3.2 Write letters of appreciation to all agencies who provided support.

4.0 Additional Measures for Consideration:

- 4.1 Will visitors need screening on all floors at the Central Office? If so, alert receptionist, (via Office of Board/Special Events) and make arrangements for coverage on all floors. Will eighth floor receptionist be sufficient for coverage on that floor? Arrangements must be made with the Georgia Building Authority concerning screening on the Plaza and other levels.
- 4.2 Will additional security personnel be needed to maintain an orderly conduct for business? Georgia Building Authority has authority within the James Floyd Veterans Memorial Building and security arrangements with all other Agencies should be coordinated with the Georgia Building Authority.
- 4.3 Will all-night security be needed the night prior to the Special Event? If so, coordinate through the Georgia Building Authority. Internal Investigations or related staff may be required to perform this function on floors occupied by the Department of Corrections.
- 4.4 Are Division Directors and the Board of Pardons and Paroles sufficiently aware of the potentials and the need for each area to be secure? If not, provide necessary security briefings.

- 4.5 Will there be a potential hostage situation involving staff, Georgia Department of Corrections officials and/or families?
Consider:
- 4.5.1 Security of homes and family;
 - 4.5.2 Security personnel from Georgia State Patrol, Georgia Bureau of Investigation, or Internal Affairs provide immediate escort and protection for certain persons; or
 - 4.5.3 Provide a combination of the above. Georgia State Patrol to provide physical protection for the Commissioner or others as needed.
- 4.6 Will additional communications equipment be needed (i.e., walkie-talkies)? If so, coordinate with the Facilities Division to obtain necessary equipment.
- 4.7 Have Central Office personnel who have police/security training and authority through the Georgia Department of Corrections been identified and briefed in event their assistance is needed?
- 4.8 Has the role of the Board of Pardons and Paroles staff, especially those with police/security training and authority been considered and discussed with the Executive Officer of the Parole Board?
- 4.9 Are Post Orders up-to-date and sufficient for the anticipated needs?
- 4.10 Dependent upon severity of anticipated event, is there a listing of all non-Georgia Department of Corrections employees on floors shared with other agencies?
- 4.11 Consider degree of telephone security needed and whether trunk lines servicing entire building need protection? (See G.B.A.)
- 4.12 Consider access to be granted or denied the cleaning staff the night prior to a special event. (Coordinate with G.B.A.)
- 4.13 Consider traffic blockages, access to building and emergency transportation.
- 4.14 Consider back-up communications: telephone, teletype, radio and courier.

5.0 Notification List:

5.1 Office of the Commissioner

- 5.1.1 Jim Wetherington, Commissioner (or designee)
Office: (404) 656-6002
- 5.1.2 Joe Ferrero, Assistant Commissioner
Office: (404) 656-6002
- 5.1.3 James Doctor, Director - Facilities Division
Office: (404) 656-2809
- 5.1.4 Communication Center - Evenings and Weekends
(404) 651-6511

5.2 State Board of Pardons and Paroles

- 5.2.1 Walter Ray, Chairman
Office: (404) 657-9451
- 5.2.2 Duty Officer - Evenings and Weekends
GDC Communications Center
(404) 651-6511

5.3 Georgia Building Authority

- 5.3.1 Helen Scholes, Executive Director
Office: (404) 656-3250

5.4 Georgia State Patrol

- 5.4.1 Communicati Director
(404) 624-7011

5.5 Georgia Bureau of Investigation

5.5.1 Milton Nix, Director
(404) 244-2501

5.5.2 Chris Ash, Special Agent In Charge
(404) 244-2554

5.6 ATLANTA POLICE BUREAU

5.6.1 Beverly Harvard, Chief of Police
(404) 817-6900

ACTIVITY LOG - DEATH WATCH

I. D.

[illegible]

ANNEX IX

U.D.S. 5-DAY SCHEDULE

NAME: _____ INMATE # _____ EXECUTION

DATE: _____ TIME: _____

| | DATE | ATTORNEY GENERAL CONTACT PERSON, TELE#, TIME STATUS | PAROLE BD. CONTACT PERSON TELE#, TIME, STATUS | WARDEN'S CONTACT PERSON, TELE#, TIME, STATUS | COMMENTS | INITIAL |
|------------------|------|--------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------|----------|---------|
| <u>DAY ONE</u> | | | | | | |
| <u>DAY TWO</u> | | | | | | |
| <u>DAY THREE</u> | | | | | | |
| <u>DAY FOUR</u> | | | | | | |
| <u>DAY FIVE</u> | | | | | | |

ANNEX X

ATLANTA OFFICE ACTIONS TAKEN AFTER NOTIFICATION BY ATTORNEY GENERAL'S OFFICE OF PENDING EXECUTION

| ACTION | RESPONSIBILITY | BY | ACCOMP. | DATE/TIME |
|---------------------------------------------------------------------------------------------------|-----------------------|----|---------|-----------|
| 1. Establish execution date and time | Commissioner | | | |
| 2. Advise Attorney General's Office | Facilities Division | | | |
| 3. Advise Internal Affairs | Facilities Division | | | |
| 4. Notify other involved state agencies and establish meeting time if necessary with Commissioner | Facilities Division | | | |
| 5. Obtain written certified copy of execution order. | Facilities Division | | | |
| 6. Furnish copy of order to Warden | Facilities Division | | | |
| 7. Designate tactical squad(s) | Facilities Division | | | |
| 8. Notify Northern Region Director to arrange on-site security | Facilities Division | | | |
| 9. Maintain five-day checklist with Attorney General, Parole Board, and Warden | Facilities Division | | | |
| 10. Prepare updated list of prior executions for GDC Command Post | Facilities Division | | | |
| 11. Develop list of witnesses | Commissioner's Office | | | |
| 12. Notify witnesses of the date and time | Commissioner's Office | | | |

| ACTION | RESPONSIBILITY | BY | ACCOMP. | DATE/TIME |
|----------------------------------------------------------------------------------------------------------|-----------------------|----|---------|-----------|
| 13. Notify appropriate press to develop witness list | Public Affairs | | | |
| 14. Finalize witness lists | Commissioner's Office | | | |
| 15. Notify all witnesses of date and time (appropriate information) | Commissioner's Office | | | |
| 16. Arrange building security (executive tower) | Internal Affairs | | | |
| 17. Meet with staff and agency representatives at institution | Facilities Division | | | |
| 18. Verify that all communications systems are operational (day prior to execution) | Facilities Division | | | |
| 19. Establish building security (night before execution) | Internal Affairs | | | |
| 20. Establish and make first communication check (morning of execution) from Commissioner's Command Post | Facilities Division | | | |
| 21. Notify all institutions to maintain radio silence one hour before and one hour after execution | Facilities Division | | | |
| 22. Maintain contact with witnesses until execution | Public Affairs | | | |
| 23. Maintain hourly check of communications beginning three (3) hours prior to execution (Command Post) | Facilities Division | | | |

| ACTION | RESPONSIBILITY | BY | ACCOMP. | DATE/TIME |
|------------------------------------------------------------------------|-----------------------|----|---------|-----------|
| 24. Maintain condemned inmate's official file in GDC Command Post | Facilities Division | | | |
| 25. Establish open line to headquarters 30 minutes prior to execution | Facilities Division | | | |
| 26. Meet in Command Post with Attorney General and appropriate persons | All Involved | | | |
| 27. Conduct final check for stay with appropriate persons | Attorney General | | | |
| 28. Give final order for execution | Commissioner | | | |
| 29. Secure tape and files of execution | Commissioner's Office | | | |
| 30. Transcribe tapes from Commissioner's Command Post and GD&CP | Commissioner's Office | | | |
| 31. Write letters to witnesses and other involved agencies | Commissioner's Office | | | |

Tab D

CONFIDENTIAL

**GEORGIA DEPARTMENT OF
CORRECTIONS**

LETHAL INJECTION PROCEDURE

SEPTEMBER 9, 2002

CONFIDENTIAL

PREFACE

GEORGIA LAW PROVIDES THAT WHEN A PERSON IS CONVICTED OF A CAPITAL CRIME AND RECEIVES A DEATH SENTENCE, THAT SENTENCE IS AUTOMATICALLY APPEALED TO THE GEORGIA SUPREME COURT. THIS, ALONG WITH OTHER LEGAL REMEDIES AVAILABLE TO PERSONS UNDER DEATH SENTENCE RESULTS IN INMATES WITH DEATH SENTENCES BEING HELD IN THE CUSTODY OF THE GEORGIA DEPARTMENT OF CORRECTIONS FOR LENGTHY PERIODS OF TIME.

AN EXECUTION MAY ACTUALLY OCCUR WHEN THE PAROLE BOARD HAS CONSIDERED AND DECLINES TO MODIFY THE DEATH SENTENCE, OR WHEN THE APPEAL PROCESS HAS BEEN EXHAUSTED, OR WHEN THE INMATE IS DEMANDING THAT THE SENTENCE BE CARRIED OUT.

GEORGIA DEPARTMENT OF CORRECTIONS

EXECUTION PROCEDURES

AUTHORIZED DISTRIBUTION

Copy #1 Governor
 State of Georgia

Copy #2 Attorney General
 State of Georgia

Copy #3 Commissioner

Copy #4 Facilities Division Director

Copy #5 Director
 Special Operations

Copy #6 Northern Regional Director

Copy #7 Warden
 Georgia Diagnostic and Classification Prison

Copy #8 Warden
 Metro State Prison

Copy #9 General Counsel
 Legal Services

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UNDER DEATH SENTENCE

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I. RECEPTION OF UNDER DEATH SENTENCE (UDS) CASES

1.0 THE SENTENCE

- 1.1 Upon a verdict or judgement of death made by a jury or a judge, it is the responsibility of the Clerk of Court, in which said sentence is pronounced, to forward a certified copy of said sentence to the Warden of the Georgia Diagnostic and Classification Prison not less than ten (10) days prior to the first day of the seven (7) day execution period as fixed by the court (OCGA 17-10-33).
- 1.2 Where the date for execution has passed for any reason, i.e., appeal, habeas corpus, State Board of Pardons and Paroles, etc., the judge of the Superior Court of the county where the case was tried shall have the power and authority to fix a seven (7) day period for the execution of the original sentence. Such order shall fix the seven (7) day period not less than ten (10) nor more than twenty (20) days from the date of such order. Such order shall be sent immediately to the Warden of the Georgia Diagnostic and Classification Prison (OCGA 17-10-40).
- 1.3 In either event, described in Paragraph 1.1 or 1.2, the Commissioner and the Warden of the Georgia Diagnostic and Classification Prison will immediately notify one another and immediately forward to the other a copy of the sentence (Execution Order) or other orders.
- 1.4 In addition, the Commissioner will reproduce said sentence or order and forward a copy to the Governor (Attention: Legal Counsel, Governor's Office); Attorney General's Office, and the Chairman of the State Board of Pardons and Paroles.

2.0 DELIVERY OF THE CONDEMNED PERSON

- 2.1 In all cases in which the defendant is sentenced to be executed, it shall be the duty of the trial judge in passing sentence, to direct that the defendant be delivered to the Commissioner of the Georgia Department of Corrections for execution at such state prison as may be designated by said Commissioner, (OCGA 17-0-38).
- 2.2 It shall be the duty of the sheriff of the county in which such convicted person is so sentenced to convey such convicted person to said state prison not more than twenty (20) nor less than two (2) days prior to the time fixed in the sentence for execution of the condemned person unless otherwise directed by the State Board of Pardons and Paroles, or unless a stay of

execution has been caused by appeal, granting of a new trial, or other order of a court of competent jurisdiction, and the expense for transporting of said person to the state prison for the purpose of execution shall be paid by the Ordinary of the County wherein the conviction was had, or the Board of County Commissioners, the County Commissioner, or other person or persons having charge of the county funds, out of any funds on hand in the treasury of such County, (OCGA 17-10-33).

- 2.3 The Commissioner will issue assignment orders to the Sheriff of the County of conviction and forward copies of the Order and sentencing documents to the state prison. Delivery of the condemned person by the Sheriff will be arranged and coordinated by the Commissioner between the Sheriff of the County concerned and the Warden of the prison.
- 2.4 Persons under death sentence incarcerated at institutions other than the institution designated by the Commissioner as the execution site will be transferred to the execution site approximately two (2) days prior to the scheduled execution date. Details of such transfer will be coordinated by the Commissioner.

3.0 ADMISSION PROCESSING

Upon arrival of the condemned person at the Georgia Diagnostic and Classification Prison or Metro State Prison, he/she will be processed through regular inmate admission procedures, to include security search, medical examination, fingerprint, photograph, personal history information, etc., to include a complete diagnostic evaluation, a copy of which will be provided to the Commissioner of the Department of Corrections, and the State Board of Pardons and Paroles.

4.0 CONFINEMENT

The condemned person will be confined in a cell designated by the Warden. Appropriate safeguards and security measures will be maintained as directed by the Warden. Pending the invoking of the Death Watch, the condemned person will be maintained in accordance with Departmental Rules and Regulations, special regulations for persons under death sentence, and specific court order. Persons delivered to the execution site less than thirty-six (36) hours prior to the time of execution, (refer to Paragraph 2.2), will be processed immediately and assigned to the Death Watch Cell.

II. HOLDING AND PREPARATION FOR EXECUTION

5.0 PREPARATION FOR EXECUTION AND TIME OF EXECUTION

The order of the court will specify a time span for the execution. A specific date and time within the designated time span will be established and announced by the Commissioner to the appropriate personnel on a need to know basis. The date and time for execution should be finalized seven (7) days in advance.

6.0 NOTIFICATION

Upon receipt, the Warden or his designee shall read to the condemned inmate the Order of Execution issued by the court of conviction. The condemned will sign the Order acknowledging notification of the Order and the signature of the condemned will be witnessed by the staff member and same will provide the condemned with a copy of the Order. If the condemned refuses to acknowledge receipt of the Order of Execution, the Warden or designee shall read the Order of the Court and acknowledge receipt for the condemned, in writing, which shall be witnessed by a staff member other than the Warden and attached to the Order.

7.0 DEATH WATCH

The condemned shall be moved to a designated cell, and observation shall begin thirty-six (36) to twelve (12) hours but an optimal eighteen (18) hours prior to the scheduled execution. A minimum of two (2) officers shall be assigned to observe the condemned at all times during Death Watch. If the condemned is a female, security will be maintained by female security personnel. Duties shall be established by the Deputy Warden of Security and the Warden. No other correctional staff, or civilian personnel, except medical personnel, shall be allowed in the Death Watch area without approval of the Warden or designee. No inmates are allowed in the Death Watch area.

7.1 Observation

7.1.1 Security of the Execution Chamber and the Execution Witness Room is the responsibility of the Warden of the institution, or designee. Security briefings shall be held as appropriate.

7.1.2 The officer in charge on each shift shall supervise the use of all items retained by the condemned and shall maintain a log of all activities of the condemned to include, but not limited to, the times of feeding, showering and all other occurrences.

7.1.3 All meals for the condemned during the Death Watch shall be prepared/procured and delivered by the Food Service Director, or designee. The activity log sheet shall reflect all names of persons delivering meals, menu items served the condemned and whether they were consumed or returned, to include date and time.

7.1.4 A communication check, by telephone/radio, shall be made every thirty (30) minutes, on a continuous basis, during this period by the Death Watch Officer to the institution's control center. This communication check shall be logged.

7.1.5 Medical

7.1.5.1 Sick call will be in accordance with institution Rules and Regulations prior to the Death Watch period. During the Death Watch, sick call will be in the Death Watch area.

7.1.5.2 Request for medical attention by the condemned, in addition to sick call, will be provided in the Death Watch area unless determined inappropriate by the Medical Authority. A medical determination to examine or treat the condemned in other than the Death Watch area should be coordinated with the Warden as soon as possible.

8.0 PERSONAL PROPERTY OF THE CONDEMNED

8.1 The condemned shall personally take inventory, pack and seal his personal property at the beginning of the Death Watch.

8.2 The inventory process and sealing of personal property shall be performed under the supervision of an institutional officer and another staff person designated by the Warden.

