

EXHIBIT B

Declaration of Philip Nitschke PhD MD

I PHILIP NITSCHKE, Ph.D., M.D., declare under penalty of perjury under the laws of the United States of America:

1. Profile

- 1.1 Since 1997, I have been the director and chief researcher of the pro-assisted suicide organisation, Exit International.
- 1.2 Over the past two decades' experience I have developed significant expertise in self-help methods to bring about an elective, peaceful and reliable death.
- 1.3 These methods include: Lethal drug protocols (barbiturates, tricyclics, etc), poisons (eg. carbon monoxide, nitrite, etc), devices (eg. the Deliverance Machine) and inert gases (Helium and Nitrogen). They are discussed and continuously reviewed and updated in my *Peaceful Pill eHandbook* (see www.peacefulpillhandbook.com).
- 1.4 My involvement with the use of gas was central to the shift within the right-to-die movement away from the use of a plastic bag + sedatives and towards the more reliable system of plastic bag + positive inert gas flow. In 2014 I initiated the change from helium to nitrogen as the preferred inert gas.
- 1.5 I spent a number of years involved in experimental research physics with a focus on laser gas analysis of shock waves, completing my PhD in physics in 1973. In 1982 I returned to Sydney university to commence medical studies and on completion moved to Royal Darwin Hospital where I designed the 'Deliverance' assisted suicide machine. This machine was used by four of my terminally ill patients to lawfully end their lives in 1996 under the Northern Territory 'Rights of the Terminally Ill' Act, and is now on permanent display in the British Science Museum in London. My background allows me to critically analyse the proposal detailed in the Alabama protocol. My CV is attached as Exhibit 2.

2. Hypoxic Death using a Closed System with a Face Mask

- 2.1 Early methods used for an elective, hypoxic death involved the use of a plastic Exit bag/ hood combined with a significant dose of sedatives. The plastic bag provided a small enclosed, hypoxic environment. Sedatives were used to suppress the ‘alarm response’ caused by the rise in the level of carbon dioxide within the bag (from the exhaled breath of the user).
- 2.2 This method was found to be unreliable as those seeking to die often failed to take enough sedatives to suppress the alarm response. The time-to-death (TDD) was also consistently longer than preferred. The risk of vomiting was a further issue that led to the method’s replacement.
- 2.3 In 1998 (at the first gathering of the NuTech research group in Victoria, BC), I was one of a team of researchers who observed and analysed the possible use of a ‘closed system’ De-Breather to produce a hypoxic death. The De-Breather used a facemask and re-circulated exhaled air to generate the required lethal environment of low oxygen (and low carbon dioxide). However, there were ongoing problems associated with maintaining a tight air-seal between the device and the user’s face, especially once consciousness is lost. The use of a sealing facemask that could cover both the user’s nose and mouth was further compromised by facial hair, even with the use of a medically designed anatomical facemask. The method was abandoned in 2002.
- 2.4 These trials are documented in the 2001 academic article ‘Non-physician assisted suicide: the technological imperative of the deathing counterculture’ by Canadian researcher, Russel Ogden, which was published in the journal *Death Studies*.^{1 2}

¹ <https://pubmed.ncbi.nlm.nih.gov/11806409/>

² Note there are extremely few academic papers documenting the methodology of hypoxic death in an elective, suicide situation. This is largely because of the ambiguous legal issues facing observers when a person enacts their suicide and questions about whether the presence of a researcher could act as a source of encouragement and/or tacit coercion: both of these issues remain impediments in university ethics approval procedures.

3. Hypoxic Death using an Open System of a Plastic Bag/ Hood + Inert Gas

- 3.1 In 1997, the bag + sedative protocol was replaced with a new approach where an inert gas would be fed into the bag. The first of these 'open systems' used helium which was pumped into a plastic bag/ hood. The gas entered the bag with a flow rate of ~15 liters/min and escaped into the atmosphere through the bag's loose neckband. This method ensured that there was no accumulation of carbon dioxide within the bag and, therefore, there would be no alarm response experienced by the user.
- 3.2 Attempts would subsequently be made to replace the plastic Exit bag with a sealing facemask that could cover both the nose and mouth. The gas flow would allow the exhaled gas to escape into the atmosphere. While the facemask was seen by some to be a more aesthetically acceptable method than a plastic bag, problems associated with mask leakage (as with the rebreather) forced a return to the full head-covering plastic bag. A trial of this procedure was conducted at the assisted suicide organisation Dignitas, in Switzerland. This 2010 study can be found in the *Journal of Medical Ethics*.³
- 3.3 In 2014, the open system protocol was again changed, with 100% nitrogen replacing helium as the inert gas of choice. This change in use was largely driven by increasing difficulty in obtaining uncontaminated helium.
- 3.4 In conclusion, the open system of a plastic Exit bag that is fed with nitrogen (at a sufficient flow rate to ensure minimum oxygen and carbon dioxide levels) is generally considered a more reliable means of providing a peaceful, hypoxic death. Good technique, practice and the willing involvement by the person seeking to die is essential. Concerns over vomiting remain.
- 3.5 Based on the comments and experience outlined above, I highlight the following concerns regarding the planned approach to execution using hypoxia by the State of

³ <https://pubmed.ncbi.nlm.nih.gov/20211999/>

Alabama.

4. Summary

4.1 As discussed above, the various protocols developed by those active in the global right to die movement to produce a reliable and peaceful hypoxic death reveal a range of problems. This past experience should serve to inform those expecting to employ nitrogen hypoxia as an effective means of execution. The problems are identified below:

5. *Air Leakage*

5.1 The use of a sealing facemask has been abandoned because of the significant problems associated with maintaining an air-tight seal. Problems of mask fit, facial hair and dynamic changes associated with alteration of the user's facial and/ or muscle tone (as consciousness is lost or the person speaks) have been found to be unsolvable.

5.2 The smallest air leak greatly increases the time to loss of consciousness and uncertainty regarding the outcome. This uncertainty often led individual users to panic during their attempted suicide and abandon their plans for a peaceful death. Attempts to address the issue of facemask leakage, by increasing the flow rate/ delivery pressure of the gas (to reverse any inflow of oxygen especially during sudden deep inspiration), were only partially successful.

5.3 The only reliable way to deal with the issue of the seal of the facemask was with the cooperation of a third party (an 'assistant'). This person could recognise the problem and intervene to either re-position or apply manual pressure to the mask. Legally, this approach presented unacceptable risks.

6. Vomiting

6.1 Early closed system which used a plastic bag + sedative drugs were slow with a greater possibility that the user could vomit during the procedure. This problem was reduced with the addition of inert gas, and the use of an open bag, but never fully eliminated.

7. Points of Concern

7.1 I have reviewed in detail (as much as this is possible) the redacted protocol relating to the planned nitrogen gas execution of Kenneth Eugene Smith (attached as Exhibit 1). My Concerns are as follows:

8. The Sealing of the Facemask

8.1 I understand that Mr. Smith is to be strapped down, and some form of sealing facemask fitted. There is no information in the protocol on the design of the mask, or whether it has been made to custom-fit Mr. Smith's face (covering both his nose and mouth) so that there can be no introduction of room air/ oxygen upon deep gasping inspiration.

8.2 It is difficult to see how an effective air-seal could be initially established, let alone maintained, without Mr. Smith's participation and cooperation. In my opinion, this maintenance of an effective air-seal could only be achieved with the active involvement of a third party assistant: a person who would be able to monitor the situation and dynamically adjust and apply pressure to ensure that the facemask stays in place for the reasons discussed above (eg; changes in facial/ muscle tone upon loss of consciousness). There is no reference to any such person in the Protocol.

8.3 This is especially important given Mr. Smith is expected to deliver his final statement while 'wearing' the facemask, which could further dislodge the mask.

9. *Head Restraint?*

9.1 There is no reference in the protocol to any planned head restraint, or what would be the procedure upon the sudden and possibly violent movement of Mr. Smith's head: an involuntary (or voluntary) movement that could lead to dislodgement of the mask. This could occur as a deliberate act on the part of Mr Smith, or by the muscle spasms which can occur in the course of a person developing cerebral hypoxia.

10. *Gas Pressure & Flow Rate*

10.1 Details of the delivery pressure and flow rate of the nitrogen have been redacted from the protocol. If that is intended to address problems with facemask leakage by using a gas flow of 100% nitrogen with sufficient force to reverse any flow of atmospheric oxygen during deep inspiration, that will not always work. If there is any leakage, without further detail, it is not possible to comment on the effectiveness of such a strategy. What is clear is that there are no circumstances where the consequence of catastrophic mask dislodgement could be compensated by a high gas rate flow rate.

11. *Complications from Compromised Respiratory Function*

11.1 There is no reference in the redacted protocol to complications that may arise if Mr. Smith's respiratory capacity is compromised. Good respiratory function and gas exchange is necessary for the rapid loss of consciousness with nitrogen hypoxia. Individuals with specific (restrictive) lung disease experience a slow time to loss of consciousness using this method. These users often undergo considerable distress experiencing existential panic before they lose consciousness. Preliminary lung

function assessment (spirometry) is traditionally recommended in the right to die movement for those who seek to use nitrogen hypoxia to end their lives. If respiratory function is found to be compromised, the method is abandoned.

12. Vomiting

- 12.1 The issue of possible vomiting has not been addressed in the redacted protocol. Should Mr. Smith vomit, the planned 'humane' death from nitrogen hypoxia, would become a grim and uncertain death resulting from tracheal obstruction.

13. Conclusion

- 13.1 Based upon the details available in the protocol, there is good reason to be concerned about the planned procedure.
- 13.2 There is a significant possibility that Mr. Smith will be subject to incomplete cerebral hypoxia. A resultant vegetative state with permanent brain damage cannot be excluded.

