

Independent autopsy reveals Alabama's botched execution of Joe Nathan James

Shelley Connor
18 August 2022

An independent autopsy has revealed that Alabama death row victim Joe Nathan James suffered torturous treatment for hours before the state succeeded in killing him on July 28. According to Reprieve US, the organization that commissioned and funded the autopsy, James suffered for at least three to three and a half hours before he died. Alabama Department of Corrections (ADOC) maintains that there was “nothing out of the ordinary” about the execution.

The State of Alabama scheduled James' execution for 6 p.m. on July 28. Journalists attending the execution reported unusual procedures immediately. First, they were delayed by an impromptu clothing check for journalists Kim Chandler and Ivana Hrynkiw. Chandler's clothing was deemed acceptable, while Hrynkiw was told that the skirt she had worn to previous executions without issue was now too short. She managed to borrow some fishing waders, only to then be told that her open-toed shoes were also a violation of prison dress codes. She borrowed a pair of men's sneakers and boarded the prison transport van along with the other journalists the state had selected to witness James' death.

Hrynkiw and the other reporters then waited in the van for hours. She and the other journalists were finally permitted to enter the execution viewing room just before 9 p.m., three hours behind schedule. The curtain separating them from the execution was raised to reveal James lying still and quiet on the gurney with his eyes closed. He responded neither to the reading of his death warrant nor to offers of last words. The injections began at 9:04 p.m.. Soon thereafter, his eyelids fluttered, the only response he made from start to finish. He was pronounced dead at 9:27 p.m..

Journalists were perplexed by the delay, as well as James' unresponsiveness. Corrections commissioner

John Hamm left them with more questions than answers.

Hamm denied that James had been sedated before the execution. “I can't overemphasize this process,” he told them. “We're carrying out the ultimate punishment, the execution of an inmate. And we have protocols and we're very deliberate in our process, and making sure everything goes according to plan. So if that takes a few minutes or a few hours, that's what we do.”

All that was clear to witnesses was that something untoward had been done in the three hours the ADOC was sequestered with James. His lack of response, coupled with the unusually swift onset of death after injection, suggested strongly that he had been sedated before the injection they were allowed to witness.

Attorney Jim Ransom, James' last defense attorney, said that James' silence when asked for any final words “sent up red flags.”

“It didn't ring true,” Ransom told *The Atlantic* journalist Elizabeth Bruenig. “Joe always had something to say.”

Ransom's description of James, a vocal self-advocate who “wanted to fight ‘em to the very last minute,” did not jibe with the silent and unresponsive man described in journalists' accounts.

Joel Zivot, an Emory University anesthesiology instructor and vocal opponent of the death penalty, volunteered to conduct James' autopsy; Reprieve US retained and paid for independent pathologist Boris Datnow and his assistant Jay Glass to oversee the autopsy. Bruenig, whom Alabama ADOC had rejected as a media witness on the night of James' murder, witnessed the autopsy, writing that James' “hands and wrists had been burst by needles, in every place one can bend or flex.”

The numerous patches of mottled, discolored skin on James' hands, wrists, and feet testify to the difficulty of finding a vein for IV insertion. Bruenig also described "the carnage further up one arm," where a deep and jagged vertical incision intersected in an obtuse angle with a diagonal incision on the inside of his elbow.

According to Dr. Zivot, this incision was likely the result of an attempted "cutdown," an outdated medical procedure where a deep cut is made to access a vein.

"I can't tell if local anesthetic was first infused into the skin, as slicing deep into the skin with a sharp surgical blade in an awake person without local anesthesia would be extremely painful," Zivot told *The Atlantic*. "In a medical setting, ultrasound has virtually eliminated the need for a cutdown, and the fact that a cutdown was utilized here is further evidence that the IV team was unqualified for the task in a most dramatic way."

Puncture wounds in James' muscles "far from the vicinity of a known vein," Zivot said, suggest either incompetence or an attempt to sedate James before his execution.

"It is possible that this just represents gross incompetence, or some, or one, or more of these punctures were actually intramuscular injections. An intramuscular injection in this setting would only be used to deliver a sedating medication."

Mark Edgar, a Mayo pathologist who reviewed the autopsy photos, pointed out to *The Atlantic* that the jagged quality of the supposed cutdown indicates a sudden movement of James' arm during the procedure. Shallower lacerations up and down James' arms were not likely made intentionally, Edgar said; more probable is that they were sustained "during a struggle that took place during the prolonged efforts to gain access to a vein."

After insisting for weeks that there was "nothing out of the ordinary" about James' execution, ADOC finally admitted that there had been difficulties in establishing an IV line. It said that it could not confirm that James was "fully conscious" when the curtain opened for witnesses. Officials continue to deny that James was sedated before the injections began.

Botched executions are not unknown in Alabama. In 2018, 61-year-old Doyle Lee Hamm lay for two hours as corrections staff punctured his hands, arms, feet, and groin in search of a usable vein for lethal injection.

After he bled profusely, they gave up. Prior to the attempted execution, federal courts dismissed claims by lawyers that, due to Hamm's advanced lymphoma, administering intravenous injections would amount to cruel and unusual punishment.

The state quietly agreed to stop pursuing execution; Hamm succumbed to his lymphoma in prison three years later.

In 2015, Oklahoma death row inmate Clayton Lockett died horribly after midazolam, the first drug administered in his execution, failed to sedate him adequately before the second and third drugs paralyzed him and stopped his heart. The use of midazolam in lethal injection protocols was called into question, with the drug's maker objecting to its use in executions.

Even after the manufacturer offered to pay Alabama for its supply of midazolam, the ADOC refused to surrender its stockpiles. When the federal government issued a temporary moratorium on lethal injections in response to Lockett's gruesome death, Alabama lawmakers hastily pushed through legislation that would reinstate execution by electric chair, which had last been used in 2002.

Alabama has one of the highest per capita execution rates in the US. People opposed to the death penalty are stricken from juries in murder trials, and a death sentence can be handed down with a vote of 10 jurors. Moreover, Alabama judges are allowed to pass down a death sentence unilaterally, even in cases where the jury votes unanimously against it.



To contact the WSWS and the
Socialist Equality Party visit:

wsws.org/contact