8.3 The condemned shall sign a completed inventory sheet which shall be witnessed by the officer and the other staff member.

8.4 The condemned shall indicate, in writing, on the completed inventory sheet the recipient of all personal property.

9.0 STATE ISSUE ITEMS

9.1 The condemned shall be furnished with the following state-issued items while under Death Watch:

- 1 Mattress
- 1 Pillow
- 1 Pillowcase
- 2 Blankets (as necessary)
- 2 Sheets
- 2 Towels
- 1 Comb (provided as needed)
- 1 Bar of Soap
- 1 Shirt or Jacket
- 1 Pair of Pants
- 1 Pair of Boxer Shorts
- 1 Pair of Socks
- 1 Pair of Shoes or Shower Shoes
- 1 Religious Material
- 1 Toothbrush and Tube of Toothpaste (provided as needed)
- 1 Use of Electric Razor (Cordless)

9.2 The condemned may be provided the following upon request:

- 1 Television Set to be Located Outside the Cell
- 1 Radio to be Located Outside the Cell
- Playing Cards
- Stationery
- Newspapers and Magazines (as approved by the Warden)
- Items available in the Inmate Store at condemned's expense, excluding those items in metal, glass containers, or hard plastic.
- Personal Items Approved by the Warden or Designee (limited to essential needs)

9.3 Any variation from the above list shall be approved by the Warden or designee, in writing, and attached to the activity log.

9.4 The condemned will not be provided with the following:

- Razors or Blades (other than cordless electric)
- Belts
- T-Shirts

9.5 Property issued to the condemned by the State shall be destroyed following the execution.

10.0 FUNERAL ARRANGEMENTS

At the beginning of the Death Watch, if not previously done, the condemned shall specify, in writing, his or her request for funeral arrangements. This information shall be conveyed if necessary to the inmate's family, or others as appropriate, by the Warden of the institution, or designee at least twelve (12) hours prior to the scheduled execution, (refer to Paragraph 16.3.28).

11.0 DESIGNATION OF STAFF

11.1 The following shall be present at each execution and shall be notified by the Warden and acknowledged a minimum of twelve (12) hours in advance of the time and date of the execution. Notification shall include date and time of execution, and place to report for assignment. The Warden has the authority to waive the twelve (12) hour requirement on an emergency basis.

- 11.1.1 Warden of the correctional facility or Deputy Warden thereof, who shall ensure that the court ordered execution is carried out.
- 11.1.2 Two (2) assistants, or more as directed by the Warden.
- 11.1.3 Two (2) staff physicians - (as designated by the Warden) to determine when death supervenes.
- 11.1.4 One (1) contract physician - (as designated by Health Services) to provide medical assistance during the execution process.
- 11.1.5 Intravenous (IV) Team, to consist of two (2) or more trained personnel to provide intravenous access.
- 11.1.6 Six (6) Correctional Officers to serve as a special escort team who will apply restraints to the condemned during the execution process.
- 11.1.7 Three (3) trained volunteers, (staff members), to inject solutions into the intravenous port(s) during the execution process.
- 11.1.8 One (1) Chaplain to administer to the spiritual needs of the condemned and to provide a prayer on the condemned's behalf upon request.
- 11.1.9 Security personnel as appropriate.

11.2 Restrictions:

No photographic, recording or computerized equipment will be permitted in the execution chamber or witness room except as specifically authorized by the Warden. All pencils, note pads, etc. will be issued and controlled by designated GDC staff.

12.0 WITNESSES THAT MAY BE PRESENT

Witnesses to the execution beyond those specifically prescribed by law or elsewhere in this procedure must be approved by the Commissioner prior to the day of the scheduled execution.

12.1 Space limitations may limit the number of witnesses to be present in the execution witness room. Witnesses will be selected as outlined below:

12.1.1 Five (5) witnesses selected by the condemned. These witnesses may not consist of inmate or victim family members unless approved by the Commissioner of the Georgia Department of Corrections.

12.1.2 Five (5) witnesses representing the news media organizations may be present during the executions. Media representatives shall be determined as follows:

12.1.2.1 The Georgia Bureau Chief of the Associated Press Wire Services may designate one news reporter to be its media representative.

12.1.2.2 The Georgia Press Association, through its Executive Director, may designate two pool newspaper reporters to be its media representatives, including one pool reporter from a newspaper published within the county in which the condemned was convicted.

12.1.2.3 The Georgia Association of Broadcasters, through its President, may designate two pool news reporters to be its representatives for the electronic media, including one television or radio reporter from the county in which the condemned was convicted.

- 12.1.2.4 The names of the news reporters representing the above mentioned classes or news media and designated alternates, shall be communicated telephonically to the Commissioner of the Department of Corrections at least twenty-four (24) hours prior to an execution.
 - 12.1.2.5 All approved media witnesses will be certified in writing by the Commissioner to the Warden of the Georgia Diagnostic and Classification Prison.
 - 12.1.2.6 In the event that more than one execution is carried out in a single day, the same media representatives shall be the witnesses for those executions. The newspaper and broadcast representatives from the county of conviction will change if the offenders to be executed are from different counties.
 - 12.1.2.7 Upon entering the Georgia Diagnostic and Classification Prison, each media representative must present sufficient evidence to establish his/her identity to the Warden or designee that he/she is entitled access to the press conference interview. This shall include a current photo I.D. Pencils, pens, notebooks, etc., will not be allowed; these items will be provided by Department of Corrections staff. Facility policy prohibits witnesses wearing or bringing jewelry or other personal items into the facility.
- 12.1.3 Not less than five (5) witnesses approved in writing by the Commissioner of the Department of Corrections.
- 12.1.3.1 The Commissioner of the Department of Corrections may approve five (5) or more witnesses to be present in the execution witness room. These witnesses may include officials with the Executive, Judicial or Legislative Branch of Government, or private citizens. The Commissioner's Office shall maintain a tentative list of witnesses and keep the list updated.

12.1.3.2 The Commissioner may approve one execution witness representing the victim(s). Requests of this nature will be received by the Commissioner no later than twelve (12) business hours prior to the day of the scheduled execution.

12.1.3.3 All approved witnesses will be certified in writing by the Commissioner to the Warden of the Georgia Diagnostic and Classification Prison prior to the time of the scheduled execution, if possible. Prior to the time of the execution, the Warden shall confirm participation.

12.2 Restrictions

12.2.1 No witnesses other than those authorized in paragraph 11.1, 12.0, and 12.1 will be permitted.

12.2.2 Witnesses will not be permitted to have photographic, recording or computerized equipment of any type in the execution witness room (refer to Paragraph 11.2).

12.3 Witnesses: Request of the Condemned

If the condemned person so desires, the following may be present at such execution: his/her counsel, relatives, clergymen and friends, (OCGA 17-10-41), pursuant to approval as outlined in 12.1.1. The condemned periodically updates/confirms the names of those he/she desires to be present at the execution with the Warden or Commissioner's approval. These names shall be recorded in writing, witnessed and maintained by the Warden or designee.

12.3.1 Not later than twelve (12) hours prior to time of execution those witnesses requested by the condemned shall be contacted by the Warden or designee in the most expeditious and appropriate method of communication to confirm the request and advise them of the time and date of the execution, assembly, orientation and escort procedures to the execution witness room.

12.4 Witnesses - Other

- 12.4.1 Those witnesses to the execution required by law shall be under the supervision of the Warden of the institution or designee and shall appear at the institution at a time and place as directed by the Warden.
- 12.4.2 Those witnesses requested by the condemned shall appear at the institution no later than two (2) hours prior to the execution for orientation and escort to the execution witness room (refer to Paragraph 12.2).
- 12.4.3 Those witnesses to the execution who are approved by the Commissioner of the Georgia Department of Corrections shall appear at the institution no later than two (2) hours prior to the execution for orientation and escort to the execution witness room (refer to Paragraph 16.3.8).

13.0 MEDIA INFORMATION AND PUBLIC INFORMATION OFFICE

- 13.1 News media representatives shall not be allowed to visit any inmate at the institution during the Death Watch.
- 13.2 Briefings for news media representatives shall be conducted as appropriate during the Death Watch and immediately after the execution by the Director of Public Information at a time and place designated by the Warden of the institution.
- 13.3 Broadcast reporters will be allowed to broadcast live from a pre-designated area on the grounds of the institution during the hours designated by the Warden on the day of the execution. A delay in the execution may require that these hours be adjusted accordingly.

14.0 VISITATION BY FAMILY

The condemned shall be allowed contact visits the day prior to and the day of the execution with family, friends, private clergy and his legal representatives as approved by the Warden.

- 14.0.1 The condemned's visitors will park in the designated parking lot. In the event that visitors are transported by persons not desiring to visit, such persons may wait in the institutional parking lot.

- 14.0.2 A staff person (chaplain) will be assigned to the condemned's family. During the Death Watch, the chaplain should be available to the family.
- 14.0.3 If possible, all visitors should be processed into the institution at one time and placed in the room provided. A maximum of five (5) visitors at a time shall be allowed in the institution at one time.
- 14.0.4 One Executive Staff member shall be assigned the responsibility of visitation. He/she is to ensure that staff respond in an appropriate manner.
- 14.0.5 The condemned may eat an institutional meal while in the visiting room with his visitors. Visitors may purchase an institutional meal which may be consumed in the visitation area in the presence of the condemned.
- 14.0.6 All family visitors to the condemned will abide by the institutional dress code and will depart from the institution immediately after visitation unless delayed by inclement weather. Visitors to the condemned shall not bring in any food or other items.
- 14.0.7 Any visitor not currently approved must meet all other visitation requirements.

14.1 VISITATION BY OTHERS

- 14.1.1 A Chaplain, designated by the Warden, as well as an administrative staff member approved by the Warden shall be assigned the responsibility of visiting the condemned on a daily basis.
- 14.1.2 Attorney(s) shall be allowed to visit the condemned upon approval of the Warden or designee.

14.2 VICTIM'S FAMILY/RELATIVES

A staff member will be designated to care for any of the victim's family who remain within the institution during the execution. A room shall be designated for this purpose.

15.0 TELEPHONE

Telephone access shall be provided to the condemned, with the following limitations:

- 15.1 Telephone calls shall be in accordance to institutional rules and regulations prior to Death Watch.
- 15.2 At least one (1) fifteen (15) minute call per day during Death Watch, unless otherwise approved by the Warden; a phone will be provided to the condemned, unless otherwise restricted by the Warden.
- 15.3 All telephone calls shall be made collect, unless the Warden makes exceptions.
- 15.4 All telephone calls are to be made between the hours of 8:00 a.m. and 6:00 p.m. unless otherwise approved by the Warden.
- 15.5 Incoming calls for the condemned will be referred to the Warden or designee for screening and approval. Such calls will be denied unless the purpose involves family and/or legal matters requiring the condemned's involvement

III. DAY OF EXECUTION

16.0 DAY OF EXECUTION

16.1 Within Three (3) Hours of Execution

- 16.1.1 A communications check will be performed.
 - 16.1.1.1 Telephone - Telephone circuits and private lines between the Commissioner's Office (CP1), Warden's Office (CP2), and Execution Chamber (CP3) will be checked.
 - 16.1.1.2 Fax Machine - A test message to Central Office requesting acknowledgment will be sent.
 - 16.1.1.3 Radio - A radio check between the Execution Chamber and Warden's Office and between Central Office and Warden's Office will be initiated.

- 16.1.1.4 Execution Chamber and Execution Witness Room will be inspected as directed by Warden.

16.2 Within Two (2) Hours of Execution

- 16.2.1 The IV Team will perform a check of all necessary equipment and instruments.
- 16.2.2 Communications Check - The same procedure will be followed as at three (3) hours prior to the execution as specified in Paragraph 16.1.1.
- 16.2.3 Execution Chamber and Execution Witness Room - These areas will be inspected as directed by Warden.
- 16.2.4 The condemned will be prepared in accordance with prior responsibilities previously designated by Warden:
 - 16.2.4.1 The condemned may visit with clergyman.
 - 16.2.4.2 An opportunity for the condemned to make last statement will be provided. (Statement shall be recorded by the Recorder designated by the Warden.)
 - 16.2.4.3 A shower and clean clothing will be provided to the condemned.
- 16.2.5 A designated staff member shall confirm the presence of witnesses required by law to attend the execution. Any final instructions shall be issued by the Warden.
- 16.2.6 A designated staff member shall confirm the presence of the witnesses designated and approved by the Commissioner. Instructions will be issued to the witnesses to assure an understanding of their conduct in the Execution Witness Room and while being escorted to and from the Execution Witness Room. All witnesses are to have previously acknowledged, in writing, their understanding and agreement to abide by the rules, regulations and procedures of the Agency.

16.3 Within One Hour of Execution

Within one hour of the time of execution, designated members (2) of the special escort team will commence the following:

- 16.3.1 The IV Team will perform a check of all necessary equipment and instruments. A self-test or diagnostic check will be conducted on the heart monitor.
- 16.3.2 The designated staff members will prepare the lethal injection solution and deliver it to the execution chamber.
- 16.3.3 The condemned is offered a mild sedative.
- 16.3.4 Special Escort Team members will ensure all straps are in place and functional on the execution gurney.
- 16.3.5 Communications Check: The same procedures will be performed as at three (3) hours prior to the execution as specified in Paragraph 16.1.1. The telephone lines between the Commissioner's Office (CP1), the Warden's Office (CP2) and the Execution Chamber (CP3) are to remain open thirty (30) minutes prior to execution time.
- 16.3.6 Execution Chamber and Execution Witness Room will be inspected as directed by Warden.
- 16.3.7 Assistants and those required by law to attend executions are to be issued additional instructions and escorted to the Execution Chamber and Execution Witness Room as appropriate. The condemned's witnesses, media representatives and the State's witnesses shall be processed, instructed and transported separately as referenced in this section.
- 16.3.8 The presence of witnesses requested by the condemned, those approved by the Commissioner, and approved media representatives will be confirmed. Instructions to the witnesses and media representatives will be issued, in writing, to assure that an understanding of their conduct and behavior, during escort to and from the Execution Witness Room. All witnesses are to acknowledge, in writing, their understanding and agreement to abide by the rules, regulations and procedures of the Agency. The witnesses will be searched and issued additional instructions as needed.

- 16.3.9 The condemned is escorted to the lethal injection gurney by member(s) of the Special Escort Team, twenty (20) minutes prior to the time of the execution.
- 16.3.10 Members of the Special Escort Team are stationed at the gurney and will place the body strap in place immediately.
- 16.3.11 The Special Escort Team will attach restraints to arms, legs and body of the condemned.
- 16.3.12 The IV team will provide intravenous access into the condemned. The heart monitor leads will be applied to the condemned. If the veins are such that intravenous access cannot be provided, a contract physician will perform a central line procedure to provide an intravenous access.
- 16.3.13 The witnesses will be escorted to the Execution Witness Room. At least one of the correctional officers present shall be a female.
- 16.3.14 The Warden will introduce himself to witnesses and issue final instructions regarding the execution.
- 16.3.15 The Warden or designee will ask the condemned if he has anything to add to the final statement. Such statements will be limited to two (2) minutes. (Statement shall be recorded by the Warden or designee.) A prayer is offered if condemned requests, which is limited to two (2) minutes.
- 16.3.16 The condemned is read essential Order of the Court.
- 16.3.17 All unnecessary staff shall clear the execution chamber.
- 16.3.18 Execution officials take their place behind the partition.
- 16.3.19 The Attorney General or designee will advise the Commissioner and/or the Warden as to whether or not to proceed.
- 16.3.20 The execution begins.
- 16.3.20.1 Three (3) designated staff members inject lethal solution into intravenous tubing.
- 16.3.20.2 The contract physician will advise the Warden when the monitor shows a "flat line" display. The condemned will be checked by two (2) physicians to determine if death has occurred.