14. Possible Modifications to the Planned Protocol?

- 14.1 If an execution subject is uncooperative, any procedure that relies on a facemask will be at risk of significant failure. One way to bypass the inherent problems of a facemask is to use a capsule, hood or container. The restraining gurney could then be placed within this contained environment. To effect a peaceful death the oxygen level within the container would need to be rapidly lowered from an ambient 21% to less than one percent. This would ensure an almost-immediate loss of consciousness with death following soon after.
- 14.2 Such a protocol would address the risks associated with any ingress of oxygen from surrounding air and eliminate any concern over carbon dioxide accumulation.

Although vomiting would still be a possibility, precipitants such as attempting one's final statement while wearing an alien head-mask would be removed. Facial expressions and emotions could also be clearly conveyed.

I declare the foregoing to be true and correct under the penalty of perjury under the laws of the United States of America.

/s/ Philip Nitschke

Philip Nitschke

Haarlem, Netherlands

20 November 2023

Exhibit 1

ALABAMA DEPARTMENT OF CORRECTIONS EXECUTION PROCEDURES

LETHAL INJECTION NITROGEN HYPOXIA ELECTROCUTION August 2023

I. General

- A. This procedure establishes the responsibilities, tasks, and procedures for the reception of a condemned inmate, for confinement, and for execution and day-of-execution preparation. Approval authority for changes or amendments to this protocol is the Commissioner of the Alabama Department of Corrections (the "ADOC").
- B. Individual responsibilities or specific procedures to be followed by certain ADOC employees may be further set forth in ADOC's training materials for execution of persons sentenced to death. In such case, those training materials will not deviate from the responsibilities, tasks, and procedures set forth in this execution procedures protocol.
- C. This procedure outlines the forms and documents used to ensure a professional and chronological order for all methods employed by ADOC to conduct judicial executions.
- D. This document is public. Where redactions appear in this document, the reason(s) for redaction is provided.
 - i. "Security" denotes that the information could compromise or impede the ADOC's statutory duty to administer the maximum-security correctional facilities housing condemned inmates, including the protection of its employees, inmates, and visitors. Examples of such information include details that would reveal the location of dangerous materials inside of a correctional facility or that would provide a specific time, route, location, and/or number of personnel involved in the movement of an inmate inside of a correctional facility.
 - ii. "DPI" means "detrimental to the public interest." This marking denotes that the information relates to the security or safety of persons, structures, facilities, or other infrastructures and that the information could reasonably be expected to be detrimental to the public safety or welfare, or would otherwise be detrimental to the best interests of the public. When "DPI" is

used separately from “Security,” this denotes that the information does not directly relate to the safety and security of a correctional facility, but public disclosure would create non-security risks to its infrastructure or to the security or safety of persons associated with ADOC.

- iii. “Executive” refers to recorded information received by a public officer in confidence or recorded information “the disclosure of which would be detrimental to the best interests of the public.” “Executive” *does not* include records or information “reasonably necessary to record the business and activities required to be done or carried out by a public officer so that the status and condition” of such activities can be known by the general public. This determination is a matter of state law.
 - iv. Some redactions meet the “Security” and “DPI” criteria because they are necessary to prevent this document from becoming a checklist or instruction manual for ADOC’s nitrogen hypoxia system. Due to the system’s location in a maximum-security correctional facility, certain information regarding the procedures for operating the nitrogen hypoxia system cannot be released. These redactions also include information pertaining to the security measures implemented to prevent the nitrogen hypoxia system from being activated by unauthorized persons.
 - v. Other redactions meet the “Security,” “DPI,” and/or “Executive” criteria because they obscure information about personnel deployments and staffing levels during pre-execution preparations and the execution procedure. This includes information about personnel movements within ADOC facilities at specific times or within narrow timeframes. These redactions also include information that would identify locations within an ADOC facility where potentially hazardous items or substances are stored or located, as well as places where the nitrogen hypoxia system can be controlled or accessed.
 - vi. Some redactions meet the “DPI” and “Executive” criteria because they are employed to protect the identity of product manufacturers whose products were purchased in “off the shelf” transactions. It is likely that the manufacturers of these products do not know that their publicly available products were procured by ADOC. Redaction of this information serves two principal purposes: (1) protecting these manufacturers from potential harassment and distraction, and (2) protecting ADOC’s ability to obtain replacement products in the future.
- E. This procedure applies to the conduct of judicial executions carried out by means of lethal injection, nitrogen hypoxia, and electrocution. Section 15-18-82.1 of the Code of Alabama (1975) permits a person sentenced to death to have one opportunity to elect execution by nitrogen hypoxia or electrocution. Otherwise, a sentence of death will be conducted by lethal injection.

- F. A condemned inmate's election of a method of execution does not supersede the means of execution available to ADOC.
- G. Amendments and revisions to the previous edition of this document were made (1) to implement the requirements of state law as to the use of nitrogen hypoxia as a method of judicial execution, and (2) to facilitate the public disclosure of the contents of this document to the maximum extent possible consistent with ADOC's responsibilities as to safety, security, and the public welfare. *The substantive procedures pertaining to lethal injection and electrocution as methods of execution have not changed with the issuance of this document.*

II. Reception of Condemned Inmate

Once a sentence of death has been imposed by a court of competent jurisdiction, the condemned inmate will be transferred directly from the committing county to the W.C. Holman Correctional Facility ("Holman"), W.E. Donaldson Correctional Facility ("Donaldson"), or Julia Tutwiler Prison for Women ("Tutwiler"). In the future, other facilities may be identified and utilized at the direction of the Commissioner. Any such directive shall not affect the validity of this procedure.

Upon arrival, the condemned inmate will be processed through regular admission procedures, to include a security search, a medical examination, and other identification measures (i.e., fingerprints, photographs, etc.) in accordance with ADOC policies, and all necessary interviews, personal history reviews, and other activities associated with the reception of non-condemned inmates as required by ADOC policy or as otherwise determined by the institution's warden.

III. Confinement

Section 15-18-82(b) of the Code of Alabama (1975) establishes Holman as the statutory location for the conduct of judicial executions. Holman is the ADOC facility possessing "the necessary facilities, instruments, and accommodations to carry out" a judicial execution.

Upon receipt of an instruction from the Governor of Alabama establishing the time frame for the execution of a condemned inmate confined at a location other than Holman, the wardens of Holman and of the correctional facility at which the inmate is confined will coordinate transport of the condemned inmate to Holman. Prior to the start of the "Death Watch" observation period, the condemned inmate will be confined and maintained in accordance with ADOC Rules and Regulations.

IV. Notification of Time Frame for Execution

Pursuant to Rule 8(d)(1) of the Alabama Rules of Appellate Procedure,¹ the Governor of Alabama establishes the time frame for the execution of any sentence of death.

- A. Upon receipt of an instruction setting the time frame for the execution of a condemned inmate confined at Holman, the Warden will advise the condemned inmate as soon as possible. All efforts should be made to notify the condemned inmate prior to any announcement by news media.
- B. If the condemned inmate is confined at another ADOC facility, the ADOC will notify the warden of the institution where the condemned inmate is confined and request that the inmate be notified in a timely manner in accordance with paragraph C, below.
- C. At the time the condemned inmate is advised of the instruction from the Governor setting the time frame for his/her execution, the Warden will inform him/her that:
 - i. The condemned inmate may select a spiritual advisor. That advisor may be present in the execution chamber at the time of the execution, except in the event the inmate has elected electrocution as their method of execution. In the event that an inmate has elected electrocution as their method of execution, any spiritual advisor will be required to exit the execution chamber after the condemned inmate has been provided the opportunity to make a final statement.
 - ii. An alternate spiritual advisor may be selected to serve in the event that the individual identified in paragraph C(i) cannot serve, or elects not to serve, at the time of the execution.
 - iii. The choice of spiritual advisor and alternate spiritual advisor must be made and communicated to the Warden within five days.
 - iv. The condemned inmate will further be informed that any spiritual advisor and alternate spiritual advisor identified will be required to submit a written plan to the Warden setting forth how the spiritual advisor intends to assist the condemned inmate in the exercise of his/her religious beliefs for the purpose of ensuring that such assistance will not interfere with the conduct of the judicial execution. The condemned inmate shall be further advised that this written plan must be submitted to the Warden for approval within fourteen days.

1. Pursuant to section 15-1-1 of the Code of Alabama (1975), procedural aspects of state law apply only where rules promulgated by the Alabama Supreme Court have not been promulgated as to the same subject matter. The procedures for judicial stays of death sentences pending appeal and the setting of an execution date are governed by Rule 8 of the Alabama Rules of Appellate Procedure.

