No. 1881555

IN THE SUPREME COURT OF ALABAMA

DOYLE HAMM'S STATUS UPDATE OF SEPTEMBER 1, 2017

Pursuant to this Court's order dated August 25, 2017, Doyle
Lee Hamm respectfully submits the following status update:

1. Undersigned counsel has been working diligently with the warden's assistant at Donaldson Correctional Facility, Ms. Johnnie Luster, to schedule a medical visit for Dr. Mark Heath in September. Warden Leon Bolling at Donaldson and counsel are currently working on a visit with Dr. Heath on Saturday, September 24, 2017. Undersign counsel will ensure that the visit happen within the timeframe set by this Court in its Order dated August 25, 2017.

- 2. At the request of Dr. Mark Heath, undersigned counsel respectfully requested from the Attorney General on Monday, August 28, 2017, by e-mail and by letter, a copy of the State of Alabama's official written protocol for lethal injection. This protocol is essential to determine whether Mr. Hamm's late-stage cranial and lymphatic cancer would interfere with a lethal injection. To date, undersigned counsel has not heard back from the Attorney General.
- 3. In the Attorney General's reply brief dated August 15, 2017, the Attorney General remarked in footnote 1 on page 2 that "Dr. Heath is an anesthesiologist, not an oncologist." This is indeed true. An anesthesiologist is the proper expert to assess questions of venous access and whether Mr. Hamm's late-stage cancer will interfere with a lethal injection, and for that reason undersigned counsel is organizing a medical visit by Dr. Heath. However, the Attorney General raises a good point, which is the necessity of properly assessing the cranial and lymphatic cancer as well, and undersigned counsel will locate an oncologist to conduct a medical visit with Mr. Hamm within the timeframe set by this Court in its Order dated August 25, 2017.
- 4. Undersigned counsel also sent a law associate (third-year Columbia Law School student Nicola Cohen, CLS '18) to Donaldson Correctional Facility to meet with Mr. Hamm in August 2017, to conduct a lay visual inspection to determine whether

Mr. Hamm's cancer has progressed, and apparently, it has. Ms. Cohen reported that Mr. Hamm has a visible lesion on his left cheek right under his left eye. The lesion is about the size of a quarter and is not perfectly circular. The area goes inwards into his cheek and is purple or blue with, within the area, black dots. Under the lesion, Mr. Hamm's left cheek is visibly swollen, and Mr. Hamm said it was sensitive to touch. According to Mr. Hamm, the lesion has grown and its color has gotten darker since the last biopsy conducted on his eye in March 2017. This is consistent with a worsening cancer situation in the left side of his cranium. The medical records confirm that his cancer was most prominent on the left side, and previously was not visible but only within the cranium, as reflected following excerpts from the MRI Imaging Report dated May 27, 2014, in the Donaldson medical records:

"Exophthalmos is noted on the left. There is a soft tissue lesion filling most of the retro-orbital region on the left. There is extension posteriorly through the orbital fissures to involve the pterygopalatine fossa and cavernous sinus regions. From the cavernous sinus region, there may be extension into the middle cranial fossa with some degree of asymmetrical dural enhancement noted. There is mass effect on the left temporal lobe, although no reactive vasogenic edema is seen.

There is also extension of tumor laterally into the infratemporal fossa and masticator space region on the left. Enhancing tumor surrounds portions of the pterygoid musculature, as well as the inferior aspect of the temporalis muscle. There is also tumor surrounding the gasserian ganglion and extending inferiorly along the foramen ovale into the masticator space. Some component of tumor near foramen laccrum portion of the carotid canal cannot be excluded [...]

IMPRESSION: Extensive left facial tumor as described above in detail." See Appendix A.

- 5. Ms. Cohen also identified two abnormal lumps on Mr. Hamm, one under his chin on the left side that is visible to someone looking at him, as the area appears swollen; and one on the back right of his neck below his right ear. Mr. Hamm indicated that both are sore to touch. Ms. Cohen reported that Mr. Hamm can barely see out of his left eye now and is taking Norco, a strong pain medicine, three times a day.
- 5. Undersigned counsel is continuing to review the 777 pages of Doyle Hamm's medical records, mostly concerning his cancer, that were obtained from Donaldson Correctional Facility.

Respectfully submitted,

Benn E. Haron

BERNARD E. HARCOURT

Counsel of Record

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MAY. 27-2014 -8:51AM Central-Reporting 205-8772153

Diagnostic Imaging Department Brookwood Medical Central

Telephone: 205-877-2156

Brookwood Iviedical Center Drive Bitmingham, AY 35209

Patien - me: HAMM.NO. 1033 L. P. 2936 MRN 334304
Acot #: 36537033
Encounter Type: 2 - Outpatient

imaging

Procedure | | MRI Face Neck Orbit w/ +

w/o Contra

Accession 368-MR-14-003976

076

Ordering HOOD MD, HUGH M Date of Bxamination 05/23/2014 15:51:00 CDT

Report

MRI facial region

HISTOR \$157-year-old male with orbital cancer

TECHNIQUE: Pre-and postcontrast MRI of the facial region.

FINDINGS: No priors.

Exophthat hus is noted on the left. There is a soft tissue lesion filling most of the retro-orbital region on the left. There is extension posterior of through the orbital fissures to involve the pterygopalatine fossa and cavernous sinus regions. From the cavernous sinus region, there may be extension into the middle cranial fossa with some degree of asymmetric dural enhancement noted. There is mass effect on the left temporal lobe, although no reactive vasogenic edema is seen.

There is also extension of tumor laterally into the infratemporal fossa and masticator space region on the left. Enhancing tumor surrounding portions of the pterygoid musculature, as well as the inferior aspect of the temporalis muscle. There is also tumor surrounding the gasserian ganglion and extending inferiorly along the foramen ovale into the masticator space. Some component of tumorithar foramen lacerum portion of the carotid canal cannot be excluded.

I see no evidence of tumor spread through the sphenopalatine foramen. There may be some degree of tumor in the leftward aspect of the natiopharyngeal region and perhaps in the region of the fossa Rosenn? Her which is asymmetrically prominent on the left when compared with the right.

The cropharynx and posterior nasal regions are grossly normal in appearance. Some component of the tumor involving the pterygoin plate region and extending into the posterior, inferior maxillary antrum cannot be excluded.

There is mucosal thickening in the ethmoids. Right orbit and right facial regions are grossly normal.

Left mathoid disease noted. This may be related to custachian tube dysfunction.

IMPRESSION: Extensive loft facial tumor as described above in detail.

Finalizatiby Harry Rosenthal, MD 5/25/2014 4:52 FM

First Report

Dictardi: 05/25/2014 4:29

Dictated By; ROSENTHAL III MD, HARRY B

Electronic Signature: 05/25/2014 4:52 pm Signed By: ROSENTHAL III MD, HARRY B

Orderige: HOOD MD, HUGH M Admitting: HOOD MD, HUGH M

Consulting:

Chart Type: Cumulative Chart Request ID: 48212873 Printe: 05/26/2014 06:47:08 CDT Patient Name: HAMM, DOYLE L

MRN: 01334304 Aget #: 36537033

DOB: 02/14/1957 Age: 57 years Sex: Male

Location; BMC - RD Radiology/

Admitted: 05/23/2014 Discharge: 05/23/2014

1 of 1

CERTIFICATE OF SERVICE

I hereby certify that on September 1, 2017, I served a copy of the attached pleading by electronic mail to Assistant Attorney General Beth Jackson Hughes at bhughes@ago.state.al.us.

BERNARD E. HARCOURT Counsel of Record

Bem E. Harow

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