- 16.3.21 If condemned shows residual life signs, repeat 16.3.20.1 and 16.3.20.2.
- 16.3.22 The fact of death is then announced to the witnesses by the Warden or designee. The curtains to the Execution Chamber are then closed.
- 16.3.23 The witnesses and media representatives are escorted from the Execution Witness Room. Media representatives will be immediately escorted from the prison to the press area.
- 16.3.24 The IV lines are detached, the straps are removed, the body is removed from the gurney. The body is placed in a body bag and placed on a stretcher provided by the State Crime Lab. The body is taken by van to the State Crime Lab for a postmortem examination.
- 16.3.25 Press release: The Public Affairs Officer for the Department of Corrections will advise news media that Order of the Court has been carried out.
- 16.3.26 The Warden or designee and attending physicians prepare certificate of execution and certify the fact of execution. The certificate is to be forwarded to the Clerk of Superior Court of the county in which sentence was pronounced. A copy is forwarded to the Commissioner.
- 16.3.27 The last statement of the condemned is forwarded to the Central Office, as appropriate.
- 16.3.28 Interment: The body may be released to the relatives at their expense or should the nearest relative of the condemned so desire, the body will be carried to the former home of the person so executed, if in the State of Georgia. The expense of such transportation to the former home shall be paid by the Ordinary, County Commissioners, or person(s) having the charge of county funds in which the person was convicted. (OCGA 17-10-43).
- 16.3.28.1 If the relatives do not claim the body of the executed person, interment will be in accordance with GDC Rule 125-2-4.20.

16.3.28.2 Staff participants will be seen by the Critical Incident Debriefing Team within seventy-two (72) hours of each execution or as soon as possible.

ANNEX I

TASK DESCRIPTIONS OF STAFF

PHYSICIAN 1

- Examines condemned to determine that the Order of the Court has been carried out.

PHYSICIAN 2

- Administers treatment to participants if the need arises.
- Confirms findings of Physician 1.
- Accompanies Physician 1 to the record office for completion of death certificate.

PHYSICIAN'S ASSISTANT

- Administers treatment to witnesses and staff if the need arises.

MINISTER/CHAPLAIN/MEMBER OF CLERGY

- Maintains frequent contact with condemned during Death Watch period and up until condemned is removed from cell to Execution Chamber.
- Assist family, friends and others as indicated.
- Provides prayer in Execution Chamber if desired by condemned.

RECORDER (Appointed by Warden)

- Performs check of all recording equipment before the arrival of the condemned in execution chamber.
- Asks the condemned if he/she wishes to make a last statement. If so, records same and transmits to the Warden's Office as soon as completed.
- Records two (2) minute addition made by the condemned to his/her last statement just before the execution, if applicable.

DEATH WATCH OFFICERS

Assume duties at Death Watch prior to execution time. Maintain strict observation of the condemned for self-inflicted injury. Report any unusual observations to the Supervisor in accordance with POST orders.

RECORDS OFFICER

Prepare death certificate with all pertinent data. Notify clerk of court.

FOOD SERVICE DIRECTOR OR DESIGNEE

Prepares/procures and delivers all-meals to the condemned during Death Watch.

CHIEF OF SECURITY (CORRECTIONAL MAJOR)

- Schedules Death Watch personnel.
- Coordinates with Food Service Director, or designee, for the condemned's choice of last meal.
- Assigns specific staff to specific functions to prepare condemned for execution, such as: shower, clothing, etc.
- Assures that adequate personnel is available to escort condemned to the execution chamber.
- Provides for escort of witnesses to execution witness room.
- Serves as back-up to staff member designated to obtain, mix and deliver the lethal injection drugs to the execution chamber.

DEPUTY WARDEN OF SECURITY

Through his commissioned officers:

- Assures that remaining part of institution is secure from possible adverse action.
- Assures that only authorized persons enter guard line area.
- Prepares for crowd control.
- Assures that communication system is established and maintained.
- Obtains, mixes and delivers the lethal injection drugs to the execution chamber.
- Ensures that the execution is carried out in accordance with the laws of the State of Georgia.

DEPUTY WARDEN OF CARE AND TREATMENT

- Assures that physicians, chaplains and records officer personnel are briefed on their duties.
- Supervises Command Post #2.
- Ensures that the victim's family, if present, are properly supervised.

WARDEN

- Briefs all personnel assigned tasks during the execution.
- Telephones Commissioner regarding any change in status.
- Ensures that the execution is carried out in accordance with the laws of the State of Georgia.

ANNEX II

IV TEAM - DETAILED INSTRUCTIONS

SET UP PROCEDURE:

1. The Warden or designee will have two (2) intravenous infusion devices placed in veins of the condemned and a saline solution available for an infusion medium. Those persons engaged in this activity will be referred to as the IV Team.
2. An IV administration set shall be inserted into the outlet of the bag of Normal Saline IV solution. Two (2) IV bags will be set up in this manner.
3. The IV tubing shall be cleared of air and made ready for use.
4. The standard procedure for inserting IV Access will be used.
5. The IV tubing for both set-ups will be connected to the receiving port of the IV access. One for the primary vein, the other for the secondary vein.
6. At this point, the administration sets shall be running at a slow rate of flow (KVO), and ready for the insertion of syringes containing the lethal agents. The Warden or his designee, shall maintain observation of both set-ups to ensure that the rate of flow is uninterrupted. **NO FURTHER ACTION** shall be taken until the prearranged signal to start the injection of lethal agents is given by the Warden or designee.

ANNEX III

INJECTION TEAM - DETAILED INSTRUCTIONS

INJECTION PROCEDURE:

1. When the signal to commence is given by the Warden:
 - 1.1 Syringe #1 through #6 shall be inserted into the designated receiving port in numerical order.
 - 1.2 The contents shall be injected with a steady, even flow of the chemical.
2. The contents of the syringes are as follows:
 - 2.1 Syringe #1 and #1A – Sodium Pentothal
 - 2.2 Syringe #2 – Saline
 - 2.3 Syringe #3 – Pavulon
 - 2.4 Syringe #4 – Saline
 - 2.5 Syringe #5 – Potassium Chloride
 - 2.6 Syringe #6 – Saline

This procedure shall continue until all syringes have been used.

ANNEX IV

CROWD CONTROL ON EXECUTION DAY

1. All visitors to the Georgia Diagnostic and Classification Prison on Execution Day shall be requested to state the purpose of their visit upon entering the reservation and to furnish appropriate identification prior to being allowed to enter.
2. Visitors to the Institutional Reservation shall be directed to one of the following areas and given the appropriate colored arm bands:
 - 2.1 Those Opposing The Death Penalty (Green Arm Band)
 - 2.2 Those Supporting Death Penalty (Blue Arm Band)
3. Media representatives shall be directed to a specified area and given a yellow arm band.
4. Regular inmate visitation will be canceled.
5. Departmental visitors shall be limited to staff that have an official execution function that specifically requires them to be present at the institution.

ANNEX V

ACTIVITY LOG - DEATH WATCH

INMATE NAME: _____ I.D. NUMBER: _____

NOTE: ALL ENTRIES MUST INCLUDE THE DATE, TIME AND THE OFFICER'S SIGNATURE. ALL ENTRIES MUST BE LEGIBLE.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

ANNEX VI

CONTROLLED CHEMICAL HANDLING PROCEDURES FOR EXECUTION BY LETHAL INJECTION

The following procedures will be utilized to obtain controlled chemicals, transport the chemicals to the Execution Chamber at the Georgia Diagnostic and Classification Prison (GDCP), dispose of and/or return unused chemicals to the GDCP Pharmacy.

1. The certificate issued by the Drug Enforcement Agency (DEA), United States Department of Justice will be posted in the medical room of the GDCP Execution Chamber. A copy of the certificate will be kept on file at the GDCP Pharmacy.
2. All controlled materials, blank "Controlled Chemical Disposition Record" forms and a lockable transport case will be kept in the GDCP Pharmacy.
3. The designated key ring, located in the Tunnel Entrance Restricted Key Box, will be utilized to gain access to the chemical storage containers, transport case and the temporary chemical storage containers located in the Execution Chamber. Access to this key ring and the receipt and/or transportation of chemicals is restricted to: Deputy Warden for Security, Correctional Major, and designated Pharmacist. In an emergency, the Warden of GDCP may designate another official this duty.
4. On the day of a scheduled execution, one of the authorized staff members will draw the proper keys, proceed to the pharmacy and procure the appropriate amount of chemicals.
5. The appropriate amount of chemicals to be issued is as follows: Sodium Pentothal – 6 packages each containing 1g of chemical. Pavulon (Pancuronium Bromide) – 15 vials each containing 10mg. Potassium Chloride – 9 vials each containing 40 meq.
Note: The Pavulon is normally refrigerated. It may be left un-refrigerated for no more than 24 hours.
6. During the procedures outlined in step #4, the "Controlled Chemical Disposition Record" will be initiated at this time. The Pharmacy will keep a temporary copy upon issuance. The original will be kept with the chemicals in the transport case. The appropriate sections will be completed as needed.
7. Chemicals will be delivered to the Execution Chamber and locked in the chemical storage container. Pavulon will be stored in the locked refrigerator.
8. Within one hour of the scheduled execution, the chemicals will be drawn into the 60cc syringes to be used by the injection team.

9. Chemicals will be drawn up as follows:

Sodium Pentothal – 1g each - Syringe #1 and #1a.
Pavulon – 50mg – Syringe #3
Potassium Chloride – 120meq – Syringe #5
Saline Solution – 60cc each - Syringe #'s 2, 4 and 6.

10. A secondary set of syringes will be prepared as outlined above.
11. The remaining chemicals, along with seven 60cc syringes will be locked in the transport case and placed in the mechanical room in the event they are needed.
12. At the conclusion of the execution, the amount of each chemical injected into the condemned inmate is to be recorded on the Controlled Chemical Disposition Record form, along with the date, time, inmate name and number.
13. Any chemical loaded into a syringe that is not used will destroyed by flushing chemicals down the sink located in the medical room of the execution chamber. This must be witnessed and the section completed and signed on the Controlled Chemical Disposition form.
14. Any unused chemicals will be returned to the pharmacy via the transport case and the remainder of the Controlled Chemical Disposition Record form will be completed.
15. The original Controlled Chemical Disposition Record form will be retained by the Pharmacy. A copy will be sent to the Warden's office for inclusion into the Execution file. The temporary copy generated in step #6 will be destroyed at this time.
16. An inventory will be kept by the Pharmacy of each chemical used. The Controlled Chemical Disposition form and the inventory logs will be kept in a red binder attached to the chemical storage container.

Attachments: Controlled Chemical Disposition Form
 Inventory Log for Sodium Pentothal
 Inventory Log for Pavulon
 Inventory Log for Potassium Chloride

**CONTROLLED CHEMICAL DISPOSITION RECORD
(LETHAL INJECTION)**

ANNEX VI – ATTACHMENT 1

GEORGIA DEPARTMENT OF CORRECTIONS – GDCP

CHEMICALS DISPENSED BY GDCP PHARMACY

| Name of Chemical – Amount | Date Issued | Lot # | Expiration | # of Vials |
|----------------------------|-------------|-------|------------|------------|
| PENTOTHAL 6 GRAMS | | | | |
| PAVULON 150 MGM | | | | |
| POTASSIUM CHLORIDE 360 MEQ | | | | |
| | | | | |

| | | |
|----------------------------------|------------------------------------|---------------|
| ISSUED BY: (SIGN AND PRINT NAME) | RECEIVED BY: (SIGN AND PRINT NAME) | DEPT/LOCATION |
| | | |

CHEMICALS ADMINISTERED BY INJECTION TEAM

| DATE | TIME | INMATE NAME/NUMBER | CHEMICALS | QTY |
|------|------|--------------------|--------------------|-----|
| | | | PENTOTHAL | |
| | | | PAVULON | |
| | | | POTASSIUM CHLORIDE | |
| | | | | |

CHEMICALS DESTROYED

| CHEMICALS DESTROYED | QTY | # OF SYRINGES | DATE DESTROYED | DEPT/LOCATION |
|---------------------|-----|---------------|----------------|---------------|
| PENTOTHAL | | | | |
| PAVULON | | | | |
| POTASSIUM CHLORIDE | | | | |
| | | | | |

| | | |
|-------------------------------------|-------------------------------------|---------------|
| DESTROYED BY: (SIGN AND PRINT NAME) | WITNESSED BY: (SIGN AND PRINT NAME) | DEPT/LOCATION |
| | | |

CHEMICALS RETURNED TO GDCP PHARMACY

| DATE RETURNED | CHEMICAL RETURNED | QTY RETURNED | # OF VIALS |
|---------------|--------------------|--------------|------------|
| | PENTOTHAL | | |
| | PAVULON | | |
| | POTASSIUM CHLORIDE | | |
| | | | |

| | | |
|------------------------------------|------------------------------------|---------------|
| RETURNED BY: (SIGN AND PRINT NAME) | RECEIVED BY: (SIGN AND PRINT NAME) | DEPT/LOCATION |
| | | |

CONTROLLED CHEMICAL INVENTORY LOG

ANNEX VI – ATTACHMENT 2
CHEMICAL – SODIUM PENTOTHAL

GEORGIA DEPARTMENT OF CORRECTIONS – GDCP

[illegible]

CONTROLLED CHEMICAL INVENTORY LOG

ANNEX VI – ATTACHEMENT 3
CHEMICAL – PAVULON

GEORGIA DEPARTMENT OF CORRECTIONS – GDCP

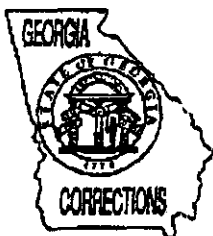
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CONTROLLED CHEMICAL INVENTORY LOG

ANNEX VI – ATTACHEMENT 4
CHEMICAL – POTASSIUM CHLORIDE

GEORGIA DEPARTMENT OF CORRECTIONS - GDCP

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**Georgia Diagnostic and Classification Prison
P.O. Box 3877
Jackson, Georgia 30233**

CONTROLLED CHEMICAL HANDLING PROCEDURES FOR EXECUTION BY LETHAL INJECTION

The following procedures will be utilized to obtain controlled chemicals, transport the chemicals to the Execution Chamber at the Georgia Diagnostic and Classification Prison (GDCP), dispose of and/or return unused chemicals to the GDCP Pharmacy.

1. The certificate issued by the Drug Enforcement Agency (DEA), United States Department of Justice will be posted in the medical room of the GDCP Execution Chamber. A copy of the certificate will be kept on file at the GDCP Pharmacy.
2. All controlled materials, blank "Controlled Chemical Disposition Record" forms and a lockable transport case will be kept in the GDCP Pharmacy.
3. The designated key ring, located in the Tunnel Entrance Restricted Key Box, will be utilized to gain access to the chemical storage containers, transport case and the temporary chemical storage containers located in the Execution Chamber. Access to this key ring and the receipt and/or transportation of chemicals is restricted to: Deputy Warden for Security, Correctional Major, and designated Pharmacist. In an emergency, the Warden of GDCP may designate another official this duty.
4. On the day of a scheduled execution, one of the authorized staff members will draw proper keys, proceed to the pharmacy and procure the appropriate amount of chemicals.
5. The appropriate amount of chemicals to be issued is as follows: Sodium Pentothal - 6 packages each containing 1 gm of chemical and 50cc's of sterile

water. Pavulon (Pancuronium Bromide) – 15 vials each containing 10mgm.

Potassium Chloride – 9 vials each containing 40 meq.

Note: The Pavulon is normally refrigerated. It may be left un-refrigerated for no more than 24 hours.

6. While not a part of the execution process, a sedative (type to be determined by the facility physician) may be placed in the transport case. A prescription **MUST** be written for this sedative. A separate receipt is required and will not be listed with the chemicals for lethal injection.
7. During the procedures outlined in step #4, the "Controlled Chemical Disposition Record" will be initiated at this time. The Pharmacy will keep a temporary copy upon issuance. The original will be kept with the chemicals in the transport case. The appropriate sections will be completed as needed.
8. Chemicals will be delivered to the Execution Chamber and locked in the chemical storage container. Pavulon will be stored in the locked refrigerator.
9. One hour prior to the scheduled execution, the chemicals will be drawn into the 60cc syringes to be used by the injection team.
10. Chemicals will be drawn up as follows:
 - Sodium Pentothal – 50cc's (2gms) - Syringe #1 and #1a.
 - Pavulon – 50cc's (50 mgm) – Syringe #3
 - Potassium Chloride – 60cc's – (120 meq) – Syringe #5
 - Saline Solution – 60cc's – Syringe #'s 2, 4 and 6.
11. A secondary set of syringes will be prepared as outlined above.
12. The remaining chemicals, along with seven 60cc syringes will be locked in the transport case and placed in the mechanical room in the event they are needed.