- D. In accordance with Section III, above, whenever a condemned inmate is confined at another ADOC facility, the Holman Warden and the warden of the hosting institution shall, in accordance with established ADOC operational guidance, initiate preparation and planning to have the condemned inmate transferred to Holman as soon as practicable following receipt of the order from the Governor setting the time frame for the execution.
 - E. The Holman Warden shall notify the Warden of the G.K. Fountain Correctional Center (“Fountain”) of the date of the scheduled execution. At this time, the Holman Warden will request that preparations be made so that the Media Center will be clean and the grounds will be groomed.
- V. Preparations (Prior to Execution Week)**
- A. On a day designated by the Warden, prior to the week of the scheduled execution, the Warden and/or Assistant Warden will meet with the Execution Team.
 - i. Team members will be given the opportunity to resign from the team.
 - ii. Details of the scheduled execution will be discussed, and known, relevant information will be provided to the team members. This briefing will include disclosure of the method of judicial execution to be used for the execution of the sentence of death.
 - iii. Team members will be briefed on the requirements of this procedure specific to the method of judicial execution to be used for the execution of the sentence of death. Subsection B sets forth the issues to be addressed when the method of judicial execution shall be lethal injection, Subsection C sets forth the issues to be addressed when the method of judicial execution shall be electrocution, and Subsection D sets forth the issues to be addressed when the method of execution shall be nitrogen hypoxia.
 - B. **LETHAL INJECTION**
 - i. If lethal injection is to be the method of judicial execution, the Warden will notify members of the IV Team that they will be needed and shall schedule a time for a member of the IV Team to view the condemned inmate’s veins.
 - ii. The Warden and/or Assistant Warden shall inventory the equipment and supplies on hand and verify that all items required to carry out this procedure are available for the execution. Any deficiencies shall be made known to the Warden immediately.
 - iii. Members of the IV Team participating in the upcoming execution shall attend and participate in at least one walk-through prior to each execution where lethal injection is to be the means of execution. At least one member

of the IV Team shall take an inventory of the supplies on hand while present at the facility for a walk-through. Any deficiencies in the supplies on hand shall be identified to the Warden immediately. At least one member of the IV Team shall inspect the IV Team equipment on hand while present at the facility for a walk-through. Any deficiencies in the equipment shall be identified to the Warden immediately.

C. ELECTROCUTION

- i. If electrocution is to be the method of judicial execution, the Warden will arrange and facilitate inspection of the electrical system, step-down transformer, and other equipment to be used for the execution.
- ii. The Warden shall assign a member of the Execution Team to inspect and verify that the electric chair, including all equipment affixed thereto, is in good working condition. The inspection required by this paragraph does not include inspection of the electrical components referenced in the previous paragraph. Instead, the inspection shall be focused on the structural integrity of the chair, the presence of any rust, corrosion, or other defects appearing on the metallic components, and the condition of the restraints and attachments. Any defects or items of concern shall be made known to the Warden immediately.
- iii. The Warden shall make arrangements to acquire the saltwater sponges required to carry out a judicial execution by means of electrocution.
- iv. The Warden shall arrange to have the headgear required to carry out a judicial execution by means of electrocution completed and fitted to the condemned inmate's head.

D. NITROGEN HYPOXIA

- i. All team members will review the ADOC training materials on dangers and hazards associated with nitrogen gas in the workplace.
- ii. The Warden, Assistant Warden, or Execution Team Captain shall ensure that the wall-mounted oxygen-deficient atmosphere monitors are tested. Testing will be performed according to the manufacturer's guidelines.
- iii. All portable O₂ monitors and/or gas-measurement devices will be tested and inspected. All portable devices will be fully charged. Refresher training on use of portable monitoring/testing devices will be provided to team members as necessary by the Warden, Assistant Warden, or Execution Team Captain. Instructions on proper calibration of these devices are contained in Section I of Appendix C (ADOC Nitrogen Hypoxia Execution Procedures). The calibration of these devices will be checked in accordance

- with Section I and will be witnessed by a team member other than the team member performing the check.
- iv. Where nitrogen hypoxia is to be the method of execution, the Warden or Assistant Warden shall inspect the condition of each gas cylinder and verify that the volume of gas in each bank (i.e., nitrogen gas and breathing air) exceeds the minimum acceptable thresholds contained in Section III of Appendix C (ADOC Nitrogen Hypoxia Execution Procedures), utilizing the procedures set forth in that document.
 - v. The Warden and/or Assistant Warden shall inventory the equipment and supplies on hand and verify that all items required to carry out this procedure are available for the execution. Any deficiencies shall be made known to the Warden immediately.
- E. The Warden will meet with the condemned inmate and advise him/her of the general schedule for the execution week, with due regard for the security requirements associated with timing and location of movements within the facility. The condemned inmate will be informed of his/her ability to submit to the Warden for approval an extended visitation list for the week of the execution.
- F. If a spiritual advisor and/or alternate spiritual advisor were identified by the condemned inmate and the inmate submitted a written plan within the required timeframe:
- i. The Warden or his/her designee shall meet with the spiritual advisor and/or alternate to review such plan and conduct orientation and training of the spiritual advisor and alternate in advance of the execution. The Warden, in his/her discretion, may conduct the review and initial orientation by phone, video teleconference, or other means.
 - ii. If nitrogen hypoxia is the method of execution, no spiritual advisor or alternate spiritual advisor shall be allowed into the execution chamber unless they review and sign the spiritual advisor nitrogen hypoxia acknowledgement form.
- G. The Warden or his/her designee will contact physicians to determine whether they are willing and available to attend the execution and pronounce the condemned inmate's time of death on the date the execution is scheduled.
- H. Prior to the start of the Death Watch observation period, the Execution Team Captain shall ensure that all functions of the observation/holding cell are working. In the event that deficiencies are noted, the Warden shall be notified immediately, and all necessary steps shall be taken to rectify and repair such deficiencies prior to the Death Watch observation period.

VI. Preparations (Seven Days Prior to Execution Date)

- A. Members of the Execution Team will meet a minimum of two days during the execution week to walk through the steps of the procedure specific to the method of judicial execution to be employed, to include the removal of the condemned inmate from the designated cell to the execution chamber, the placement of the condemned inmate within the execution chamber, and the escorting of official witnesses (victim's representatives, condemned inmate's witnesses, media) into the viewing rooms. The Warden and the Assistant Warden will rehearse their roles in the execution process during these walk-throughs.
- B. The Execution Team Captain will make assignments of Execution Team members for the Death Watch observation period preceding the execution of sentence.
- C. On a day designated by the Warden, the Warden and/or Assistant Warden will meet with the Outside Security Team.
 - i. The Warden will inform the Outside Security Team of the number of official witnesses expected to be present at the execution, as well as the number of additional persons expected to be on site on the date of the execution. The Outside Security Team's Team Leader will be provided the identities of the official witnesses (if known) and the identity of the additional persons expected on site.
 - ii. The Team Leader of the Outside Security Team is responsible for assigning team members to the entry control points for Holman, as escorts for the condemned inmate's witnesses, and to the off-site security element.
- D. The Warden or his/her designee will verify that the Commissioner's telephone line within the Commissioner's viewing room is working properly. Additionally, the Warden or his/her designee will verify that the microphone inside the execution chamber is working properly and can be heard inside each viewing room.
- E. No later than the Monday of the execution week, the Warden or his/her designee will contact the physicians identified to pronounce the condemned inmate's time of death and ensure that they will be present on the date of the execution.
- F. No later than the Monday of the execution week, the Warden or his/her designee will notify the Escambia County Coroner, the Mobile office of the Alabama Highway Patrol, the Escambia County Sheriff's Office, the Atmore Police Department, and the Porch Creek Indian Tribal Police Department of the date and time of the scheduled execution. The Warden or his/her designee may notify additional law enforcement agencies if, in the exercise of his/her discretion, such notification is warranted under the circumstances.

VII. Placement of Condemned Inmate in the Holding/Observation Cell

At least two correctional officers shall be assigned to observe the condemned inmate at all times during the Death Watch observation period preceding the execution. If the condemned inmate is female, female personnel will be assigned to this duty. No other correctional staff, civilian employees, contractors, or visitors—except for authorized and approved medical personnel—shall be allowed in the vicinity of the holding cell during this observation period without the approval of the Warden or the Warden’s designee. No other inmate will be allowed in the vicinity of the holding cell during this time.

- A. The condemned inmate will be moved to the holding/observation cell in the execution facility on the day and time directed by the Warden. Prior to the movement of the condemned inmate:
 - i. The holding/observation cell shall be thoroughly inspected for contraband.
 - ii. The Execution Team Captain shall verify that all functions of the cell continue in operating order.
- B. Once placed in the holding/observation cell, the condemned inmate will be continuously observed by at least two correctional officers.
 - i. While performing observation duty, assigned correctional officers shall ensure that the condemned inmate remains under constant observation regardless of the offender’s location or activity.
 - ii. In the event of an emergency, the assigned correctional officers shall contact the shift commander. Thereafter, the Execution Team Captain and Warden shall be contacted as soon as possible.
 - iii. All activities will be recorded in the permanent log. Information to be recorded in the permanent log includes, but is not limited to:
 - the identity of any visitor received by the condemned inmate, including the date and time of the visit and the identity of the escort of such visitor;
 - any time that the condemned inmate exits or is returned to the holding/observation cell;
 - the times of any searches of the holding/observation cell and the identity of any correctional officers or other persons performing such search;

- the times the condemned inmate is served meals, the contents of the meals served, the approximate amount of food and drink consumed, and the identity of the person(s) delivering such meals;
- the times the inmate is (or appears to be) sleeping, reading, or watching television;
- the time of any telephone call placed by the condemned inmate (including the number called, the person called, and length of the call).

C. The observation/holding cell shall contain a bed and necessary linens. The condemned inmate shall be provided a single uniform of clothing at a time. All other items belonging to the condemned inmate will be kept and maintained outside of the observation/holding cell. The condemned inmate shall have access to his/her personal hygiene items, which shall be passed to the condemned inmate and returned to the correctional officers outside of the observation/holding cell upon completion/use of such items. The condemned inmate:

- i. will be allowed a television placed in the area outside of the cell.
- ii. will be provided access to a telephone. The condemned inmate shall advise the correctional officers assigned to the Death Watch of the number he/she wishes to call, and the correctional officer shall place the call. Each call or attempted call will be noted in the permanent log.
- iii. will be allowed access to his/her mail. Mail will be provided to the condemned inmate for review and shall be passed back to the correctional officers when the condemned inmate has finished reading it. All legal mail will be opened in the presence of the inmate.
- iv. will be allowed access to a Bible, Quran, Torah, or any similar religious text, and any other reading material approved by the Warden.
- v. will receive necessary medical care and treatment. Health care personnel will bring any required medication to the observation/holding cell. Sick call will be provided in accordance with the institutional Rules and Regulations; however, it will be held in the Death Watch area.
- vi. will receive institutional meals. Meals will be delivered to the condemned inmate by the Warden, Assistant Warden, or a correctional officer assigned to the Death Watch (other than the two members of the Death Watch required to be present at the observation/holding cell at all times).

VIII. Visitation During the Execution Week

- A. Prior to the execution week, the condemned inmate may submit an extended visitation list to the Warden for approval. That portion of the extended visitation list approved by the Warden will be provided to the officers assigned to visitation and/or the Death Watch observation period.
- B. The condemned inmate will be permitted contact visits during the execution week with family, friends, private clergy, and legal counsel, as approved by the Warden. Visitation will be from 8:30 a.m. until 1:30 p.m. on the Monday and Tuesday of the execution week and from 8:30 a.m. until 4:15 p.m. on the Wednesday and Thursday of the execution week. Visitation will be limited by the Warden in his/her discretion if necessary to maintain the orderly operation of the facility or to comply with the Governor's instruction setting the time frame for the execution of the inmate's sentence of death.
- C. No more than fifteen visitors will be allowed in the visitation area at any given time.
- D. The condemned inmate may elect to receive an institutional meal in the visitation area. The condemned inmate's visitors may purchase items from the vending machines for his/her consumption. Visitors will not be allowed to bring food or beverages into the correctional facility.
- E. As security conditions permit, visitors will be allowed to leave the facility and return. They will be fully processed for admission each time they enter the facility. In the event public health precautions are in place (for example, COVID-19 requirements), visitors will be required to abide by those precautions or requirements.
- F. The institutional or regional chaplain will be available to the condemned inmate and his/her family. The chaplain should visit with the condemned inmate daily during the execution week unless the condemned inmate expresses an opposition to such visits.

IX. Execution Date

- A. The mess steward on duty shall prepare any institutional meals for the condemned inmate on the date of the judicial execution. No inmate shall be allowed to handle the condemned inmate's meals. The Warden, Assistant Warden, or a correctional officer assigned to the Death Watch observation period (other than the two members of the Death Watch required to be in the presence of the condemned inmate at all times) will deliver the condemned inmate's breakfast meal to the door of the observation/holding cell. The Execution Team member(s) posted on Death Watch will receive the meal and serve it to the condemned inmate in the observation/holding cell. This activity will be noted in the execution log.

- B. The Warden or Assistant Warden will ask the condemned inmate whether he/she wishes to have a last meal and will explain the available options. If the condemned inmate requests a last meal, it will be served in the visitation area if the condemned inmate is receiving visitors; otherwise, the Warden, Assistant Warden, or a correctional officer assigned to the Death Watch observation period (other than the two members of the Death Watch required to be required to be in the presence of the condemned inmate at all times) will deliver the condemned inmate's last meal to the door of the observation/holding cell. This activity will be noted in the execution log.
- C. At the time designated by the Warden, the correctional officers assigned to the Death Watch will inventory the condemned inmate's property. The condemned inmate will be provided the opportunity to designate those individuals to whom he/she wishes his/her property to be given following execution of the sentence of death.
 - i. The condemned inmate shall identify specific items of his/her personal property and designate those individuals whom he/she wishes to receive each item of property following the execution of the sentence of death. This information will be written out as a last will and testament, and the condemned inmate will sign the document in front of a notary public. In the event the condemned inmate designates a non-offender who will not appear as a witness to the execution as a recipient of personal property, the condemned inmate will be informed that the property will be disposed of in accordance with ADOC policies and procedures.
 - ii. Items identified by the condemned inmate for distribution to non-offenders who appear as witnesses to the execution shall be provided to such persons prior to their leaving the facility following the execution of the sentence of death.
 - iii. Items identified by the condemned inmate for distribution to other inmates will be presented the business day following the execution of the sentence of death.
 - iv. Items identified by the condemned inmate for distribution to non-offenders who do not appear as witnesses to the execution shall be made available to be picked up at the Warden's office the business day following the execution of the sentence of death. Such items shall be kept by the facility and made available to the named recipient for a period of thirty days following the date of the execution. In the event the named person does not appear and claim such property, the facility may dispose of it in accordance with ADOC policies and procedures.
- D. At the time designated by the Warden, the Warden or his/her designee will obtain the funeral arrangements of the condemned inmate. Information obtained from the condemned inmate shall include the next of kin, the name of any funeral home to

which the remains should be turned over, and the name of a point of contact at such funeral home. This information shall be provided to the Escambia County Coroner and to the Alabama Department of Forensic Science.

- E. The following tasks will be performed during the morning of the scheduled execution, at the times designated by the Warden:
- i. **[ELECTROCUTION]** The designated members of the Execution Team will conduct the first of the three tests of the electric chair prior to the execution of the sentence of death.
 - ii. **[NITROGEN HYPOXIA]** The Warden or Assistant Warden will pressurize and assess the nitrogen hypoxia system. The system will be depressurized, with line pressures returned to 0 PSI after the assessment is completed. All lockout valves will be closed, locked, and secured at the conclusion of this testing.
 - iii. **[NITROGEN HYPOXIA or LETHAL INJECTION]** The gurney will be inspected by the Execution Team Captain or his/her designee to verify that it is in working order and is ready for use. The Warden shall be notified as soon as practicable after this inspection is completed.
 - iv. All wall-mounted oxygen-deficient atmosphere monitors will be inspected to ensure that they are powered (functioning) and that the audible alarm is set.
 - v. **[ELECTROCUTION]** The designated members of the Execution Team will conduct the second of the three tests of the electric chair prior to the execution of the sentence of death.
- F. The condemned inmate will be permitted visitation from 8:30 a.m. to 4:15 p.m. (as needed), or until approximately two hours before the scheduled execution. Otherwise, the condemned inmate will remain in the holding/observation cell.
- G. Two hours and fifteen minutes prior to the scheduled execution, the condemned inmate and any visitors will be provided with notice that visitation will conclude in fifteen minutes.
- H. Two hours prior to the scheduled execution, the condemned inmate's extended visitation period will conclude, and the condemned inmate will be removed from the visitation area.
- I. The following tasks will be performed during the afternoon of the scheduled execution, at the times designated by the Warden:

- i. **[LETHAL INJECTION]** The lethal injection solutions will be prepared and placed into the primary and backup syringes. Normally, the Assistant Warden will prepare the necessary lethal injection solution.²
 - ii. **[ELECTROCUTION]** The designated members of the Execution Team will conduct the final of the three tests of the electric chair prior to the execution of the sentence of death.
 - iii. The Commissioner and/or Warden will meet with the victim's representatives and/or any surviving victims of the condemned inmate's crime at the designated meeting location.
 - iv. A medical examination of the condemned inmate will be completed, with the results recorded on a Medical Treatment Record or Body Chart. This process will not be performed at a time that interferes with the condemned inmate's extended visitation period.
 - v. **[NITROGEN HYPOXIA]** [Security/DPI] The Warden or Assistant Warden will initialize/pressurize the nitrogen hypoxia system in accordance with Section III of Appendix C (ADOC Nitrogen Hypoxia Execution Procedures) utilizing the procedures set forth in that document. As the system is pressurized, signage will be displayed [REDACTED] to notify personnel that the system is active and pressurized.
 - vi. **[NITROGEN HYPOXIA]** The Warden, Assistant Warden, or Execution Team Captain will retrieve the mask assembly, connect it to the breathing gas tubing, and stow it in the execution chamber at the designated location.
 - vii. All wall-mounted oxygen monitors will be inspected to ensure that they are powered (functioning) and that the audible alarm is set. **NOTE:** This inspection is in addition to the morning inspection required by this document.
 - viii. **[ELECTROCUTION]** The sponges prepared in accordance with Section I of Appendix A (ADOC Electrocution Execution Procedures) will be removed from the saltwater solution and positioned on the electrodes.
- J. If the condemned inmate has a spiritual advisor present, that person may be escorted to the observation/holding cell and may be allowed to remain with the condemned inmate until such time as the condemned inmate is to be escorted to the execution chamber. At that time, the spiritual advisor will be escorted to a waiting room.

2. The Warden, in his/her discretion, may designate a later time for this task to be performed based on circumstances—for example, if a stay or injunction has been entered and it appears that the scheduled execution may be delayed.

- K. Prior to the start of the judicial execution procedures set forth herein, the Commissioner's telephone line to the Governor's and/or Attorney General's staff will be opened. The Warden will consult with the ADOC General Counsel and/or the Office of the Attorney General to ascertain whether a stay of execution has been entered or is expected to be entered, or whether the execution has been voluntarily delayed at the request of a court. In the event a temporary stay of execution has been entered (or the State has agreed to a voluntary delay), the Warden may adjust the times for actions required by this procedure in his/her discretion. The Warden shall notify the Execution Team Captain and Outside Team's Team Leader of his/her intent to adjust the times for subsequent actions to be undertaken by either issuing a "be prepared to" order or providing the additional amount of time to elapse prior to undertaking the assigned task.
- L. At the time designated by the Warden, the witnesses will be transported to the Holman execution facility and will be escorted into the appropriate witness rooms. Team members performing escort duties will verify that the wall-mounted oxygen-deficient atmosphere monitors are operational and displaying a reading of 19.5% atmospheric oxygen or higher in each witness room prior to allowing witnesses to enter.