13. At the conclusion of the execution, the amount of each chemical injected into the condemned inmate is to be recorded on the Controlled Chemical Disposition Record form, along with the date, time, inmate name and number.
14. Any chemical loaded into a syringe that is not used will be destroyed by flushing chemicals down the sink located in the medical room of the execution chamber. This must be witnessed and the section completed and signed on the Controlled Chemical Disposition form.
15. Any unused chemicals will be returned to the pharmacy via the transport case and the remainder of the Controlled Chemical Disposition Record form will be completed.
16. The original Controlled Chemical Disposition Record form will be retained by the Pharmacy. A copy will be sent to the Warden's office for inclusion into the Execution file. The temporary copy generated in step #7 will be destroyed at this time.
17. A perpetual inventory will be kept by the Pharmacy of each chemical used. The Controlled Chemical Disposition form and the inventory logs will be kept in a red binder attached to the chemical storage container.

Attachments: Controlled Chemical Disposition form
 Perpetual Inventory log for Sodium Pentothal
 Perpetual Inventory log for Pavulon
 Perpetual Inventory log for Potassium Chloride

**CONTROLLED CHEMICAL DISPOSITION RECORD (LETHAL INJECTION)
GEORGIA DEPARTMENT OF CORRECTIONS - GDCP**

CHEMICALS DISPENSED BY GDCP PHARMACY

| Name of Chemical - Amount | Date Issued | Lot # | Expiration | # of Vials |
|----------------------------|-------------|-------|------------|------------|
| PENTOTHAL 6 GRAMS | | | | |
| PAVULON 150 MGM | | | | |
| POTASSIUM CHLORIDE 360 MEQ | | | | |

| | | |
|----------------------------------|------------------------------------|---------------|
| ISSUED BY: (SIGN AND PRINT NAME) | RECEIVED BY: (SIGN AND PRINT NAME) | DEPT/LOCATION |
|----------------------------------|------------------------------------|---------------|

CHEMICALS ADMINISTERED BY INJECTION TEAM

| DATE | TIME | INMATE NAME/NUMBER | CHEMICALS | QTY |
|------|------|--------------------|--------------------|-----|
| | | | PENTOTHAL | |
| | | | PAVULON | |
| | | | POTASSIUM CHLORIDE | |

CHEMICALS DESTROYED

| CHEMICALS DESTROYED | QTY | # OF SYRINGES | DATE DESTROYED | DEPT/LOCATION |
|---------------------|-----|---------------|----------------|---------------|
| PENTOTHAL | | | | |
| PAVULON | | | | |
| POTASSIUM CHLORIDE | | | | |

| | | |
|-------------------------------------|-------------------------------------|---------------|
| DESTROYED BY: (SIGN AND PRINT NAME) | WITNESSED BY: (SIGN AND PRINT NAME) | DEPT/LOCATION |
|-------------------------------------|-------------------------------------|---------------|

CHEMICALS RETURNED TO GDCP PHARMACY

| DATE RETURNED | CHEMICAL RETURNED | QTY RETURNED | # OF VIALS |
|---------------|--------------------|--------------|------------|
| | PENTOTHAL | | |
| | PAVULON | | |
| | POTASSIUM CHLORIDE | | |

| | | |
|------------------------------------|------------------------------------|---------------|
| RETURNED BY: (SIGN AND PRINT NAME) | RECEIVED BY: (SIGN AND PRINT NAME) | DEPT/LOCATION |
|------------------------------------|------------------------------------|---------------|

GEORGIA DEPARTMENT OF CORRECTIONS – GDCP

CHEMICAL - SODIUM PENTOTHAL

[illegible]

CONTROLLED CHEMICAL PERPETUAL INVENTORY LOG

CHEMICAL – PAVULON

GEORGIA DEPARTMENT OF CORRECTIONS – GDCP

| DATE | PACKAGE SIZE | BEGINNING INVENTORY | AMOUNT DISPENSED | DATE DISPENSED | SUBTOTAL | AMOUNT RETURNED | DATE RETURNED | TOTAL INVENTORY | INITIALS |
|------|-----------------|------------------------|---------------------|-------------------|----------|--------------------|------------------|--------------------|----------|
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DEPT OF CORRECTIONS

#1987 P.007/008

CHEMICAL – POTASSIUM CHLORIDE

AUG.13'2002 08:52 770 504 2280

DEPT OF CORRECTIONS

#1987 P.008/008

[illegible]

Tab E

IN THE UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF MISSOURI
WESTERN DIVISION

| | | |
|-------------------------|---|------------------|
| MICHAEL TAYLOR, |) | |
| |) | |
| Plaintiff, |) | |
| |) | Case No. |
| vs. |) | 05-4173-CV-S-FJG |
| |) | |
| LARRY CRAWFORD, et al., |) | |
| |) | JUNE 13, 2006 |
| Defendant. |) | |

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PAGES 262 - 395

TRANSCRIPT OF BENCH TRIAL PROCEEDINGS

BEFORE THE HONORABLE FERNANDO J. GAITAN, JR.
U.S. DISTRICT JUDGE

| | |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| For the Plaintiff: | MS. GINGER D. ANDERS MR. ERIC BERGER MR. MATTHEW S. HELLMAN Jenner & Block, LLP 601 13th Street NW Washington DC 20005 and MR. JOHN WILLIAM SIMON 2683 South Big Bend Blvd. St. Louis, MO 63143-2100 |
| For the Defendants: | MR. MICHAEL PRITCHETT MR. STEVEN HAWKE Missouri Attorney General's Office P.O. Box 899 Jefferson City, MO 65102 |

Donna M. Turner RMR
U.S. Court Reporter, Room 7552
Charles Evans Whittaker Courthouse
400 East Ninth Street
Kansas City, MO 64106 (816) 512-5641

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JUNE 12, 2006

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15 Does?

16 A Yes.

17 Q And did it also include a review of the deposition of
18 Dr. John Doe One?

19 A Yes.

20 Q So are you aware that the dose of thiopental used at
21 the last several executions in Missouri was not five grams
22 as we understood in January?

23 A Yes.

24 Q How, if at all -- excuse me. What is your
25 understanding of the amount of thiopental that was actually

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1 given at the last several executions?

2 A I believe it was 2.5 grams.

3 Q How, if at all, does the administration of 2.5 grams
4 of thiopental the last few executions impact your opinions
5 regarding executions in Missouri?

6 A By decreasing the dose from five grams to 2.5 grams,
7 the probability of consciousness increases by a tiny and
8 minuscule amount. Other states use as little as two grams
9 of thiopental, and even in that situation the likelihood of
10 consciousness during the period of time that an execution
11 requires is a tiny fraction of one percent.

12 Q What's the key factor, in your opinion, regarding the
13 humaneness of executions in Missouri in particular and then
14 throughout the country in general?

15 A Well, in my opinion for an execution to be humane an
16 adequate dose of hypnotic agent like thiopental has to be
17 administered prior to the paralytic or the potassium

18 chloride. And in the other states in which I have
19 performed calculations I would say that probably the
20 minimum acceptable dose would be 1.5 grams, and anything
21 above that is associated with diminishing likelihood of
22 consciousness.

23 Q Did your review of the new discovery in this case
24 alter your opinions that you gave back in January with
25 regard to the drugs used in Missouri and the dosages as

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1 we now understand them?

2 A Well, I redid the calculations, and changing the
3 dose from five grams to 2.5 grams has a minuscule and not
4 clinically relevant effect on the probability of
5 consciousness throughout the duration of time that an
6 execution requires.

7 Q Did your review of the new discovery in the case alter
8 your opinions as given back in January with regard to the
9 use of the femoral catheter as a means of administration of
10 the drugs?

11 A No.

12 Q Can you explain why?

13 A Well, since the thiopental is given after the femoral
14 catheter is placed, the dose of thiopental itself has no
15 meaningful effect on the placement of the femoral catheter.

16 Q In reaching your conclusions as expressed in your
17 earlier testimony, what definition of unconsciousness were
18 you using?

19 A The definition of consciousness that I typically use
20 is that which is used as a standard in the field of

Tab F

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

WALLACE M. FUGATE, III,

Plaintiff,

vs

THE DEPARTMENT OF CORRECTIONS, and
JIM WETHERINGTON,
Commissioner, Department of Corrections,

Defendants.

Civil Action No. _____

Execution scheduled for 7:00 p.m.
on Wednesday, August 14, 2002

DECLARATION OF DR. MARK HEATH, M.D.

Pursuant to 28 U.S.C. § 1746, I declare the following:

1. My name is Dr. Mark Heath. I am a resident of New York state.
2. I am a physician, certified by the American Board of Anesthesiologists, and I practice as a cardiac anesthesiologist at Presbyterian Hospital in New York. I am a member of the American Society of Anesthesiologists, the International Anesthesia Research Society and the Society of Cardiovascular Anesthesiology. I am also a Clinical Assistant Professor of Anesthesiology at Columbia University in New York. Moreover, I conduct anesthesiology research funded by the National Institutes of Health and have published over ten articles relating to anesthesiology.
3. In my capacity as a cardiac anesthesiologist, I am highly experienced with the administration of drugs involved in the administration of the lethal injection in Georgia and am also an expert in procedures such as "central venous cannulation" and the establishment of

intravenous access, which are a critical and flawed component of the current Georgia lethal injection protocol.

4. With these qualifications, I was presented and accepted as an expert witness in May 2002 by Judge Michael Clark of the Gwinnett County Circuit Court in order to discuss the deficiencies of the current lethal injection protocol.

5. I have reviewed the Georgia lethal injection statute, including O.C.G.A. § 17-10-41 and 17-10-44, and the Georgia Department of Corrections' "Administrative and Execution Procedures, Lethal Injection, Under Death Sentence" dated May 1, 2000 [hereinafter Lethal Injection Protocols]. I have also reviewed the records of all six lethal injections carried out in Georgia so far.

6. Based on my review of the materials listed above, it is my conclusion that the lethal injection as currently administered in Georgia has critical shortcomings, which lead to a significant risk that the inmate will be exposed to unnecessary, severe pain and suffering. I believe that these problems, which are discussed below, can be remedied with relative ease and with very little expenditure of resources.

7. First, the particular drugs being used in the lethal injection process in Georgia¹ are accompanied by a significant risk of infliction of unnecessary and severe pain and suffering depending on how they are used, prepared, measured, titrated and administered. While the problems with the drugs are critical, they can be remedied with relative ease by either simply

¹The Lethal Injection Protocols provide for the use of three drugs as part of the lethal injection procedure: Sodium Pentothal, which is the trademark name for sodium thiopental; Pancurium Bromide, commonly known as Pavulon; and, Potassium Chloride. While Sodium Pentothal is an ultra short-acting barbiturate that induces brief general anesthesia, Pavulon paralyzes the respiratory system. Potassium Chloride then kills the inmate by stopping the heart.

substituting other commonly available drugs for one or more of the drugs now being used to administer the lethal injection² or by more closely monitoring the inmate's vital signs during the administration of the drugs, as is usually done when these drugs are administered in a therapeutic setting.

8. Second, the "cut down" procedure – which is mandated by the Lethal Injection Protocols when a vein cannot be found – involves unnecessary mutilation of the human body and is a grossly outdated medical procedure. In fact, the "cut down" procedure for "central venous cannulation" is rarely even taught in U.S. medical schools. Instead, there is another procedure, "percutaneous central venous cannulation" that is routinely used by trained personnel in hospitals in situations where a suitable vein cannot be found. In other words, the procedure currently mandated by the Lethal Injection Protocols subjects the inmate's body to unnecessary and painful mutilation. This problem can be readily rectified by substituting the appropriate and regularly used medical procedure – "percutaneous central venous cannulation" – in place of the outdated and discarded "cut down" procedure.³

²Because Sodium Pentothal is an ultra-short acting barbiturate and Pavulon is a long-acting paralyzing agent, there is no justification for the use of Sodium Pentothal and Pavulon together. On the contrary, the use of both drugs unnecessarily introduces the risk of severe pain and suffering. This is because if there are problems injecting the entire dose of Sodium Pentothal, but the full dose of Pavulon is nevertheless injected, there is a risk that the prisoner will become conscious, experience suffocation, feel the burning of the Potassium Chloride in his veins, and then experience a massive heart attack. This risk can be eliminated by substituting a long-acting anesthetizing agent for Sodium Pentothal or eliminating Pavulon.

³In the hearing before Judge Michael Clark, Dr. Rao – the contract physician hired by the Department of Corrections to be present at Mr. Jose High's execution – testified that he took it upon himself to disregard the Department's Protocols by performing "percutaneous central venous cannulation" rather than the venous "cut down" procedure. There is no guarantee that any other physician at a future execution will also choose to willfully ignore the express language of the Protocols and perform the more appropriate medical procedure.

9. Third, there are significant deficiencies in the Department of Corrections' Lethal Injection Protocols, including, but not limited to:

(a) the conflicting provisions in the Protocol for the amount of Sodium Pentothal to be administered – while one part of the protocol calls for 2 grams of Sodium Pentothal to be administered, while another part of the protocol calls for 1 gram of Sodium Pentothal to be administered. Specifically, Paragraph 10 of the Georgia Diagnostic and Classification Prison's "Controlled Chemical Handling Procedures for Execution by Lethal Injection" states that "Chemicals will be drawn up as follows: Sodium Pentothal – 50cc's (2gms) – Syringe #1 and #1a." By contrast, Section 2.1 of Annex IV of the Protocols, titled "Injection Procedure" talks only about the use of "Syringe #1 (Sodium Pentothal)" – there is no mention of syringe 1a. These contradictory instructions make it impossible for anybody, whether expert or not, to confidently divine the intent of the protocol. This flaw in the protocol is critical because the amount of Sodium Pentothal that is administered is vital to ensuring that the execution is humane. This problem can easily be addressed, and it is important to do so before it is used to dictate the actions of the personnel carrying out the lethal injection procedure.

(b) the failure to adopt safeguards to ensure that the second and third drugs in the three drug injection set – Pavulon and Potassium Chloride – are administered before the anesthetic effect of the first drug – Sodium Pentothal – wears off;⁴

⁴Sodium Pentothal is a very short-acting anesthetic, meaning that, when given in an appropriate amount and administered properly, it not only renders a person unconscious quickly, but it also begins to wear off quickly. In fact, the half-life of Sodium Pentothal in the brain, where it is meant to work as an anesthetizing agent, may be as short as one to two minutes. In other words, almost as soon as it begins working, Sodium Pentothal begins to dissipate. (As a result, during surgical procedures, Sodium Pentothal is typically used to render a person unconscious but additional drugs are administered almost immediately thereafter to keep a patient unconscious and pain-free.) Therefore, if the three drugs are not administered in a timely

(c) the one-size-fits-all Protocol's failure to ensure that the amount of the anesthetic first drug administered take into account the well-recognized factors affecting its efficacy, including body weight, body fat, prior drug usage, the presence of other sedating agents, the level of anxiety or stress, and the person's food consumption⁵ in the hours before the execution;

(d) the failure to delineate the qualifications of any of the medical personnel taking part in administering the lethal injection;⁶

manner, the Sodium Pentothal would wear off, permitting the inmate to regain consciousness during the execution.

Potassium Chloride – the third drug to be administered – causes cardiac arrest, which, if untreated, leads to brain death after several minutes. Should the Sodium Pentothal have worn off or never have achieved effectiveness by the time the potassium chloride is administered, the condemned would again experience excruciating pain. The sensation of the Potassium Chloride coursing through the veins causes extreme and excruciating pain. Once the drug reaches the heart, the condemned would experience all of the pain and suffering associated with going into complete cardiac arrest.