X. Execution of Sentence

- A. **NITROGEN HYPOXIA.** Judicial executions conducted by means of nitrogen hypoxia will be performed according to the following procedure:
 - i. [DPI/Security] The Warden or Assistant Warden will conduct a final visual inspection of the nitrogen hypoxia system and verify that it has been initialized/pressurized and that [REDACTED] lockout valves [REDACTED]. Additionally, the Warden or Assistant Warden will perform a final verification that the breathing gas tubing is [REDACTED].
 - ii. [DPI/Security] [REDACTED] the breathing air lockout valve [REDACTED]. The breathing air supply will be opened and allowed to flow to the mask. The breathing air supply will be set [REDACTED].
 - iii. The condemned inmate will be escorted to the execution chamber by the Execution Team and placed on the gurney. The pulse oximeter will be placed and secured on the condemned inmate.
 - iv. Prior to placement of the mask onto the condemned inmate's face, a member of the Execution Team will place a portable O₂ meter directly into the inflow of the breathing gas into the mask for a period of at least fifteen seconds and verify that breathing air is being supplied.

- v. The mask will be placed and adjusted on the condemned inmate's face. One Execution Team member will monitor the pulse oximeter while the Execution Team Captain verifies that the mask has been properly placed. The Execution Team members responsible for secondary posts will be dismissed from the execution chamber after the mask has been properly placed.
- vi. After the mask is placed and fitted onto the condemned inmate's face, the pulse oximeter will be monitored continuously for two minutes.
- vii. The spiritual advisor, if any, will be escorted to the execution chamber and permitted to carry out the previously submitted and approved written plan.
- viii. [Security/DPI] After verifying that there are no stays of execution, injunctions, or voluntary agreements by the State to delay execution of sentence, the Warden will [REDACTED] verify that all tasks have been performed and that the members of the Execution Team are prepared to proceed. At the Warden's command, the curtains to the witness rooms will be opened.
- ix. [Security/DPI] The Warden will enter the execution chamber [REDACTED] and read the execution warrant. The condemned inmate will be given the opportunity to make a final statement (no more than two minutes).
- x. [Security/DPI] The Warden and Assistant Warden will depart the execution chamber [REDACTED].
- xi. The Warden will communicate with the Commissioner or his/her designee a final time to verify that there has been no last-minute stay of execution.
- xii. [Security/DPI] The Warden or the Assistant Warden will [REDACTED] nitrogen gas lockout valve. [REDACTED]
- xiii. [Security/DPI] The team members inside the execution chamber will make a final inspection of the mask. Once proper placement is verified, [REDACTED]
- xiv. [Security/DPI] The Warden will activate the nitrogen hypoxia system [REDACTED]

- xv. After the nitrogen gas is introduced, it will be administered for (1) fifteen minutes or (2) five minutes following a flatline indication on the EKG, whichever is longer.
- xvi. When the execution has been carried out, the Execution Team Captain will be notified via radio and will close the curtains.
- xvii. The spiritual advisor, if any, will be escorted from the execution chamber.

B. LETHAL INJECTION. Judicial executions conducted by means of lethal injection will be performed according to the following procedure:

- i. The condemned inmate will be escorted to the execution chamber by the Execution Team and placed on the gurney.
 - a. The IV Team will be escorted into the execution chamber to start the IV. The heart monitor leads will be applied to the condemned inmate. If the condemned inmate's veins make obtaining venous access difficult or problematic, qualified medical personnel may perform a central line procedure as set forth in Section II of Appendix B (ADOC Lethal Injection Execution Procedures).
 - b. Once the condemned inmate is prepared, the Warden shall be informed promptly. The IV Team will be escorted from the execution chamber. The IV Team will brief the Warden as to which line is the primary line for intravenous administration of the lethal chemicals.
- ii. The spiritual advisor, if any, will be permitted to carry out the previously submitted and approved written plan.
- iii. The Warden will communicate with the Commissioner or his/her designee a final time to verify that there has been no last-minute stay of execution.
- iv. [Security/DPI] If there has been no last-minute stay of execution, the Warden will enter the execution chamber [REDACTED] and read the execution warrant. The condemned inmate will be given the opportunity to make a final statement (no more than two minutes).
- v. [Security/DPI] The [REDACTED] Execution Team remaining in the execution chamber will receive the signal to proceed.
 - a. [Security/DPI] [REDACTED] Execution Team members inside the execution chamber will make last-minute checks of the IV lines. [REDACTED] will exit the chamber and signal [REDACTED] that it is okay to proceed. [REDACTED] will remain in the execution chamber, taking a position at the condemned inmate's left side.

- b. [Security/DPI] When the signal to proceed has been received [REDACTED] the following will occur:
1. The Warden will begin administering the lethal injection solution to the condemned inmate. The lethal injection solution will consist of:
 - 100 mL midazolam hydrochloride
 - 20 mL saline
 - 60 mL rocuronium bromide
 - 20 mL saline
 - 120 mL potassium chloride
 2. After the Warden administers the midazolam hydrochloride and subsequent saline flush, but before administration of the second and third chemicals, the team member positioned at the condemned inmate's left side will assess the consciousness of the condemned inmate by applying graded stimulation, as follows:
 - The team member will begin by saying the condemned inmate's name.
 - If there is no response, the team member will gently stroke the condemned inmate's eyelashes.
 - If there is again no response, the team member will then pinch the condemned inmate's arm.
 3. In the unlikely event that the condemned inmate is still conscious, the Warden will use the secondary IV line to administer the backup dose of midazolam hydrochloride. After the backup dose of midazolam hydrochloride and subsequent saline flush are administered, the team member positioned at the condemned inmate's left side will repeat the graded stimulation process set out above. After confirming that the condemned inmate is unconscious, such will be documented, and the Warden will continue with administering the second and third chemicals.
 4. When the secondary IV line is used for midazolam hydrochloride, it will also be used to administer the remaining chemicals.

5. When the execution has been carried out, the Execution Team Captain will be notified via radio and will close the curtains.
 - vi. The spiritual advisor, if any, will be escorted from the execution chamber.
- C. **ELECTROCUTION.** Judicial executions conducted by means of electrocution will be performed according to the following procedure:
- i. The condemned inmate will be escorted to the execution chamber and be placed in the electric chair. The prepared sponges will be placed in accordance with Section I of Appendix A (ADOC Electrocution Execution Procedures). The electrodes will be attached to the condemned inmate's left leg and head. The Warden will be notified once all preparations have been completed.
 - ii. The spiritual advisor, if any, will be permitted to carry out the previously submitted and approved written plan.
 - iii. [Security/DPI] After verifying that there are no stays of execution, injunctions, or voluntary agreements by the State to delay execution of sentence, the Warden will [REDACTED] verify that all tasks have been performed and that the members of the Execution Team are prepared to proceed. At the Warden's command, the curtains to the witness rooms will be opened.
 - iv. [Security/DPI] The Warden will enter the execution chamber [REDACTED] and read the execution warrant. The condemned inmate will be given the opportunity to make a final statement (no more than two minutes).
 - v. [Security/DPI] The Warden and Assistant Warden will depart the execution chamber [REDACTED] the Execution Team will remain in the execution chamber until notified to leave by the Warden. The spiritual advisor may remain during this time and minister to the condemned inmate. The spiritual advisor will not be permitted to remain in the execution chamber during an execution by means of electrocution.
 - vi. The Warden will communicate with the Commissioner or his/her designee a final time to verify that there has been no last-minute stay of execution.
 - vii. [Security/DPI] Team members will make final checks of the sponges and electrodes. Once proper placement and fit are verified, Execution Team members will exit the chamber, along with the spiritual advisor, if any, and will signal [REDACTED] that everything is prepared for the Warden to proceed.

- viii. The Warden will activate the electric chair, flowing 2200 volts of electricity through the condemned inmate's body for twenty seconds. The amount of electricity will decrease to 220 volts for the next one hundred seconds.
- ix. When the execution has been carried out, the Execution Team Captain will be notified via radio and will enter the execution chamber and close the curtains.
- x. The exhaust fan inside the execution chamber will be activated and will remain on until after the physicians have completed the task of pronouncing time of death.

XI. Post-Execution Procedures

- A. Witnesses will be escorted from the facility in reverse order of their entering the facility.
 - i. **[LETHAL INJECTION]** When their release has been approved by the Warden, members of the IV Team will be escorted from the facility.
 - ii. The physicians will be escorted [REDACTED].
 - iii. **[NITROGEN HYPOXIA]** Prior to permitting the physicians entry into the execution chamber to pronounce death, the Warden must:
 - 1. Activate the exhaust fan located inside the execution chamber.
 - 2. **[Security/DPI]** Verify that the nitrogen gas lockout valve [REDACTED]
[REDACTED]
 - 3. Direct an Execution Team member to remove the mask from the condemned inmate's body and hang it from the IV stand.
 - 4. **[Security/DPI]** [REDACTED] cause breathing air to flow through the mask for a period of *at least* ninety seconds to ensure that all nitrogen gas has been purged from the breathing gas tubing.
 - iv. The Warden will escort the physicians into the execution chamber. The physicians will perform a physical examination and pronounce a time of death. Thereafter, the physicians will be escorted from the facility. Representatives from the Escambia County coroner's office will then be escorted into the execution chamber to remove the body from the facility.
 - v. **[Security/DPI]** **[NITROGEN HYPOXIA]** The Warden or Assistant Warden will deactivate/depressurize the nitrogen hypoxia system, returning

all line pressures to 0 PSI, utilizing the procedures set forth in Section III of Appendix C (ADOC Nitrogen Hypoxia Execution Procedures). Once the system has been secured, signage used to notify personnel that the system is active and pressurized will be removed and stored. All lockout valves [REDACTED]

- vi. The following day, designated personnel will perform a thorough cleaning of the execution chamber and [REDACTED].
 - vii. **Press Conference.** The Public Information Officer (PIO) for the ADOC or the Commissioner's designee will advise the news media that the Order of the Alabama Supreme Court has been carried out.
 1. The PIO or the Commissioner's designee will provide the time of death, any last words the condemned inmate stated, and whether any unusual incidents occurred during the execution of sentence.
 2. News media representatives who were unable to witness the execution will be provided an opportunity to ask questions of the news media representatives who attended the judicial execution as statutory witnesses.
 3. Members of the condemned inmate's family will be provided an opportunity to address members of the news media and to make a statement. Witnesses attending on behalf of the victim(s) will also be provided an opportunity to address members of the news media and to make a statement. At no time will these two groups be allowed to intermingle.
- B. **Interment.** The body may be released to the deceased inmate's relatives or authorized representative for funeral proceedings to be conducted at their expense. If the deceased inmate's body is not claimed by family or authorized representatives, it will be the ADOC's responsibility to provide a burial in accordance with state law.
- C. An opportunity to meet with the Critical Incident Debriefing Team will be provided to any personnel who wish to do so.
- D. The log will be typed by the Assistant Warden's administrative assistant and returned for signatures. Once all signatures have been obtained, the log will be forwarded to the Warden for review, approval, and signature. No copies of the log will be made without the permission of the Warden.

APPENDIX A

**ELECTROCUTION (ELECTRIC CHAIR)
EXECUTION PROCEDURES**

August 2023

SECTION I

SPONGES AND SPONGE PREPARATION

Sponges will be acquired as needed in the event any condemned inmate elects to have their sentence of death carried out by means of electrocution. Acquisition of sponges should be initiated as soon as possible upon receipt of an execution warrant for any condemned inmate who has elected electrocution.

Sponges will be prepared for use according to the following instructions:

1. Sponges will be soaked in a salt and water solution for a twenty-four-hour period prior to the execution. The sponges should be taken from the saltwater solution approximately thirty minutes prior to the judicial execution.
2. Sponges will be temporarily tacked lightly to the electrodes for proper positioning. When positioned, remove the tacking stitches. When ready for use, soak the sponges in fresh water and squeeze dry. Sew sponges with black carpet thread to the screening, placing stitches not over $\frac{3}{4}$ inch apart and following around the outer edges, down the center, and around the binding posts. The object is to get a good firm contact. Do not pull the stitches too tight, thereby preventing the sponge from soaking up the solution.
3. The leg electrode will go on the left calf below the knee, placed so the binding post is on the outside making it more easily seen and accessed for attaching the electrical wire. The shortened strap should be on this same side so that the buckle can also be reached. When placing in position, pass the long strap around the leg and insert loosely through the buckle. Raise into position with the right hand and tighten the strap through the self-tightening buckle with the left hand. Draw the strap fairly tight, but not so tight that when muscle contractions occur during electrocution there would be danger of breakage.
4. The headset will be made prior to use to approximately fit the condemned inmate's head. Adjustment will be done by means of sliding straps on each side. Place the head set on the head, being careful not to come down too far on the forehead, if possible. Position the short strap with the buckle on the side that the operator will be working on. Pass the long strap under the chin and fasten snugly. Connect the wire to the binding post. Use number 8 R.C. flexible strand 2500 V. insulation for both the head and leg wires. Solder the ends so they won't separate and so the barred ends will go into the hole in the posts. Use the sponges saturated in the salt solution. Squeeze enough solution out with the flat of the hand so that excessive dripping will be avoided. In

making electrical current contact, be careful not to burn the sponge and the outer skin of the condemned inmate.

5. After use, cut the black threads, remove the sponges, and rinse carefully in fresh water. Be very careful not to cut the tan thread that the pieces of sponge are sewn together with. Remove and black thread pieces and rinse the screws thoroughly to remove all traces of saltwater, or corrosion will occur. Keep the straps soft with neatsfoot oil.
6. *Only saltwater sponges are to be used.* Sponges should be stored in a clean, dry place.

APPENDIX B

LETHAL INJECTION EXECUTION PROCEDURES

August 2023

Section I: Syringe Preparation

**Section II: IV Team – Guidance and
Instructions**

SECTION I

SYRINGE PREPARATION

The following is the syringe sequence for conducting a judicial execution by means of lethal injection:

Syringe 1:	midazolam hydrochloride	50 mL – 250 mg
Syringe 1A:	midazolam hydrochloride	50 mL – 250 mg
Syringe 2:	saline (sodium chloride)	20 mL
Syringe 3:	rocuronium bromide	60 mL – 600 mg
Syringe 4:	saline (sodium chloride)	20 mL
Syringe 5:	potassium chloride	60 mL – 120 mEq
Syringe 5A:	potassium chloride	60 mL – 120 mEq

Any team member participating in the syringe preparation process shall wear medically approved gloves to ensure the safety of each team member and the integrity of the preparation process.

d. Syringes 1 and 1A, midazolam hydrochloride procedure:

1. Remove piercing pin from pouch.
2. Remove cover from piercing pin.
3. Remove flip top from vial of midazolam hydrochloride.
4. Insert piercing pin into the stopper with a downward, twisting motion.
5. Insert sixty-cubic-centimeter (60cc) syringe into piercing pin and twist until secure.
6. Pull back on the syringe to transfer the midazolam hydrochloride into the syringe.
7. For each syringe (1 and 1A), repeat items 1 through 6 as needed.

II. Syringe 2, sodium chloride (saline) procedure:

1. Remove piercing pin from pouch.
2. Remove cover from piercing pin.
3. Remove flip top from vial of sodium chloride, or any protective packaging from sodium chloride bag.
4. Insert piercing pin into the stopper with a downward, twisting motion.
5. Insert syringe into piercing pin and twist until secure.
6. Pull back on the syringe to transfer the sodium chloride into the syringe until 20 mL are drawn into the syringe.

III. Syringe 3, rocuronium bromide procedure:

1. Remove piercing pin from pouch.
2. Remove cover from piercing pin.
3. Remove flip top from vial of rocuronium bromide.
4. Insert piercing pin into the stopper with a downward, twisting motion.
5. Insert sixty-cubic-centimeter (60cc) syringe into piercing pin and twist until secure.
6. Pull back on the syringe to transfer the rocuronium bromide into the syringe.
7. Repeat items 1 through 6 as needed.

IV. Syringe 4, sodium chloride (saline) procedure:

1. Remove piercing pin from pouch.
2. Remove cover from piercing pin.
3. Remove flip top from vial of sodium chloride, or any protective packaging from sodium chloride bag.
4. Insert piercing pin into the stopper with a downward, twisting motion.
5. Insert syringe into piercing pin and twist until secure.
6. Pull back on the syringe to transfer the sodium chloride into the syringe until 20 mL are drawn into the syringe.

V. Syringes 5 and 5A, potassium chloride procedure:

1. Remove piercing pin from pouch.
2. Remove cover from piercing pin.
3. Remove flip top from vial of potassium chloride.
4. Insert piercing pin into the stopper with a downward, twisting motion.
5. Insert sixty-cubic-centimeter (60cc) syringe into piercing pin and twist until secure.
6. Pull back on the syringe to transfer the potassium chloride into the syringe.
7. For each syringe (5 and 5A), repeat items 1 through 6 as needed.

Repeat the above procedures for a backup tray of syringes.

Ensure that all items used to prepare the syringes are disposed of in the appropriate manner (i.e., SHARPS container or medical waste).

SECTION II

IV TEAM INSTRUCTIONS AND GUIDANCE

[Security/DPI] The Warden, or his or her designee, will have two (2) intravenous infusion devices placed in the veins of the condemned inmate and a saline solution available for an infusion medium. Those persons engaged in this activity will be referred to as the IV Team. For these purposes, [REDACTED] (if necessary) will make up this team. The members of the IV Team shall be currently certified or licensed within the United States. One of the trained medical professionals on the IV Team will be named IV Team Captain by the Warden prior to the execution date.

- A. An IV administration set shall be inserted into the outlet of the bag of normal saline solution. Two (2) IV bags will be set up in this manner.
- b. The IV tubing shall be cleared of air and made ready for use.
- c. The standard procedure for establishing IV access will be used. If the condemned inmate's veins make obtaining venous access difficult or problematic, qualified medical personnel may perform a central line procedure to provide intravenous access.
- d. The IV tubing for both set-ups will be connected to the receiving port of the IV access—one (1) for the primary vein and the other for the secondary vein.
- e. 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 or her 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 Warden has consulted with the Commissioner regarding any last-minute stay by the Governor or the courts.

APPENDIX C

NITROGEN HYPOXIA
EXECUTION PROCEDURES

August 2023

- Section I: Calibration of Oxygen Monitoring Equipment**
- Section II: Operation of the Nitrogen Hypoxia System**
- Section III: Minimum Acceptable Thresholds**
- Section IV: Miscellaneous Information/ Procedures**

SECTION I

CALIBRATION OF OXYGEN MONITORING EQUIPMENT

[DPI/Executive] [REDACTED] (Wall-Mounted) Monitors

The calibration of the [REDACTED] wall-mounted [REDACTED] (oxygen-deficient atmosphere monitors) installed inside the execution facility should be confirmed once every 12 months. This process requires the use of a nitrogen gas and breathing air canister. The Warden shall coordinate this testing.

[DPI/Executive] [REDACTED] Personal [REDACTED] O₂ Monitor

The [REDACTED] (personal/portable oxygen-deficient atmosphere monitor) should be calibrated approximately once per month. Calibration of these devices is required prior to any execution conducted by means of nitrogen hypoxia.