⁵If the inmate eats or drinks six-to-eight hours before the execution, he may choke or gag from the injection of Sodium Pentothal.

⁶Under the current procedures, it is possible that the physician involved might not have a medical license, might never have performed "central venous cannulation," or might even have been barred because of incompetence by the state licensing board from performing invasive procedures.

The absence of qualified personnel poses a significant problem. For example, the nurse who starts the IV and observes the prisoner and injection sites during the execution, watches the prisoner to make sure that he is unconscious. However, because the nurse lacks basic understanding of anesthesia and how the drugs work, the signs she watches for are not correlated with a patient being paralyzed yet conscious. Therefore, while the unqualified nurse may believe that the prisoner is unconscious, the prisoner may in fact be paralyzed but conscious.

In addition, the danger of having an inexperienced or unqualified person administer the drugs is illustrated by noting the dangers in wrongful administration of the Sodium Pentothal. Since Sodium Pentothal works as an anesthetizing agent only in the brain, it is critically important that the drug reach the brain in its full dosage. It must, therefore, be administered in such a way that it goes into a vein and not into muscle or subcutaneously. Were the latter to happen, it would not have an anesthetizing effect and would instead cause necrosis to the tissue into which it flowed, causing excruciatingly pain.

(e) the failure to require that the person injecting the drugs titrate the amount of the drugs to ensure that the inmate has been rendered fully unconscious, adjusting and increasing the amount of drug necessary;⁷

(f) the failure to require that the person administering the anesthetic drug monitor the inmate's vital signs to ensure that the inmate remains unconscious;⁸

(g) the failure to delineate the amount of drugs to be administered, as expressed in terms of their volume, their concentration, their rate of administration and the time intervals between the injection of each of the drugs;

(h) the failure to delineate how the drugs should be obtained, transported and stored so as to maintain their efficacy;

⁷As noted earlier, the dosage needed for effective use of Sodium Pentothal is susceptible to a number of factors, some well-recognized, others that are unknown. It is for this reason that, during surgeries, a medically qualified anesthesiologist makes an educated guess before surgery as to the amount of the Sodium Pentothal to administer, and then titrates that amount as it is going into the patient to ensure that the patient has been rendered fully unconscious, adjusting and increasing the amount of the drug as necessary.

⁸Pavulon, the second of the drugs injected according to the protocol, is a paralytic agent. It interferes with the nerve impulse emanating from the brain to the muscles by blocking the neurotransmitters that "direct" muscles to move. This includes the muscles which enable a person to breathe, swallow, speak, blink, or move extremities. Pavulon leaves the muscles in a flaccid state so that the person to whom it has been administered appears calm and relaxed. That is, Pavulon creates the serene appearance that witnesses often describe of a lethal injection execution because the inmate is totally paralyzed. This is, however, simply a chemical mask – because it is such a thorough paralytic agent, the person could be experiencing excruciating pain, including the terrifying sensation of asphyxiating and suffocating, or choking on vomit, but none of this activity would be apparent to onlookers. Nevertheless, this extreme but unseen suffering would result if the Sodium Pentothal had begun to wear off, had not been fully effective in the first place, or had been injected improperly.

(i) the failure to discuss the manner in which the IV catheters are to be inserted into the inmate and the criteria that will be used to determine when efforts at inserting the IV catheters should be abandoned and the "cut down" procedure begun;

(j) the failure to explain how the IV tubing, three-way valve, saline solution, heart monitoring system and other apparatus should be modified or fixed if there is a malfunction;⁹

(k) the failure to discuss how, if the IV line is introduced into someplace other than the inmate's arms, the IV line should be monitored for problems such as puffing at the injection site or how the tubing should be monitored for problems such as leaks, separations and kinks;¹⁰

(l) the increased likelihood of miscommunication because of the convoluted arrangement whereby the nurse in the death chamber watches the injection sites and

⁹The problem with this lack of discussion of how to remedy malfunctions has been manifested in at least two executions so far, those of Mr. Spivey and Mr. Housel, where after discovering heart activity after the first course of injections, the staff skipped steps in the procedures and injected a second dose of Potassium Chloride instead of beginning with a fresh administration of all three drugs. As noted earlier, the lapse of more than anticipated time after the administration of Sodium Pentothal significantly increases the risk that the prisoner will regain consciousness and feel acute, excruciating pain.

¹⁰This lack of discussion about the IV lines and the tubing is problematic because if the staff is unable to introduce the IV lines into the prisoner's arms, they would have to introduce the IV line in the prisoner's groin, leg, or foot, which are all covered by a sheet. This is what happened in Mr. High's execution. The nurse who is supposed to watch the prisoner and communicate with the injecting team would then likely be prevented from observing any problems with the IV lines or tubing, such as puffing at the injection site or a leak, separation or kink in the tubing.

communicates to a person in the Control Room, the person in the Control Room then communicates to another nurse, who in turn supervises three injection staff members;¹¹ and

(m) the deviation from regular medical practice in the use of large syringes to administer the drugs, which increases the possibility of improper administration of the drugs.¹²

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct. Executed on August 8, 2002.



Dr. Mark Heath

¹¹The nurse who supervises the injection team staff that injects the lethal drugs has to advise the staff members on the correct speed with which to inject the drugs, which is related to the pressure exerted on the syringe. Since the nurse observing the injection staff is not touching the syringe, she does not receive information about the pressure required to push the syringe down when she is advising the staff on how fast to inject the drugs. This is a significant problem because excessive pressure suggests infiltration, which is a condition where the needle is in subcutaneous tissue, not in the vein, or other problems in which the drugs are not being properly injected into the blood stream. As discussed earlier, infiltration causes necrosis of the tissue and can be excruciatingly painful to the prisoner.

¹²Large syringes offer significantly less tactile feedback when compared to the use of small syringes. In fact, in therapeutic settings, medical professionals use a small syringe in instances when they are not sure if infiltration is occurring or not in order to obtain this tactile information.

Curriculum Vitae

- 1) Date of preparation: February 8, 2001
- 2) Name: Mark J. S. Heath
Birth date: March 28, 1960
Birthplace: New York, NY
Citizenship: United States, United Kingdom
- 3) Academic Training:

| | |
|-------------------------------------------|---------------------|
| Harvard University | B.A., Biology, 1983 |
| University of North Carolina, Chapel Hill | M.D., 1987 |
| Medical License | New York: 177101-1 |
- 4) Traineeship:

| | |
|-------------|---------------------------------------------------------------------------------------|
| 1987 – 1988 | Internship, Internal Medicine, George Washington University Hospital, Washington, DC. |
| 1988 – 1991 | Residency, Anesthesiology, Columbia College of Physicians and Surgeons, New York, NY |
| 1991 – 1993 | Fellowship, Anesthesiology, Columbia College of Physicians and Surgeons, New York, NY |
- 5) Board Qualification:
Diplomate, American Board of Anesthesiology, October 1991.
- 6) Military Service: None
- 7) Professional Organizations:
American Society of Anesthesiologists
International Anesthesia Research Society
Society of Cardiovascular Anesthesiology

8) Academic Appointments:

1993 – present Assistant Professor of Anesthesiology, Columbia University, New York, NY

9) Hospital/Clinical Appointments:

1993 – present Assistant Attending Anesthesiologist, Presbyterian Hospital, New York, NY.

10) Honors:

Magna cum laude, Harvard University
Alpha Omega Alpha, University of North Carolina at Chapel Hill
First Prize, New York State Society of Anesthesiologists Resident Presentations, 1991

11) Fellowship and Grant Support:

Foundation for Anesthesia Education and Research, Research Starter Grant Award, Principal Investigator, funding 7/92 - 7/93, \$15,000.

Foundation for Anesthesia Education and Research Young Investigator Award, Principal Investigator, funding 7/93 - 7/96, \$70,000.

NIH Inducible knockout of the NK1 receptor
Principal Investigator, funding 12/98 - 11/01, \$431,947

12) Departmental and University Committees:

Research Allocation Panel (1996 – 2001)

13) Teaching:

Lecturer and clinical teacher: Anesthesiology Residency Program, Columbia University and Presbyterian Hospital, New York, NY

Advanced Cardiac Life Support Training

Invited Lecturer:

Anxiety, stress, and the NK1 receptor, University of Chicago, Department of Anesthesia and Critical Care, July 2000

Anesthetic Considerations of LVAD Implantation, University of Chicago, Department of Anesthesia and Critical Care, July 2000

14) Grant Review Committees: None

15) Publications.

Original peer reviewed articles

- * Santarelli, L., Gobbi, G., Debs, P.C., Sibille, E. L., Blier, P., Hen, R., Heath, M.J.S. (2001). Genetic and pharmacological disruption of neurokinin 1 receptor function decreases anxiety-related behaviors and increases serotonergic function. Proc. Nat. Acad. Sci., 98(4), 1912 – 1917.
- * King, T.E., Heath M. J. S., Debs, P. Davis, MB, Hen, R. Barr. G. (2000). The development of nociceptive responses in neurokinin-1 receptor knockout mice. Neuroreport, 11(3), 587-91 5 authors contributed equally to this work
- * Heath, M. J. S., Lints, T., Lee, C. J., Dodd, J. (1995). Functional expression of the tachykinin NK₁ receptor by floor plate cells in the embryonic rat spinal cord and brainstem. Journal of Physiology 486.1, 139 -148.
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- McGehee, D.S., Aldersberg, M., Liu, K.-P., Hsuing, S., Heath, M.J.S., Tamir, H. (1997). Mechanism of extracellular Ca²⁺-receptor stimulated hormone release from sheep thyroid parafollicular cells. Journal of Physiology, 502.1, 31 - 44.
- Kao, J., Houck, K., Fan, Y., Haehnel, I., Ligutti, S. K., Kayton, M. L., Grikscheit, T., Chabot, J., Novygrad, R., Greenberg, S., Kuang, W.J., Leung, D. W., Hayward, J. R., Kisiel, W., Heath, M. J. S., Brell, J., Stem, D. (1994). Characterization of a novel tumor-derived cytokine. Journal of Biological Chemistry 269, 25106 - 25119.

Dodd, J., Jahr, C.E., Heath, M.J.S., Mathew, W., Jessell, T.M. (1983). Cytochemical and physiological properties of sensory and dorsal horn neurons that transmit cutaneous sensation. Cold Spring Harbor Symposia of Quantitative Biology 48. 685 -695.

Pinsky, D.J., Naka, Y., Liao, H., Oz, M. O., Wagner, D. D., Mayadas, T. N., Johnson, R. C., Hynes, R. O., Heath, M.J.S., Lawson, C.A., Stem, D.M. Hypoxia-induced exocytosis of endothelial cell Weibel-Palade bodies. Journal of Clinical Investigation 97(2). 493 - 500.

Case reports none

Review, chapters, editorials

• Heath, M. J. S., Dickstein, M. L. (2000). Perioperative management of the left ventricular assist device recipient. Prog Cardiovasc Dis. 43(1):47-54.

• Heath, M. J. S. and Hen, R. (1995). Genetic insights into serotonin function. Current Biology 5.9. 997 -999.

• Heath, M.J.S., Mathews D (1990). Care of the Organ Donor. Anesthesiology Report 3. 344-348.

• Heath, M. J. S., Basic physiology and pharmacology of the central synapse. (1998) Anesthesiology Clinics of North America 15(3). 473 - 485

Abstracts

Heath, M.J.S., Davis, M., Santarelli L., Hen H. (2002). Expression of Substance P and NK1 Receptor in the Murine Locus Coeruleus and Dorsal Raphe Nucleus. Anesthesia and Analgesia 93: S-212

Heath, M.J.S., Santarelli L., Hen H. (2001) The NK1 receptor is necessary for the stress-evoked expression of c-Fos in the paraventricular nucleus of the hypothalamus. Anesthesia and Analgesia 92: S233.

Heath, M.J.S., Santarelli L., Debs P., Hen H. (2000). Reduced anxiety and stress responses in mice lacking the NK1 receptor. Anesthesiology 93: 3A A-755.

Heath, M.J.S., King, T., Debs, P.C., Davis M., Hen R., Barr G. (2000). NK1 receptor gene disruption alters the development of nociception. Anesthesia and Analgesia; 90: S315.

Heath, M.J.S., Lee, J.H., Debs, P.C., Davis, M. (1997). Delineation of spinal cord glial subpopulations expressing the NK1 receptor. Anesthesiology; 87: 3A; A639.

Heath, M.J.S., MacDermott A.B. (1992). Substance P elevates intracellular calcium in dorsal horn cells with neuronal and glial properties. Society for Neuroscience Abstracts; 18: 123.1.

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Heath, M.J.S., Berman M.F. (1991) Isoflurane modulation of calcium channel currents in spinal cord dorsal horn neurons. *Anesthesiology* 75, 3A: A1037.

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Tab G

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

WALLACE M. FUGATE, III,

Plaintiff,

vs

THE DEPARTMENT OF CORRECTIONS,
and, JIM WETHERINGTON,
Commissioner, Department of Corrections,
Defendants.

Civil Action No. _____

**Execution scheduled for 7:00 p.m.
on Wednesday, August 14, 2002**

DECLARATION OF DR. RANDALL L. TACKETT, PH.D.

Pursuant to 28 U.S.C. § 1746, I declare the following:

1. My name is Randall L. Tackett. I am a resident of Athens, Georgia.
2. I received my Ph.D. in Pharmacology from the University of Georgia in 1979 and have been a professor of pharmacology at the University of Georgia's College of Pharmacy since 1981. I am a member of the American Society of Pharmacology and Experimental Therapeutics and the International Society on Toxicology. I have published over 80 articles on pharmacological issues, and have also published a large number of professional publications and abstracts. In addition, I have served as a reviewer for numerous journals, including Journal of Pharmaceutical Science, Pharmacology Biochemistry and Behavior, Journal of Pharmacology and Experimental Therapeutics and Biopharmaceutical Drug Disposition.
3. Sodium thiopental is a barbiturate which serves as a sedative. If properly administered it can serve as a short-acting anesthetic. However, its use requires carefully

monitoring by a physician and this frequently encompasses monitoring of vital signs (blood pressure, heart rate, respiration) as well as level of anesthesia which can only be done by a trained professional. Due to the short duration of action and the variability in response between patients, sodium thiopental's popularity as an anesthetic and sedative has declined in favor of other agents which are available with longer durations of action and more predictable responses. These alternatives are equally inexpensive to obtain, costing less than \$20 for the amount used in the lethal injection procedure. It is important to note that the use of Pavulon further emphasizes the need for close physiological monitoring of the level of anesthesia otherwise, the patient will not be at a proper level of anesthesia resulting in asphyxiation or suffocation and the excruciating pain of the potassium chloride.

4. Pancuronium (Pavulon) is a neuromuscular blocking agent which acts to prevent the functioning of the nerves of the skeletal muscles, ultimately contributing to the death of the individual by paralyzing the muscles necessary for respiration. Pancuronium, however, does not affect cognition or any form of sensation, whether that be a benign sensation such as touch or itching or a painful sensation such as burning, crushing, asphyxiation etc. So, even if a person who is administered pancuronium experiences sensations or has active thought processes, he would not be able to express those emotions or ideas because of the paralysis of the skeletal muscles. As a result, pancuronium causes a form of chemical entombment (mask) that would make it impossible for a witness observing the inmate to determine whether the inmate is experiencing pain. Moreover, as noted above, while pancuronium will prevent the muscle spasms associated with intravenous administration of potassium chloride, it will not prevent asphyxiation/suffocation or the excruciating pain of the potassium chloride if the pentothal wears

off. Furthermore, the use of pancuronium makes it very difficult to assess the level of anesthesia produced by sodium thiopental unless the patient is closely monitored by a trained individual.

5. Potassium chloride's primary role is to produce a fatal cardiac arrhythmia by interrupting the ionic currents in the heart at high concentrations. However, administration of high concentrations of potassium chloride necessary to produce death is extremely irritating and painful. When injected intravenously, potassium depolarizes nerves and muscles resulting in extreme pain and severe muscular spasms over the entire body. These symptoms would be experienced if the patient was improperly sedated which can occur with short-acting barbiturates. More importantly, the presence of a neuromuscular blocking drug such as Pavulon would paralyze the patient and prevent him from expressing the extreme pain although he would fully experience it.

6. If I were to use a cocktail containing the above three drugs in animal experiments, I would have to assure the I.A.C.U.C. (Institutional Animal Care and Use Committee) of the following before approval:

(a) The animal was at a proper level of anesthesia prior to the administration of potassium chloride and that:

(b) Even if I were not administering potassium chloride, I would have to assure the Committee that I could monitor the level of anesthesia produced by sodium thiopental when used with pancuronium.

7. Any Protocol that did not meet the above two conditions would not be approved by the animal care committee.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct. Executed on August 8, 2002.


Dr. Randall L. Tackett, Ph.D.

CURRICULUM VITAE

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CITIZENSHIP:

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EDUCATION:

| | |
|-----------|-------------------------------------------------------------|
| 1977-1979 | University of Georgia Athens, GA Ph.D. Pharmacology |
| 1975-1977 | Auburn University Auburn, AL M.S. Pharmacology |
| 1972-1975 | Jacksonville University Jacksonville, FL B.S. Biology |

PROFESSIONAL EXPERIENCE:

| | |
|--------------|-----------------------------------------------------------------------------------------------------------------|
| 2000-present | Adjunct Clinical Professor Department of Psychology Fairleigh Dickenson University |
| 1997-present | Professor Department of Clinical and Administrative Sciences College of Pharmacy University of Georgia |
| 1995-1997 | Professor Department of Pharmacology and Toxicology College of Pharmacy University of Georgia |
| 1989-1994 | Head Department of Pharmacology and Toxicology College of Pharmacy University of Georgia |
| 1987-present | Adjunct Professor |

Dept. Physiology/Pharmacology
College of Veterinary Medicine
University of Georgia

| | |
|-----------|--------------------------------------------------------------------------------------------------|
| 1986-1994 | Associate Professor of Pharmacology College of Pharmacy University of Georgia |
| 1985-1989 | Coordinator for Research and Graduate Studies College of Pharmacy University of Georgia |
| 1981-1985 | Assistant Professor of Pharmacology College of Pharmacy University of Georgia |
| 1979-1981 | Postdoctoral Fellow Dept. Pharmacology Medical University of South Carolina |

Professional Affiliations

American Society of Pharmacology and Experimental Therapeutics
Sigma Xi
International Society on Toxicology
Rho Chi Pharmaceutical Honor Society
New York Academy of Science
Phi Lambda Sigma Pharmacy Leadership Society
Phi Kappa Phi Honor Society
Society of Neuroscience
American Heart Association Council on Circulation
International Society on Hypertension in Blacks
Listed in Who's Who in Medicine and Healthcare

Honors and Awards

Invited speaker at Gordon Conference on Magnesium (1982)
Phi Delta Chi Teacher of the Year (1983-1984)
Selected to give charge to June graduating class (1984)
Received the Dean's Award for Outstanding Teaching (1987)
Recognized as Outstanding Teacher of the Year from the University of Georgia,
College of Pharmacy by the American Association of the Colleges of Pharmacy
(1987)
Received 1987 Georgia Pharmacist Magazine Dedication
Nominee for Josiah Meigs Award for Excellence in Teaching, College of Pharmacy
(1989)
Chaired Session on "Cocaine" at FASEB meeting, New Orleans, March, 1989.
Received 1990 Georgia Pharmacist Magazine Dedication
President, University of Georgia Chapter of the Society for Neuroscience (1990-91)
Received 1994 Georgia Pharmacist Magazine Dedication
1994 FASEB MARC/MBRS Visiting Scientist
University of Georgia Panhellenic Council Outstanding Faculty Member of the Year Nominee(1993-1994)

1996 Fellow of the International Society on Hypertension in Blacks
 Recipient of Wyeth-Ayerst Stipend for University of Utah School of Alcoholism and Other Drug Dependencies (Summer, 1997)
Ethnicity & Disease Field Editor (1998 -2000)
 Georgia Psychological Association Distinguished Faculty Award, 1999
 College of Pharmacy Teacher of the Year Nominee, 2000
 Key Note Speaker, Rho Chi Banquet, 2000
 American Psychological Association Presidential Citation, 2000.

Refereed Publications

Tackett, R. L. and Holl, J. E.: Histaminergic Mechanisms Involved in the Centrally Mediated Effects of Ouabain. *J. Pharmacol. Exp. Ther.* 215: 552-556, 1980.

Tackett, R. L., Webb, J. G. and Privitera, P. J.: Cerebroventricular Propranolol Elevates Cerebrospinal Fluid Norepinephrine and Lowers Blood Pressure. *Science* 213: 911-913, 1981.

Tackett, R. L. and Holl, J. E.: Decreased Inotropism and Increased Automaticity to Ouabain in Furosemide-Induced Hypomagnesemia. *J. Cardiovascular Pharmacol.* 3: 1269-1277, 1981.

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Chu, C. K., Wander, J. D., Tackett, R. L., Iturrian, W. B., Schmitz, J. P., Garner, G. E. and Chae, K.: A Novel Serotonin Antagonist 2'-Biol[3-2-N,N-dimethylaminoethyl]indoyl] sulfide (BDIS). *J. Heterocyclic Chem.* 21: 1901-1903, 1984.

Kaswan, R. L., Tackett, R. L., Martin, C. L. and Bartell, D. E.: Intraocular Penetration of Cyclosporin in rabbits. *Invest. Ophthalmol. Suppl.* 25: 37, 1984.

Plunkett, L. M., Gokhale, R. D., Vallner, J. J. and Tackett, R. L.: Prazosin Alters Free and Total Plasma Digoxin Levels in Dogs. *Am. Heart J.* 109: 847-853, 1985.

Heric, E. and Tackett, R. L.: Altered Vascular Reactivity in the Rabbit During Hypercholesterolemia. *Pharmacol.* 31: 72-81, 1985.

Plunkett, L. M. and Tackett, R. L.: The Effects of Central Beta Receptor Antagonism on Digoxin Cardiotoxicity. *Res. Comm. Path. Pharmacol.* 48: 209-220, 1985.

Arnold, T. H. and Tackett, R. L.: Effects of Magnesium on the Action of Vasodilatory Agents. *Pharmacol.* 31: 218-224, 1985.

Arnold, T. H., Vallner, J. J. and Tackett, R. L.: Age-related Changes in the Pharmacodynamics of Verapamil. *Am. Heart J.* 110: 981-986, 1985.

Tackett, R. L., Webb, J. G. and Privitera, P. J.: Site and Mechanism of the Centrally Mediated Hypotensive Action of Propranolol. *J. Pharmacol. Exp. Ther.* 235: 66-70, 1985.

Arnold, T. H., Tackett, R. L. and Vallner, J. J.: Comparison of the Pharmacokinetics of Verapamil After IV, Oral and Intranasal Administration. *Biopharm. Drug Disposition* 6: 447-454, 1985.

- Bjorling, D. E. and Tackett, R. L.: Reactivity of Denervated Vascular Grafts in Dogs. *Am. Coll. Vet. Surg.* 15: 13-14A, 1986.
- Rawlings, C., Tackett, R. L., Bjorling, D. and Arnold, T. H.: Stress Response Following Anesthesia and Major Surgery in the Student Lab. *Am. Coll. Vet. Surg.* 15: 32A, 1986.
- Tackett, R. L.: Enhanced Sympathetic Activity as a Mechanism for Cardiac Glycoside Toxicity in Hypomagnesemia. *Pharmacol.* 32: 141-146, 1986.
- Rydzik, R., Terragno, N., Tackett, R. L. and Terragno, A.: Estradiol Inhibits Arachidonic Acid Metabolism in Renal and Vascular Tissue. *Clin. Exp. Hypertension in Preg.* B5: 51-68, 1986.
- Plunkett, L. M. and Tackett, R. L.: Central Dopamine Receptors and Their Role in Digoxin-Induced Cardiotoxicity in the Dog. *J. Pharm. Pharmacol.* 39: 29-34, 1987.
- Plunkett, L. M. and Tackett, R. L.: Increases in CSF Norepinephrine Associated with the Onset of Cardiac Glycoside Toxicity. *Eur. J. Pharmacol.* 136: 119-122, 1987.
- Obeng, E., Vallner, J. J., Cadwallader, D. E. and Tackett, R. L.: Pharmacokinetics of Tiazofurin in Dogs. *Biopharm. Drug Disposition* 8: 125-132, 1987.
- Radwan, M., Price, J. and Tackett, R.: Analysis of Disopyramide by HPLC with UV Detection. *Anal. Letters* 20: 1125-1131, 1987.
- Baxter, G. M., Laskey, R. E., Tackett, R. L. and Moore, J. N.: Vascular Reactivity of Equine Digital Vessels. *Vet. Surg.* 16: 83A, 1987.
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Tab H

1 basically mirrored what South Carolina already had in place.

2 Q. Once these protocols or these rules -- that's my
3 word -- for how executions would be carried out, were they
4 put in to any type of form of document over which you have
5 control or possession?

6 A. Well, not really. I don't have control of it.
7 Atlanta has control of it. And they were the ones that put
8 it into that -- it's like a binder.

9 Q. Okay. I guess what I'm asking, could you identify
10 the protocols by which executions are carried out in
11 Georgia?

12 A. Yes.

13 Q. Okay.

14 (Whereupon, Defendant's Exhibits Numbers 1 and 2
15 were marked for identification by the court reporter.)

16 BY MR. NEARS:

17 Q. Warden Dufley, I'm going to show you what's been
18 marked as Defendant's Exhibit 2. It's a series of copies of
19 documents that are put together by a paper clip. I'm going
20 to ask you to look at just the first portion of this to see
21 if you can determine what that document is?

22 A. Can I take this off?

23 Q. Yes, yes, please.

24 A. It looks like -- well, it says on one of these,
25 selected excerpts, and that's exactly what it looks like.

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1 Q. Excerpts of the --

2 A. Of the protocol manual, right.

3 Q. I'm going to show you what's been marked now as --
4 we'll come back to that. It's marked as Defendant's Exhibit
5 3. Could you identify that document?

6 A. Yes. This looks like what we call the protocol.

7 Q. And are those the protocols by which you and other
8 individuals at your direction carry out executions by lethal
9 injection in the State of Georgia?

10 A. Yes, sir.

11 Q. Defendant's Exhibit 3, is that part of those
12 excerpts and part of the documents?

13 A. I saw some excerpts out of here that would be part
14 of this.

15 Q. Okay. Now, are those protocols the guidelines
16 that guide you and guide the other administrators at the
17 prison in how an execution is to be carried out?

18 A. Yes, sir.

19 Q. Is that document kept and maintained by you as a
20 part of the records and the business -- so to speak, the
21 business records of the Georgia Diagnostic and
22 Classification Center?

23 A. Well, we have a copy of it. But there again,
24 Atlanta -- and I'm not sure that I can -- unless it's a
25 facilities director, I don't know if it's legal, but they

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1 maintain the official copy and are responsible for, you
2 know, if any changes are made to it or anything of that
3 nature. You know, I can't go in to it and make a revision.
4 I can suggest a revision, but they have the responsibility
5 or the authority over that.

6 Q. But as of right now and in the past, execution by
7 lethal injection, the document that you've identified as
8 Defendant's Exhibit 3, that's a copy of the protocol --

9 A. Yes.

10 Q. -- that directs how those executions are carried
11 out; is that correct?

12 A. Yes.

13 MR. NEARS: Your Honor, at this time I would
14 tender to the Court Defendant's Exhibit 3. It's the
15 protocols by which executions are carried out.

16 THE COURT: I think you agreed to --

17 MR. PORTER: Yes, Your Honor. This is the
18 document that has the cover page, Georgia Department of
19 Corrections, Administrative and Execution Procedures,
20 Lethal Injection, Under Death Sentence May 1, 2000; is
21 that correct?

22 THE WITNESS: Yes, sir.

23 MR. PORTER: Then we have no objection to it.

24 THE COURT: Okay. It's admitted.

25 BY MR. NEARS:

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1 Q. And we're going to come back to that, Warden
2 Dufley. But as it relates to each individual execution that
3 has taken place pursuant to those protocols, has there been
4 an individual file or record kept outlining compliance with
5 the provisions of protocol for each individual person that's
6 been executed?

7 A. There are some records. I'm not exactly sure what
8 you're asking. There are individual records pertaining to
9 each execution.

10 Q. And those records would reflect those things that
11 the protocol require to be done: nurse's notes, hourly
12 observations of the individuals prior to execution, things
13 of that nature?

14 A. You will find some of that. Now, there again,
15 that's some of the things that -- there are some things in
16 here that is not done. And you know, some of the things are
17 outside of the -- our local responsibility. There are some
18 things that were supposed to be done in Atlanta that were
19 not being done. Those were some of the suggestions we had
20 on revisions.

21 Q. For example -- well, and I understand and I
22 appreciate that response. For example, the protocols
23 require that, for example, drugs be withdrawn from the
24 pharmacy in certain amounts?

25 A. Right. Right. And that is done.

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1 It varies somewhat from state to state through our
2 research. But, you know, for the most part the chemicals
3 are usually the same and the process is pretty much the
4 same.

5 Q. Warden Duffey, when I and you use the term
6 protocols, would you explain that for the record as to what
7 we're talking about? A list of documents? A set of
8 documents? Or what are the protocols?

9 A. Well, they're the procedures that you take in
10 carrying out an execution, you know, everything from how you
11 handle the media to, you know, who procures the drugs, where
12 they're stored and kept, how much of the drug is used. Just
13 every step of the process is the protocol.

14 Q. Okay. With regard to the protocols that are
15 currently in use at the Diagnostic and Classification
16 Prison, were you involved in the actual drafting of those
17 protocols?

18 A. Yes.

19 Q. And were you a part of a committee or a working
20 group? Who else besides yourself were involved in
21 developing the protocols which dictate how an execution
22 takes place?

23 MR. PORTER: Your Honor, I'm going to object to
24 the relevancy of that question in regard to
25 constitutionality of lethal injections.

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1 THE COURT: Okay.

2 MR. MEARS: Your Honor, the question of whether or
3 not the protocols are sufficient to meet the Eighth
4 Amendment and the Seventeenth Amendment of Georgia's
5 Constitution's ban against cruel and unusual punishment
6 certainly goes to the heart of the issue about whether
7 or not the procedures are constitutional. The undue
8 risk of pain, whether or not the execution by lethal
9 injection can be carried out in a medically prescribed
10 manner, that's in accordance with the humaneness by
11 which the legislature dictated that lethal injection be
12 carried out. I think how the protocols came in to
13 being and what those protocols say goes to the heart of
14 this matter.

15 MR. PORTER: Your Honor, we're going to object to
16 how they came in to being as irrelevant. If they exist
17 and a foundation can be laid -- and we would submit
18 that they do exist and a foundation can be laid --
19 that's the issue. But who was on the committee that
20 created the protocols or how they were created could
21 have been written by Warden Duffey in the middle of the
22 night by himself. And they're either -- they either
23 stand on their own or they're not. And any other
24 matter is irrelevant.

25 THE COURT: Okay. What was the question again,

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1 Mr. Mears?

2 MR. MEARS: Was he on a Committee or working group
3 that put these together? I don't believe that Warden
4 Duffey thought these up in the middle of the night, in
5 all due respect to Warden Duffey, whether or not there
6 was an attention to the detail in the protocols how the
7 catheterization was to take place, where it was to take
8 place, things of that nature. If it was done in
9 accordance with consultations with medical personnel, I
10 think that would be important for the Court to
11 understand. Whether they just simply ignored medical
12 advice, which I don't think took place, that also would
13 be relevant I would submit, Your Honor. That's why I'm
14 asking.

15 THE COURT: But what was the question again?

16 MR. MEARS: Who all worked on putting this
17 together? Was it a group, a Committee, or did Warden
18 Duffey come up with it by himself?

19 THE COURT: Okay. I'll overrule the objection,
20 but I do understand where Mr. Porter's going to. I
21 don't want to -- I'll overrule the objection just so it
22 can be in the record how they were put together. But
23 he's already agreed to let you put the protocol in.