The following instructions explain how to calibrate these devices:

1. Take the unit outdoors to an area of *fresh* air (avoid exhaust vents, smoking areas, etc.).
2. [REDACTED]
3. [REDACTED]
4. [REDACTED]

SECTION II

OPERATION OF THE NITROGEN HYPOXIA SYSTEM

GENERAL SAFETY REQUIREMENTS APPLICABLE TO ALL EMPLOYEES INVOLVED IN THE OPERATION OF THE NITROGEN HYPOXIA SYSTEM:

[Security/DPI] NO PERSON SHALL BE PERMITTED TO ENTER [REDACTED]
[REDACTED] UNLESS THE FOLLOWING CRITERIA ARE SATISFIED:

1. The wall-mounted oxygen-deficient atmosphere display for the [REDACTED] sensor (located [REDACTED]) indicates the presence of at least 19.5% oxygen in the breathing atmosphere of the [REDACTED]
2. [REDACTED] is present to observe the opening of the door [REDACTED] from a safe distance; and
3. [REDACTED] remains at the door [REDACTED] to ensure the safety of the individual initializing/pressurizing the system, except as indicated in the procedures outlined below.

[Security/DPI] INITIAL SAFETY CHECK ([REDACTED]):

4. Verify that both lockout valves (breathing air and nitrogen gas) [REDACTED]
5. Verify that both pressure gauges reflect 0 PSI line pressure.
6. Use the wall-mounted O₂ monitor to verify that at least 19.5% oxygen is present [REDACTED].

[Security/DPI] INITIALIZATION/PRESSURIZATION OF SYSTEM (STORAGE AREA):

7. Inspect all gas cylinders for damage, corrosion, cracks, or other signs of possibly dangerous conditions. This should include valves and pigtail connections and should verify that no seals or other components are protruding from the valve connections. *Verify that both supply room lockout valves are closed and locked.*

[Security/DPI/Executive] Pressurizing Breathing Air Banks

8. Activate the [REDACTED] manifold for the breathing air banks [REDACTED]. Allow the gas manifold to completely cycle through its initial operational checks.
9. Open the breathing air cylinders connected to [REDACTED]. See Section III of these Procedures, below.
10. Verify that the [REDACTED] manifold registers the flow of breathing air and indicates that the pressurized bank has been placed "in service."
11. Open the opposite bank of breathing air cylinders [REDACTED].
12. Verify that the [REDACTED] manifold registers the flow of breathing air and indicates that the bank is in "standby" mode.
13. Before pressurizing the nitrogen gas component of the system, verify that the available supply in both breathing air banks meet the minimum acceptable threshold established by Section III. [REDACTED]. Record the outgoing breathing air line pressure for reference and use during Step 19, below.

[Security/DPI/Executive] Pressurizing Nitrogen Gas Banks

14. Activate the [REDACTED] manifold for the nitrogen gas [REDACTED]. Allow the manifold to completely cycle through its initial operational checks.
15. Open the nitrogen gas cylinder connected to one bank of the gas manifold [REDACTED]. See Section III of these Procedures, below.
16. Verify that the [REDACTED] manifold registers the flow of nitrogen gas and indicates that the pressurized bank has been placed "in service."
17. Open the other nitrogen gas cylinder comprising the second bank [REDACTED].

18. Verify that the [REDACTED] manifold registers the flow of nitrogen gas and indicates that the bank is in "standby" mode.
19. Verify that the available supply of nitrogen gas in both banks meets the minimum acceptable threshold established by Section III. [REDACTED]
[REDACTED] Record the outgoing nitrogen gas line pressure for reference and use during Step 19, below.

[Security/DPI/Executive]

Movement of Breathing Gases [REDACTED]

- [REDACTED]:
20. [REDACTED] the breathing air lockout valve [REDACTED]
[REDACTED] open the lockout valve [REDACTED]. *Breathing air is now flowing* [REDACTED]
 21. [REDACTED] the nitrogen gas lockout valve and [REDACTED]
[REDACTED] **PRIOR TO ANY FURTHER STEPS, [REDACTED] SHALL PROCEED QUICKLY TO [REDACTED] AND ANNOUNCE LOUDLY, "POSSIBLE NITROGEN ASPHYXIATION HAZARD PRESENT."** A placard reflecting activation of the nitrogen hypoxia system shall be displayed [REDACTED].
 22. Afterwards, [REDACTED] will return to [REDACTED] and acknowledge that the audible warning has been provided. (Care must be taken to ensure that this process does not take longer than 60 seconds. In no case [REDACTED] [REDACTED] for more than 60 seconds.)
 23. [REDACTED] open the nitrogen gas lockout valve [REDACTED].
[REDACTED]. *Nitrogen gas is now flowing* [REDACTED]
 24. For a period of one minute, [REDACTED] shall listen for the sounds of any leaks (escaping gas) from the cylinders, lines, valves, or joints. Verify that the outgoing line pressure readings for both manifolds remain steady and constant.

[Security/DPI] Final System Preparations:

25. [REDACTED] verify that nitrogen gas and breathing air are present [REDACTED] by inspecting the pressure gauges [REDACTED]. Verify that the line pressure indicated by each pressure gauge is consistent with [REDACTED] the gas manifolds. (See Steps 6 and 12)
26. Inspect the mask assembly (including the hose and attachment straps), [REDACTED] and the breathing gas supply tubing for damage or defects.
27. [REDACTED]
28. Connect the breathing gas supply tubing [REDACTED]. Ensure that the supply tubing attaches firmly and securely [REDACTED].
29. Connect the mask/mask hose to the supply tubing. Secure the hose or mask in place using the leg restraints on the gurney.
30. Place a portable O₂ meter directly beneath the mask's outflow (or in front of the hose opening), verifying that the mask/hose is securely attached to the gurney by the restraints and that the outflow of the mask/hose will flow over the meter's sensors.
31. [REDACTED] breathing air lockout valve. [REDACTED] open the lockout valve [REDACTED]. *This will cause breathing air to flow to the mask.*
[REDACTED] enter the execution chamber to verify that the portable O₂ meter shows that breathing air is being supplied to the mask. Meter readings should be observed for at least 60 seconds with readings remaining higher than 20% oxygen.

[Security/DPI] Procedures for Pre-Execution Inspections Required by ADOC Protocol:

NOTE: THESE INSTRUCTIONS DO NOT APPLY TO ACTIVATION OF THE SYSTEM FOR THE PURPOSE OF CONDUCTING A JUDICIAL EXECUTION BY MEANS OF NITROGEN HYPOXIA.

SKIP TO STEP 43 WHEN ACTIVATING THE SYSTEM FOR THE PURPOSE OF CONDUCTING A JUDICIAL EXECUTION.

33. [REDACTED]
nitrogen gas lockout valve.
34. Ensure that no one is present inside of the execution chamber through audible and visual means.
35. [REDACTED] open the nitrogen gas lockout valve
[REDACTED] *THIS WILL CAUSE NITROGEN GAS TO FLOW TO THE MASK/HOSE!*
36. Loudly announce, "NITROGEN GAS PRESENT IN THE EXECUTION CHAMBER."
37. [REDACTED] listen for the portable O₂ meter to begin audibly alarming.
[REDACTED]
Verify that the portable O₂ meter audibly alarms for at least 45 seconds.
38. Restore breathing air [REDACTED] Shut off the nitrogen gas [REDACTED]
[REDACTED] the nitrogen gas lockout valve [REDACTED]
39. Activate the exhaust fan inside the execution chamber.
40. Allow breathing air to flow for *at least* 60 seconds, or until the O₂ meter ceases to alarm (WHICHEVER OCCURS LAST).
41. Turn off the exhaust fan inside of the execution chamber.
42. Close the [REDACTED] breathing air lockout valve [REDACTED].

SKIP TO STEP 45.

Procedures for Execution by Nitrogen Hypoxia:

NOTE: THESE INSTRUCTIONS APPLY WHEN THE SYSTEM HAS BEEN ACTIVATED (STEPS 1-32) FOR THE PURPOSE OF CONDUCTING A JUDICIAL EXECUTION. STEPS 33-42 SHOULD HAVE BEEN SKIPPED IN THIS EVENT).

43. Close the breathing air lockout valve [REDACTED].
44. Recover the portable O₂ meter used for Steps 30-32 and stow the mask assembly in preparation for the judicial execution.

AT THIS TIME, THE SYSTEM IS IN "STANDBY" MODE UNTIL THE WARDEN IS PREPARED TO BEGIN THE PROCEDURE AS DESCRIBED IN SECTION X(A) OF THE ADOC EXECUTION PROTOCOL.

[Security/DPI/Executive] System Shutdown Procedures:

NOTE: [REDACTED]

Always shut down the nitrogen gas component of the system prior to shutting down the breathing air component.