24 MR. MEARS: I'm not going to go in to discussions
25 that Warden Duffey had with other people. I just

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1 wondered who all was involved in putting these
2 together.

3 THE COURT: Okay. I'll overrule the objection.

4 BY MR. MEARS:

5 Q. Warden Duffey, could you answer the question?

6 A. Well, the overall protocol was already in place
7 basically because, you know, they had already carried out 23
8 executions by the electric chair. So the only thing that
9 changed, besides tweaking a few steps in that process, was
10 the actual changing over from electrocution to lethal
11 injection. And then there again, we basically took South
12 Carolina's policy, went over that.

13 And as far as who all was involved, I really
14 couldn't tell you who all because some of the things came
15 out of Atlanta and were sent to us. And then I certainly
16 didn't have final approval over anything.

17 But people like Major Brooks. And, of course, we
18 did meet with medical staff. We had the doctors' input on
19 some of the things because, you know, I don't know how to
20 start a catheter. And so they had to -- even reading what
21 South Carolina had written that this is how they do it, you
22 know, I didn't necessarily understand it. And so then, you
23 know, to put it in to our words, you know, we had nurses and
24 doctors involved in that process.

25 But it was just basically, like I said, we just

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O.C.G.A. Section 17-10-30, 17-10-33, 17-10-38, As Amended, 17-10-41 and 17-10-44.

More specifically, Mr. Mears, I think it's fair to say that you're asking the Court to strike the code sections which allow the execution of this Defendant by lethal injection as being unconstitutional.

MR. MEARS: That's correct, Your Honor.

THE COURT: And on at least two different grounds: unconstitutional as drafted; unconstitutional as applied; and then even if I found it was constitutional, you want me to appoint someone to make sure it's carried out in a constitutional manner, if I remember correctly.

MR. MEARS: That's correct, Your Honor. That's our three prayers for relief.

THE COURT: All right. You ready to proceed?

MR. MEARS: Yes, Your Honor.

THE COURT: Okay.

MR. MEARS: With the Court's permission, we'd call Warden Terry L. Duffey as our first witness.

THE COURT: Okay. Is Mr. Duffey in the courtroom?

MR. MEARS: May I step out and get him?

THE COURT: Yeah, if you'll step out and ask him to step in.

MR. MEARS: Your Honor, as a preliminary matter,

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we have documents which we feel Mr. Duffey will be able to authenticate. I've provided a copy of these to Mr. Porter in a notebook. And as soon as we lay the foundation if they're permitted, I have a copy for the Court. These are execution protocols and things from them. But I wanted the record to reflect I did give Mr. Porter a copy of this earlier this morning.

THE COURT: Sir, are you Warden Duffey?

MR. DUFFEY: Yes, sir.

THE COURT: If you'll come on up and have a seat. Mr. Mears will swear you in and we'll proceed.

DIRECT EXAMINATION

BY MR. MEARS:

Q. Warden Duffey, will you please state your full name and your current professional address?

A. Terry Lee Duffey, Post Office Box 1877, Jackson, Georgia 30233.

Q. Warden Duffey, how are you employed?

A. Deputy warden of security at Georgia Diagnostic and Classification Prison.

Q. And how long have you been employed in that position?

A. Six years.

Q. I'm sure Judge Clark knows this, but for the record, would you explain what the Georgia Diagnostic and

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Classification Prison is and how it relates to the holding of inmates who have been sentenced to death?

A. Well, we're a diagnostic facility. That's our primary mission. But we also -- additional mission is we house death row inmates at Jackson.

Q. Approximately how many death row inmates are under your direct supervision at this time?

A. 119.

Q. Would you explain to Judge Clark in somewhat greater detail what your duties are as deputy warden in charge of security as it relates to those inmates that are currently under sentence of death at Jackson?

A. Besides the security aspect?

Q. Yes, sir.

A. Well, part of my responsibility in that regard would be putting everything together to carry out executions. And it's just basically make sure that you've got people in place that do all the various duties that are involved and just oversee that operation.

Q. Warden Duffey, would it be a fair statement to say that you are the person in charge of the executions that are ordered to be carried out by courts in the State of Georgia?

A. Well, technically it would be Warden Head but he delegates a lot of that responsibility to me.

Q. Have you been involved as a deputy warden in

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charge of security for all of the executions that have taken place through the use of lethal injection?

A. Yes, sir.

Q. Were you involved in the planning and development of protocols which dictates how executions are carried out by lethal injection?

A. Yes, sir.

Q. Would you please explain to Judge Clark how that process took place and approximately when and under what circumstances you were involved in developing the -- and for lack of a better term -- execution protocols?

A. Well, basically, once the law was passed -- let me think a second. Yeah, once the law was passed, then we -- we didn't know when we might ever carry out a lethal injection, of course, at the time because the chair was still constitutional. But we began preparing at that point.

And it started with a lot of telephone calls to other states that were using that method of execution. It basically culminated with a visit to South Carolina and -- where we met with officials there and toured their facilities and went over all of their protocols. And basically our protocols mirrored what South Carolina was doing who in turn had mirrored what Virginia was doing with their protocols.

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1 those drugs once they're checked out from the pharmacy,
2 how they're handled all the way back to the point in
3 time that they're turned back in to the pharmacy if
4 they are, in fact, turned back in. And it helps them
5 keep an inventory log as well.

6 BY MR. MEARS:

7 Q. In effect, you are authorized by the State and the
8 Department of Drug Enforcement to dispense and -- possess
9 and dispense controlled substances; is that correct?

10 A. Right.

11 Q. In this particular instance -- and I'm not going
12 to go through all of the executions. I'm trying to use this
13 as an example so please understand I'm not going to do this
14 each time. But looking at the drugs that were withdrawn for
15 the Terry Mincey execution, did you withdraw these drugs
16 from the pharmacy pursuant to the authority granted to you
17 by the State of Georgia?

18 A. Yes.

19 Q. And does this document that's a part of
20 Defendant's Exhibit 3, does that show who gave those drugs
21 to you?

22 A. Yes, it does.

23 Q. Sort of a chain of custody type of document; would
24 that be a fair statement?

25 A. Yes, sir.

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1 Q. Who decided the amounts of drugs that you were to
2 withdraw to give to the people who were to inject them in to
3 Mr. Mincey?

4 A. That was based on South Carolina and Virginia's
5 protocol.

6 Q. To your knowledge was there any independent
7 investigation made, say, by Dr. Chris Sperry or the medical
8 examiner's office, someone like that, as to what type of
9 drugs and what amounts were to be used in each execution?

10 A. Well, nothing official. Now, of course, in
11 establishing the protocols, and, you know, we certainly
12 talked with our doctors at the institution. And, you know,
13 of course, I don't think there's very many doctors out there
14 that have the recipe for taking a life. And so they didn't
15 necessarily know what amounts and all. But when you tell
16 them what amounts were being used by other states, you know,
17 they agreed that that would do the job.

18 Q. Okay. And in this particular instance, it
19 appears -- and I'm looking at the document and correct me if
20 I'm wrong -- that in the case of Terry Mincey, six grams of
21 Pentothal, that would be sodium Pentothal --

22 A. Right.

23 Q. -- were withdrawn for purposes of injecting in to
24 Terry Mincey; is that correct?

25 A. Right.

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1 Q. Also the pavulon, 150 milligrams; is that correct?

2 A. Yes, sir.

3 Q. And also the potassium chloride is 360 -- I
4 believe this is medical equivalent or --

5 A. Milliequivalent.

6 Q. Milliequivalent of 360 grams; is that correct?

7 A. Yes, sir.

8 Q. And then those were withdrawn from the pharmacy by
9 you and you delivered them to the team that was to mix the
10 drugs up; is that correct? Or did you do that?

11 A. Well, actually, I was the team so.

12 Q. Okay. And then after the drugs were put into the
13 syringes and anything was left over, then you returned to
14 the pharmacy; is that correct?

15 A. Well, basically what we're drawing out is enough
16 for three doses. And when you prepare your syringes, you
17 mix enough for two doses. So you always have one dose
18 that's untouched, the seal is not broken on any of the
19 chemicals, and that's what gets turned back in to the
20 pharmacy. The second dose that does not get used is flushed
21 in accordance with DEA policies.

22 Q. Okay. Now, with regard to the putting the drugs
23 in the syringe, what type of specialized training were you
24 given by Warden Head or other people to prepare you to do
25 that particular job?

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1 A. I had a nurse and every -- I had a nurse work with
2 me prior to. And then every execution so far I've had a
3 nurse present and monitoring me while I do that job.

4 Q. Has it been the same nurse each time, Warden
5 Duffey?

6 A. Yes.

7 Q. What nurse was that?

8 A. Wanda Davis.

9 Q. Is Ms. Davis an R.N. or an L.P.N.? Do you know?

10 A. I think an R.N. I'm not positive.

11 Q. So she's there to help and assist you putting the
12 drugs in the solution; is that correct?

13 A. Yes.

14 Q. Would you explain to Judge Clark the significance
15 of using different syringes, as you understand it, and the
16 significance of having the saline solution available in a
17 different syringe? So he'll understand -- I'm sure he
18 understands it. So the record will reflect how you go about
19 preparing these three drugs.

20 A. Well, my understanding is that it's the process of
21 how those three drugs work. That you start with the sodium
22 Pentothal and that basically puts the person to sleep. You
23 follow each drug with a syringe of saline and that is
24 basically to flush the remaining drug that's still in the
25 I.V. line. You're talking about a pretty long I.V. line.

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1 Q. Warden Duffey, you were present at Jose High's
2 execution; is that correct?

3 A. Yes.

4 Q. Where were you physically when the nurses began to
5 insert the catheters in to Mr. High's arms?

6 A. I was in the chamber but I was behind the
7 curtain. We have a curtain inside the chamber.

8 Q. Were you able to visually see the activities of
9 the nurse as she attempted to insert the catheters in to
10 Mr. High?

11 A. No. There again, I was behind the curtain. He
12 was on the other side so -- it's a small area. I don't know
13 if you've seen it, but it's a small area that's partitioned
14 off by that curtain.

15 Q. You could hear but you couldn't see?

16 A. Right.

17 Q. Would that be a fair statement?

18 A. Yes, sir.

19 Q. Now, the protocols, correct me if I'm wrong, but
20 the protocols seem to indicate that the catheterization is
21 to be done by an emergency medical technician; is that
22 correct?

23 A. Well, that was our initial -- that was the way we
24 started out with. That's what South Carolina and Virginia
25 were doing. We ran in to some problems with that. Because

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1 of Georgia's liberal Open Records Act, our emergency medical
2 technicians didn't want to have their names flashed all in
3 the newspapers and get subpoenaed to court and that sort of
4 thing.

5 Q. Like those two gentlemen sitting out in the hall?

6 A. Like those two sitting out -- but they didn't have
7 much choice because they wear a Department of Corrections
8 uniform. So when they backed out, because of that, then the
9 decision was made to go with a nurse.

10 Q. Who made that decision? Do you recall?

11 A. It was -- I'm sure it was a combination of Warden
12 Head, Mr. Doctor, and the commissioner.

13 Q. Mr. Doctor being --

14 A. The facilities director.

15 Q. -- the facilities director of the Department of
16 Corrections?

17 A. Yes, sir.

18 Q. He's the individual directly under
19 Mr. Wetherington; is that correct?

20 A. Yes.

21 Q. I'll ask you to look at Jose High, at the notes of
22 Jose High, and flip over if you will to that portion where
23 it indicates that the nurse is attempting to put in -- and
24 looking at 11/6/01 -- where the nurse is attempting to put
25 in the I.V. Probably the last two pages?

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1 A. Okay. Nurse came in to put in I.V.

2 Q. Now, you were behind the curtain when that part of
3 the process was taking place?

4 A. Yes.

5 Q. Could you hear the activities of the nurse
6 attempting to put the I.V. in Mr. High's arms?

7 A. Well, I could hear what was going on.

8 Q. Did you hear any -- I'm not asking you what the
9 conversation was, but could you hear any conversation from
10 her to any doctors or anyone else other than Mr. High?

11 A. Nothing that I recall.

12 Q. Okay. Looking at this time line that was kept --
13 and this was not kept by the nurse; is that correct?

14 A. No, huh-uh.

15 Q. It would appear -- and correct me if I'm wrong, it
16 appears that the period of time that it took to put the
17 catheter in Mr. High was approximately 39 minutes. Is that
18 a fair statement?

19 A. I think it's fair, yes. I haven't actually looked
20 at the logs to determine that, but that's everything that
21 I've heard.

22 Q. And it indicates at nine -- it appears 9:41, it
23 says the nurse got all I.V. in the inmate. Do you see that
24 notation?

25 A. Yes, 1941.

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1 Q. You were present -- the nurse in that case did not
2 actually insert the I.V. in to Mr. High; is that correct?

3 A. No. She did insert one I.V. in to Jose High.

4 Q. Okay. Did she insert both I.V.s in to him?

5 A. No. The second I.V. was what they call a central
6 line procedure and that was done by the doctor.

7 Q. That was the intracavicle (phonetic) insertion
8 under the collar bone, what I call the collar bone; is that
9 correct?

10 A. Right.

11 Q. Was there any discussion about the doctor stepping
12 in to do that? Did you have any input into that decision?

13 A. No, sir. No, sir.

14 Q. Who made the decision to deviate from the
15 protocols which called for the EMT and then the other change
16 where the nurse is doing it -- now we have a doctor doing
17 it. Who made that decision?

18 A. Well, the protocol already established having a
19 doctor there for that particular purpose, that if a normal
20 I.V. port cannot be established, then, you know, it's in the
21 protocol that a doctor will establish either what some
22 people -- I think the old term, the old medical term for it
23 was called a cut down procedure, but the new medical term is
24 called a central line procedure. So that was -- that was
25 planned for before there was ever an execution taking place

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1 under lethal injection.
2 Q. Is it your understanding, Warden, that the cut
3 down procedure that's authorized by the protocols be done by
4 an institutional doctor or contract doctor?
5 A. Contract doctor.
6 Q. And is it your understanding that the cut down and
7 the direct line I.V. is the same medical procedure? Is that
8 your understanding?
9 A. Yes, sir.
10 MR. MEARS: Excuse me just one moment, Your Honor.
11 THE COURT: Sure.
12 BY MR. MEARS:
13 Q. If you will look, I'm going to ask you to look at
14 the photographs of Jose High, the direct line insertion. I
15 believe it's behind this one.
16 A. Okay.
17 MR. MEARS: Your Honor, the original is a color
18 photograph. I think the one that the Court has and the
19 one that the prosecutor has is black and white because
20 we've Xeroxed it. I'd like to just show the color one
21 to the witness so that it's -- perhaps the Court would
22 like to see this one.
23 THE COURT: Sure.
24 BY MR. MEARS:
25 Q. I'm showing you an original document to compare.

1 quite frequently in nursing homes and that sort of thing.
2 Q. In fact, during this attempt as outlined by the
3 death log, it was somewhere around 39 minutes of attempting
4 to find a suitable vein, this treasure hunt that Mr. High
5 spoke about --
6 A. Right.
7 Q. -- in his arms and his hands; is that correct?
8 A. Yes.
9 MR. MEARS: There's also a black and white part of
10 the package, Your Honor.
11 BY MR. MEARS:
12 Q. I'm showing you now just another page. Does that
13 show what you understand to be photographs of those areas of
14 Mr. High's arms and hands where catheters were attempted to
15 be inserted?
16 A. I don't know exactly where they attempted to
17 insert them. I mean, that certainly looks like his arm and
18 hand.
19 Q. You saw the body after he'd been -- after the
20 execution; is that correct?
21 A. Very briefly. I mean, I didn't look at the body,
22 so to speak.
23 Q. I understand. And I'm not asking you to say
24 anything that you, you know, didn't see or you have personal
25 knowledge of. It is correct, is it not, that the nurse was

1 is that the same photograph?
2 A. Right.
3 Q. With regard to that procedure, what was -- what
4 necessitated -- first of all -- I'm getting ahead of
5 myself. I'm sorry. The protocols call for the
6 catheterization to be done one in the right arm and one in
7 the left arm; is that correct?
8 A. Yes.
9 Q. And the protocol makes some allowances if it's not
10 possible, then, to do a cut down; is that correct?
11 A. Yes, sir.
12 Q. In the instance of Mr. High, why was the nurse not
13 able, if you know, to insert the catheter into his arms?
14 A. Well, Jose High was a prolific drug user before he
15 was incarcerated and an I.V. drug user. And from what I've
16 been told, each time you stick a vein, it causes a scar
17 tissue. And then that creates a problem trying to insert a
18 catheter at any point down the road. In fact, Jose High
19 told us when I took him out to H-5 that this was going to be
20 a treasure hunt trying to get a vein on him.
21 And so it's -- you know, that's why the procedure
22 is in place. I also understand that it's common in elderly
23 people, you know. I'm not a medical person so I don't have
24 anything to base that on. But in talking with the nurses
25 and doctors, you know, they say that's something you see

1 not able to secure a suitable vein in Mr. High's arms or
2 hands as it related to inserting the catheter; is that
3 correct?
4 A. Yes, sir.
5 Q. Does the protocols call for the cut down to be
6 done in any particular part of the body? Are you familiar
7 with --
8 A. I think that's strictly left up to the doctor. I
9 mean, they know more about that than we do.
10 Q. Do you know whether or not the protocols call for
11 the administration of a local or general anesthetic for an
12 individual prior to a cut down or a direct line insertion
13 being made?
14 A. I don't think there's anything in that protocol.
15 But there again, it's a medical procedure. And if I'm not
16 mistaken, they do have some type of local -- I don't even
17 know what it is. But something they put on the skin to
18 deaden that area.
19 Q. Is there any type of general anesthetic to be
20 administered to the individual prior to the surgery of a cut
21 down?
22 A. Not that I know of.
23 Q. Okay. You were present in the chamber. Mr. High
24 made audible responses to the direct line insertion into his
25 neck; is that correct?

1 A. Yes.

2 Q. And do you recall what he was saying?

3 A. I don't think he really said anything. Just, you
4 know, the kind of noises you hear when folks get a shot or
5 things like that; you know, a moan, a groan or whatever you
6 want to call it. I don't remember him actually saying
7 anything; just making those type noises.

8 Q. Prior to that time, that time being the direct
9 line insertion into the -- I know I'm butchering the
10 pronunciation of this -- the intracavitary (phonetic)
11 insertion -- prior to that time had Mr. High been given any
12 type of general anesthetic for possible pain?

13 A. No. Everybody is offered a sedative prior to.
14 It's their choice. And if I'm not mistaken, he refused.

15 Q. That was --

16 A. But the records should indicate whether he did or
17 did not.

18 Q. And I believe you're correct. But that would have
19 been for anxiety, calm him down, that sort of thing; is that
20 correct?

21 A. Well, it could be for a number -- I mean, it would
22 certainly be for that. But I think it would also ease
23 inserting I.V.'s as well.

24 Q. Now, in the -- in any of the other executions
25 which you have supervised, have there been any cut downs

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1 made of any of the other individuals?

2 A. No, sir.

3 Q. Have any of the other individuals been prior drug
4 users?

5 A. Not to my knowledge.

6 Q. Would any of the other individuals who were
7 executed take as long as 19 minutes for the insertion of the
8 catheters?

9 A. No, sir.

10 Q. Now, with regard to Mr. Gilreath, Fred Merion
11 Gilreath, Mr. Gilreath was an older person; is that correct?

12 A. Yes.

13 Q. In his late 50's; is that correct?

14 A. I'm not sure of his age.

15 Q. Was anything done -- he took a sedative, did he
16 not, prior to --

17 A. I think he did, yes.

18 Q. Is there any record as to what that sedative was?

19 A. Nothing that I have. I'm sure that, you know, the
20 doctor has it. It may be in his medical file. I'm not
21 sure.

22 Q. Then I wouldn't be too far out of line if I said
23 it was not in the documents provided to us as part of the
24 execution. It's not there. You're familiar with those
25 documents?

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1 A. Well, actually, yes and no. I mean, I'm very
2 familiar with some of these documents. But some of them
3 came out of central office. Like his medical file, I have
4 never looked at his medical file so I have no idea what
5 might be in there. And whether it was turned over or not, I
6 don't know.

7 Q. To your knowledge, do the protocols call for any
8 analysis or investigation of a person's allergies to
9 different types of medications?

10 A. I don't think the protocol strictly addresses
11 that. But it is something that the doctors look at prior to
12 an execution as well as what type of veins the person has.
13 I mean, you know, we knew long before Jose High ever went on
14 death watch that there was going to be a problem starting an
15 I.V. with him. As did he.

16 Q. And you've got other potential situations like
17 that because of prior drug use on other individuals if
18 they're executed; is that correct?

19 A. I would say that that potential exists. You know,
20 there again, we don't prescreen them until we have a Court
21 order to carry out an execution.

22 Q. And the protocols aren't adjusted for each
23 individual?

24 A. No.

25 Q. For any reason; is that correct?

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1 A. No, sir.

2 Q. Now, once you have mixed the drugs and once those
3 drugs are in the syringes, who determines the individuals --
4 and I'm not going to ask their names -- who determines the
5 individuals who are going to actually push these plungers on
6 the syringes that inject the lethal substances into the
7 condemned person's body?

8 A. Well, that would be a combination of the warden
9 and myself.

10 Q. Is any training given to these individuals as to
11 how they are to depress the plungers? The pressure, the
12 speed, that sort of thing?

13 A. Yes.

14 Q. What type of training is that?

15 A. There again, we have nurses and the EMTs worked
16 with us prior to the first execution. We used a type of a
17 training arm. I don't know what the correct name of it is,
18 but it looks like an arm. It's a medical arm that you can
19 purchase through medical supply companies that nurses and
20 EMTs and those type people practice on when they're going
21 through schools. And the veins are -- the arm supposedly
22 simulates a real arm with a real vein structure and that
23 sort of thing. And by using that, then you can determine,
24 you know, your -- at how fast or your plunge rate on the
25 syringes.

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| | | | |
|--------|--------|------------------------------------------------------------|----|
| CP III | 7:21pm | 2nd Saline heparinized syringe being inserted. Continued | HH |
| CP III | 7:22pm | On seeing heavily under speaking | HH |
| CP III | 7:23pm | 4th syringe heparin being injected | HH |
| CP III | 7:24pm | 4th syringe heparin - being inserted | HH |
| CP III | 7:25pm | Saline syringe inserted | HH |
| CP III | 7:26pm | Last syringe being injected. No movement | HH |
| CP III | 7:27pm | Some indication of heart activity on heart monitor. Second | HH |
| CP III | 7:28pm | round of systolic marks. | HH |
| CP III | 7:29pm | Only syringe is Penicillin Chloride as second in of | HH |
| CP III | 7:30pm | chemistry. Saline solution injected | HH |
| CP III | 7:31pm | No sign of heart activity here in monitor. | HH |
| CP III | 7:32pm | Distal indicators on side of heart activity. Second distal | HH |
| CP III | 7:33pm | indicates on top of left. Procedures are complete. | HH |

| | | | |
|--------|--------|-----------------------------------------------------------------|----|
| CP III | 6:31pm | Warden mentions life of chamber. Cohn | HH |
| CP III | 7:01pm | IV applied in left arm. Right arm also | HH |
| CP III | 7:02pm | Line pitched to right hand. Connecting with oxygen and | HH |
| CP III | 7:03pm | medical staff. Life sustained | HH |
| CP III | 7:04pm | Line being connected to left hand | HH |
| CP III | 7:05pm | Wardens are must in resuscitation chamber. No problem with | HH |
| CP III | 7:06pm | pressure that for. Receptor tubing must. | HH |
| CP III | 7:07pm | IV in right hand properly line for resuscitation. Heart monitor | HH |
| CP III | 7:08pm | leads being attached | HH |
| CP III | 7:09pm | Chew barium being removed. Talking to everyone | HH |
| CP III | 7:10pm | pressure. Warden at rear gate | HH |
| CP III | 7:11pm | First arm movement being applied in this time. | HH |

NAME OF COMBINED: SpH 97, Remak Kohn

COMMISSIONER'S COMMAND POST ACTIVITY LOG

| CALLER | TIME | ACTIVITY | INITIALS |
|--------|--------|--------------------------------------------------------|----------|
| CP III | 7:01pm | Fluores being held to arm. Warden has moved | HH |
| CP III | 7:02pm | to resuscitation chamber. Arriving at rear of chamber. | HH |
| CP III | 7:03pm | Microphone being applied to rear of chamber. Shot | HH |
| CP III | 7:04pm | placed over chamber to the back | HH |
| CP III | 7:05pm | Chamber filled forward. Continued feeding | HH |
| CP III | 7:06pm | Life sustained again by warden | HH |
| CP III | 7:07pm | Warden are entering a resuscitation chamber | HH |
| CP III | 7:08pm | Warden still entering chamber. Quiet and calm | HH |
| CP III | 7:09pm | Warden withdrawing himself in chamber and breathing | HH |
| CP III | 7:10pm | on tube. | HH |
| CP III | 7:11pm | Adding evidence any last thing? Continued say - yes | HH |
| CP III | 7:12pm | Can't hear anymore - continuing make no movement in | HH |
| CP III | 7:13pm | chamber and disengaged for crime and evidence work | HH |
| CP III | 7:14pm | Warden ask for report | HH |
| CP III | 7:15pm | Chaplain has finished prayer | HH |
| CP III | 7:16pm | Warden reading evidence order | HH |
| CP III | 7:17pm | Warden completed reading order | HH |
| CP III | 7:18pm | Commissioner has given order for evidence to proceed | HH |
| CP III | 7:19pm | Warden giving order to proceed. 2nd Saline Penicillin | HH |
| CP III | 7:20pm | syringe being injected now. Continued speaking to | HH |
| CP III | 7:21pm | chamber in a single tone | HH |

| COMMISSIONER'S COMMAND POST | | NAME OF COMBINED: | | INITIALS | |
|-----------------------------|--------|------------------------------------------------------|----------|----------|----------|
| CALLER | TIME | ACTIVITY | INITIALS | INITIALS | INITIALS |
| CP III | 7:00pm | Let has been established | HOI | HOI | HOI |
| CP III | 7:01pm | Heart monitor leads are being attached | HOI | HOI | HOI |
| CP III | 7:02pm | Talking with Deputy Western Duffy | HOI | HOI | HOI |
| | | to a house | HOI | HOI | HOI |
| | | Left arm established in active leg | HOI | HOI | HOI |
| | | Right arm in primary IV site | HOI | HOI | HOI |
| | | Chapman in rooming chamber | HOI | HOI | HOI |
| | | condemned floor | HOI | HOI | HOI |
| CP III | 7:04pm | Chart has been attached | HOI | HOI | HOI |
| CP III | 7:05pm | Microphone being attached to | HOI | HOI | HOI |
| CP III | 7:07pm | Prigitt being taped down. No response | HOI | HOI | HOI |
| CP III | 7:08pm | Curry in field position | HOI | HOI | HOI |
| CP III | 7:09pm | Start placed in lower part of | HOI | HOI | HOI |
| CP III | 7:10pm | body | HOI | HOI | HOI |
| CP III | 7:11pm | Waiting on Western | HOI | HOI | HOI |
| CP III | 7:12pm | Calm and talking with Western | HOI | HOI | HOI |
| CP III | 7:13pm | Western being carried into executive chamber | HOI | HOI | HOI |
| CP III | 7:14pm | Western wearing execution chamber and being strapped | HOI | HOI | HOI |
| CP III | 7:15pm | Western wearing hooded jacket is witness and giving | HOI | HOI | HOI |
| CP III | 7:16pm | instructions to witnesses | HOI | HOI | HOI |
| CP III | 7:17pm | Western final remarks made - (read on hear) Chapman | HOI | HOI | HOI |
| CP III | 7:18pm | reading 277 pages and 2nd California Chapter 5 | HOI | HOI | HOI |
| CP III | 7:19pm | Western reading execution order | HOI | HOI | HOI |
| CP III | 7:20pm | Western going to execution room - Comedian for | HOI | HOI | HOI |
| CP III | 7:21pm | first walk. Five witnesses being served | HOI | HOI | HOI |
| CP III | 7:22pm | Second syringe | HOI | HOI | HOI |
| CP III | 7:23pm | No movement from maintain | HOI | HOI | HOI |
| CP III | 7:24pm | On P syringe was - 1st | HOI | HOI | HOI |
| CP III | 7:25pm | Potassium Chloride syringe turned | HOI | HOI | HOI |
| CP III | 7:26pm | Second syringe started | HOI | HOI | HOI |
| CP III | 7:27pm | PC syringe being turned. Two physicians go out with | HOI | HOI | HOI |
| CP III | 7:28pm | Prigitt | HOI | HOI | HOI |
| CP III | 7:29pm | Two physicians - no sign of life. Pronounced dead | HOI | HOI | HOI |
| CP III | 7:30pm | Second physician - no sign of life. Pronounced dead | HOI | HOI | HOI |

(11.1)

CONTROLLED CHEMICAL DISPOSITION RECORD (LETAL INJECTION)

GEORGIA DEPARTMENT OF CORRECTIONS - GDCP

CHEMICALS DISPENSED BY GDCP PHARMACY

| Name of Chemical - Amount | Date Issued | Lot # | Expiration | # of Vials |
|------------------------------|-------------|-----------|------------|------------|
| PENTOTHAL 5 GRAMS | 2-12-02 | 67-306 DE | 7-02 | 4 |
| PAVULON 150 MG/ML | 2-12-02 | 61-045 DE | 4-02 | 15 |
| POTASSIUM CHLORIDE 300 MG/ML | 2-12-02 | 60-312 DE | 5-02 | 9 |

| ISSUED BY (SIGN AND PRINT NAME) | RECEIVED BY (SIGN AND PRINT NAME) | DEPT/LOCATION |
|---------------------------------|-----------------------------------|---------------|
| Correll, ne Harkins | Terrell, L. Duffy | GDCP Pharmacy |
| Terrell, L. Duffy | | |

CHEMICALS ADMINISTERED BY INJECTION TEAM

| DATE | TIME | INMATE NAME/NUMBER | CHEMICALS | QTY |
|---------|------|--------------------|--------------------|--------|
| 3/12/02 | 1928 | Harold, Tracy | PENTOTHAL | 2 gms |
| | | EF 189200 | PAVULON | 50 mg |
| | | | POTASSIUM CHLORIDE | 240 mg |

CHEMICALS DESTROYED

| CHEMICALS DESTROYED | QTY | # OF SYRINGES | DATE DESTROYED | DEPT/LOCATION |
|---------------------|--------|---------------|----------------|---------------|
| PENTOTHAL | 2 gms | 2 (600) | 3/12/02 | GDCP U-5 |
| PAVULON | 50 mg | 1 | | |
| POTASSIUM CHLORIDE | 240 mg | 1 | | |

| DESTROYED BY (SIGN AND PRINT NAME) | WITNESSED BY (SIGN AND PRINT NAME) | DEPT/LOCATION |
|------------------------------------|------------------------------------|---------------|
| Harold, R. Brown | Terrell, L. Duffy | GDCP |
| Harold, R. Brown | | |

CHEMICALS RETURNED TO GDCP PHARMACY

| DATE RETURNED | CHEMICAL RETURNED | QTY RETURNED | # OF VIALS |
|---------------|--------------------|--------------|------------|
| 3/14/02 | PENTOTHAL | 2 gms (2) | 2 |
| | PAVULON | 50 mg (2) | 5 |
| | POTASSIUM CHLORIDE | 120 mg (3) | 3 |

| RETURNED BY (SIGN AND PRINT NAME) | RECEIVED BY (SIGN AND PRINT NAME) | DEPT/LOCATION |
|-----------------------------------|-----------------------------------|---------------|
| Correll, ne Harkins | Correll, ne Harkins | GDCP |
| Terrell, L. Duffy | | |