45. When the system is ready to be depressurized, place a portable O₂ meter directly beneath the mask's opening (or in front of the detached hose), after ensuring that the mask/hose is securely attached to the gurney by the restraints and that the gas outflow is directed toward the meter's sensor.
46. [REDACTED]
47. Activate the exhaust fan inside the execution chamber.
48. Ensure that no one is present inside of the execution chamber through audible and visual means.
49. [REDACTED] close [REDACTED] both nitrogen gas banks. Close [REDACTED] both breathing air banks. [REDACTED]
50. [REDACTED] open the nitrogen gas lockout valve [REDACTED]. *This will cause nitrogen gas to flow into the mask/hose.*

51. Loudly announce, "NITROGEN PRESENT IN THE EXECUTION CHAMBER."
52. [REDACTED] listen for the portable O₂ meter to begin audibly alarming.
[REDACTED] Keep the nitrogen gas activated until the reading on the pressure gauge indicates 0 PSI.
53. [REDACTED] verify that the outgoing line pressure reflected by the [REDACTED] is 0 PSI. Record the available supply of nitrogen gas remaining in each nitrogen gas bank. Deactivate the [REDACTED] manifold.
54. Close the nitrogen gas lockout valve [REDACTED]
[REDACTED]
55. [REDACTED] **NOTE: At this point, signage notifying personnel of the activation of the nitrogen gas portion of the system should be removed and stowed.**
56. Open the [REDACTED] breathing air lockout valve. *This will cause breathing air to flow to the mask/hose. Any nitrogen gas remaining in the supply line will be purged by the breathing air.*
[REDACTED]
57. [REDACTED] Keep the breathing air activated until the reading on the pressure gauge indicates 0 PSI.
58. [REDACTED] verify that the outgoing line pressure reflected by the [REDACTED] manifold is 0 PSI. Record the available supply of breathing air remaining in each breathing air bank. Deactivate [REDACTED] manifold.
59. Close the breathing air lockout valve [REDACTED]
[REDACTED]
60. [REDACTED] verify the following:
 - a. [REDACTED]
 - b. [REDACTED]
 - c. [REDACTED]
61. [REDACTED]

SECTION III

MINIMUM ACCEPTABLE THRESHOLDS

The following are the minimum acceptable supply thresholds for each breathing gas required to perform a judicial execution by means of nitrogen hypoxia:

Breathing Air: **500 PSI (each bank)**

Nitrogen Gas: **500 PSI (each bank)**

The Warden shall monitor and maintain an awareness of the gas supplies present in all breathing gas banks.

[Security/DPI]



SECTION IV

MISCELLANEOUS INFORMATION & PROCEDURES

1. [DPI/Executive] Turning off [REDACTED] O₂ Monitor "Fall" Alarm

[REDACTED] O₂ Monitors use [REDACTED] to monitor movement. The devices are very likely to alarm if placed in a horizontal or leaning position [REDACTED]. While this is an important safety feature when personnel are working outside of another person's line of sight, this feature can cause temporary disruptions and unnecessary concern when the fall alarm activates while the nitrogen gas component of the system is pressurized.

[REDACTED] The "fall" alarm can be deactivated using the following procedure:

1. [REDACTED]
2. [REDACTED]
3. [REDACTED]
4. [REDACTED]
5. [REDACTED]

2. [Security/DPI/Executive] [REDACTED]

[REDACTED]

[REDACTED]

Exhibit 2

Professional Background

1997 – 2023	Founder & Director, Exit International (End of life information & rights advocacy non-profit)
2022	Founder & Director, Exit Generation 501(c)3
1995 – 1997	Director, Ausdoc (Mobile, outreach medical service)
1989 – 1995	Resident Medical Officer & Radiation Protection Officer Royal Darwin Hospital

About Exit International

Dr Philip Nitschke founded Exit International in 1996 following the overturning of Australia's *Rights of the Terminally Ill Act*.

Exit International is a global life choices information and advocacy non profit organization. Key activities include:

- Community education program via public meetings & workshops
- Research & Development Program on peaceful/ reliable end of life methods (gases, poisons, drugs)
- *Peaceful Pill Handbook* book (see: www.peacefulpillhandbook.com)
- *Going to Switzerland: how to plan your final exit* book (this new book is the first of its kind to advise foreigners on assisted suicide in Switzerland) (see: www.exitswitzerland.com)

Clinical Expertise under Rights of the Terminally Ill Act

In 1995, the Northern Territory of Australia became the first place in the world to legalise a patient's right to request a legal, lethal, voluntary injection. This law operated for 9 months before being overturned by the Australian Federal Parliament.

On 22 September 1996, Dr Philip Nitschke became the first physician to ever administer a legal, lethal, voluntary injection.

A total of four people used the Australian law. The decision to use a three-drug protocol was determined by Dr Nitschke after research and consideration of US lethal injection protocol at the time. The 'Deliverance Machine' was developed to sequentially administer 3 drugs. Experience with the 3-drug protocol led to its abandonment in favour of a single drug (pentobarbital sodium).

With the overturning of the Australian euthanasia legislation in 1997 attention turned towards public education of the elderly and seriously ill (who fall outside of the strict criteria of Medical Aid in Dying MAiD). The work of Exit is predicated upon an active R&D program focused on lethal drugs, substances, the use of inert gases and poisons.

Principal Exit Books

The Peaceful Pill Handbook

The *Peaceful Pill Handbook* is co-authored by Drs Philip Nitschke and Fiona Stewart. The book was first published in 2006 with the aim of providing seniors and people who are seriously ill with the most up-to-date information about how to achieve an elective, peaceful and reliable death at a time of their choosing.

The *Peaceful Pill eHandbook* is principally published as an online subscription with constant updates. The contents of the book are constantly under review as reliable, accurate information about an elective, peaceful and reliable death is a fast-changing field. For example, there can be sudden changes in the availability of certain drugs and substances. Exit R&D also often leads to breakthroughs in methodology: for example, the shift from helium to nitrogen gas.

The contents of the *Peaceful Pill Handbook* include:

The Physiology of dying, All about lethal drugs & poisons, Lethal sedative drugs, Lethal cardiac drugs, US 5-Drug Mix, Supplementary drugs, Lethal Inorganic Salts, Inert Gases, Sarco, Poisonous Gases, VSED (voluntary stopping eating & drinking), Online Safety & Privacy, When it all goes wrong?, VAD – MAiD Laws around the World and the Swiss Option.

The appendix includes the Exit Reliability - Peacefulness Table which ranks all methods discussed, against these and other key criteria.

Since 2016, the book has been translated into Dutch, Italian, German, French and Spanish and continues to be the global go-to guide on end of life methods for the elderly and seriously ill.

See: www.peacefulpillhandbook.com

Going to Switzerland: how to plan your final exit

Going to Switzerland: how to plan your final exit is co-authored by Drs Fiona Stewart and Philip Nitschke. Published in July 2023, this book is the first and only book to provide practical guidance on how to access an assisted suicide in Switzerland.

As the only country to allow foreigners to fly in to die, *Going to Switzerland* covers the Swiss legal framework, qualification criteria, the differences between clinics including different drug administration protocols, issues around visas and immigration control, the involvement of family and friends as well as cremation and death certificates.

See: www.exitswitzerland.com

Inventions

Deliverance Machine

The 'Deliverance Machine' was developed for the self-administration of intravenous drugs and was used by four terminally ill patients in Australia to self-administer euthanasia in 1996-97. The Deliverance Machine was acquired by the British Science Museum in 1997.

<http://www.scienceandsociety.co.uk/results.asp?image=10323706>

http://en.wikipedia.org/wiki/Euthanasia_device

BBC News 'Euthanasia machine comes to UK', 5 June 2000.

<http://news.bbc.co.uk/2/hi/health/778139.stm>

3D-Printed Sarco Device

The Sarco euthanasia capsule has been created to provide an elective, lawful, low oxygen, low carbon dioxide death. The Sarco was unveiled at Venice Design (2019) and has since been exhibited at the Cube Design Museum NL (2020) and the Museum of Sepalchral Culture DE (2021).

See <https://www.exitinternational.net/sarco> (Sarco.design)

Publications (selected)

Books

Nitschke, P. & Stewart, F. (2005) *Killing Me Softly: Voluntary Euthanasia and the Road to the Peaceful Pill*. Penguin.

Damned if I Do (2013) with Peter Corris. Melbourne University Press.

Nitschke, P. & Stewart, F. (2006 - present) *The Peaceful Pill Handbook*. Exit International.

Stewart, F. & Nitschke, P. (2023) *Going to Switzerland: how to plan your final exit*. Exit International.

Chapters - Articles

Kissane, D., Street, A. & P. Nitschke 'Seven Deaths in Darwin: case studies under the Rights of the Terminally Ill Act, Northern Territory, Australia'. *Lancet* 1998; 352: 1097–102.

Nitschke, P. & Stewart, F. (2009) 'Dying Downunder'. In Nan Bauer-Maglin and Donna Perry *Final Acts: Death, Dying and the Choices We Make*. Rutgers University Press, New Jersey.

Media

Over the past 27 years, the work of Philip Nitschke in the area of end of life advocacy/ practices has been covered extensively by the global media including:

Reuters, AP, AFP, ABC News Nightline, Newsweek, CNN, Time Magazine, the New York Times, the Washington Post, the LA Times, etc.

An example of early coverage includes:

New York Times

Foreign desk 'Australian Man First in World To Die With Legal Euthanasia' *New York Times* 26 September 1996.

<http://www.nytimes.com/1996/09/26/world/australian-man-first-in-world-to-die-with-legal-euthanasia.html?scp=1&sq=philip%20nitschke&st=cse>

Documentaries

Philip Nitschke continues to be the subject of numerous documentaries & films including:

Sweet Death (2023) – Analeine Cal y Major, Mexico

Time to Die (2019) – Vice, UK

35 Letters (2015) – Winner Sydney Film Festival

License to Kill (2013) - Al Jazeera

Mademoiselle and the Doctor (2004) – Janine Hosking (Hollywood Film Festival Winner 2000 My Khmer Heart)

Parliamentary Presentations

Philip Nitschke is frequently invited to present to Parliamentary committees in Australia and elsewhere. He next appearance will be in Dublin Ireland at the Irish Joint Committee on Assisted Dying on 28 November 2023.

Keynotes

Philip Nitschke is a frequent keynote speaker on end of life issues at conferences, lecture, festivals & debates around the world. Most recently he presented at the technology conference ‘Login23’ in Vilnius, Lithuania.

Awards

1996 Rainier Foundation Humanitarian Award, USA

1998 Australian Humanist of the Year

2002 Charles Southwell Humanitarian Award
New Zealand

2005 Finalist, Australian of the Year

2006 Finalist, Australian of the Year