**Statement from Attorney for Darrell Hines in Response to Governor Lee's Denial of Clemency**

*(Nashville, TN, Tuesday, August 11, 2026)* "It would be a grotesque spectacle for Tennessee to move forward with the execution of Darrell Hines given his debilitated medical condition and the many unanswered questions following the botched execution attempt of Tony Carruthers. The Tennessee Department of Correction violated its own protocol by employing a doctor, Dr. Mark Fowler, who was underqualified and unable to set a central line, resulting in May's horrific botched execution attempt.

"All of the available evidence suggests that TDOC intends to rely on Dr. Fowler despite his disastrous mishandling of the attempted execution of Mr. Carruthers. TDOC knows that Dr. Fowler can't do the job the protocol requires him to do, and we've seen what that means in practice: a torturous, failed procedure that leaves staff, witnesses, and the prisoner traumatized.

"We have asked the United States Supreme Court to review the Tennessee Supreme Court's refusal to address the grave risk of severe pain and suffering during his execution by an under-skilled physician."

*-Kit Thomas, attorney for Darrell Hines*
*-August 11, 2026*

**Darrell Hines Case Background**

On August 9, 2026, attorneys for Darrell Hines asked the United States Supreme Court to review the Tennessee Supreme Court's denial of his request for a special master to assess the grave risk of severe pain and suffering during his execution by an under-skilled physician.

Mr. Hines argues that any presumption that his August 13 execution will be carried out according to protocol is overcome by evidence that Dr. Mark Fowler (1) "was primarily responsible for the botched attempted execution of Mr. Tony Von Carruthers on May 21, 2026—an excruciating affair that lasted over an hour." (p. 4); (2) participated in prior executions without realizing he was responsible for placing a central line, if required (p. 7); (3) and admitted under oath that he had not successfully placed a central line in over thirteen years (p. 8).

Those concerns are further enhanced by Mr. Hines's debilitated medical conditions following recent strokes that have left him partially paralyzed, and increase the likelihood that Dr. Fowler will, again, be tasked with placing a central line. (pp. 16–17) Rather than address that evidence, Hines argues, the Tennessee Supreme Court misapplied federal precedent to conclude that claims

alleging the government is likely to botch an execution are foreclosed from Eighth Amendment review. (pp. 17–18)

Mr. Hines is the first person scheduled for execution in Tennessee since the botched execution attempt of Tony Carruthers on May 21, 2026. Mr. Hines is also asking the U.S. Supreme Court to stay his execution.

The cert petition can be accessed here and the stay motion here.

**Darrell Hines's Debilitated Condition Increases Risk of Problematic Execution**

On May 21, Dr. Fowler failed to establish a central IV line in Tony Carruthers, resulting in an hour-long botched execution attempt of Mr. Carruthers. Mr. Hines's attorneys explain that his debilitated condition from two strokes this year increases the risk that he will need a central line during his execution. Dr. Fowler admitted under oath that he had not conducted a central intravenous line placement in over a decade and lacks privileges to do so at any hospital.

On July 27, attorneys pointed to additional evidence showing that Mr. Hines is at a particularly acute risk of excessive pain and suffering because of significant risk factors unique to his age and medical condition. (p. 5) The July 27 filing can be accessed here.

Mr. Hines is 66 years old, and IV access is often more difficult in people over age 65. (p. 7) Mr. Hines is also extremely thin and has suffered significant muscular atrophy in the aftermath of recent strokes. (p. 8) He is also suffering from spasticity in his left arm, leaving his left arm bent at the elbow and his left hand involuntarily clenched in a fist. He cannot unbend his arm or unclench his fist, and it is extremely painful when others attempt to do so. (p. 9)

"Mr. Hines' age, muscular atrophy, and left-sided muscle spasticity, as well as the IV Team's failure to obtain peripheral IV access in Mr. Carruthers" make it "'very likely' that TDOC's IV Team will struggle to obtain peripheral IV access in Mr. Hines." (p. 9) This means the execution will likely require insertion of a central line, a procedure Dr. Fowler has already proved himself unable to perform correctly. (p. 10)

Additional details about Mr. Hines's medical condition and particularized risk can be found in the expert declarations of Dr. Gail Van Norman and Dr. Siddhartha Nadkarni.

Citing risk of extreme pain and suffering during an attempted execution by an under-skilled physician, Mr. Hines's attorneys have asked the Tennessee Supreme Court to either order the

TDOC to replace Dr. Fowler or appoint a special master to consider his Eighth Amendment claim.

That filing, which was denied on August 6 by the Tennessee Supreme Court, can be accessed here.

**TDOC Refuses to Say if Same Physician from May Botch will Perform August Execution**

On July 17, the Davidson County Chancery Court ordered TDOC to say whether it plans to use Dr. Mark Fowler to execute Mr. Hines. TDOC continues to refuse to provide this information, however, and the court stayed its order to allow review by a higher court.

"It's shocking that the Tennessee Department of Correction won't simply say whether it plans to keep using an execution physician who lacks the required qualifications. We are simply asking that Darrell Hines is not subjected to the same unconstitutional treatment as in May's botched execution attempt," said Kit Thomas, an attorney for Mr. Hines.

The July motion explains that Dr. Fowler's identity became known after TDOC disclosed it inadvertently to the press and confirmed it during litigation last year. The chancery court found the state waived its right to conceal Dr. Fowler's identity for the purposes of disclosing whether or not TDOC intends to use him in the scheduled execution of Mr. Hines.

In Dr. Fowler's October 2025 deposition, he described his understanding of the execution physician's role as merely to "certify the death of the inmate." According to the July filing, he also appeared unaware that the protocol required him to be able to perform a central line procedure until the prisoners' attorneys brought it to his attention. (Motion pp. 11–12)

The motion further explains that in a central IV-line procedure involving the jugular or subclavian vein, the standard of care requires elevating the patient's feet and lowering their head to facilitate blood flow to the desired veins and to prevent an air embolism from traveling to the brain and causing a stroke. (Motion pp. 24–25) Dr. Fowler made no attempt to elevate Mr. Carruthers's feet and lower his head during his failed execution.

"We don't need to speculate about the risk of harm from using Dr. Fowler to execute Mr. Hines," said Thomas. "We saw it in the last execution attempt, and there is every reason to believe that as long as TDOC uses Dr. Fowler, prisoners face prolonged, torturous, and potentially failed executions.

**Concerns about TDOC's ability to conduct executions have been mounting in the wake of Mr. Carruthers's botched execution attempt and TDOC's refusal to provide a detailed review of what went wrong**.

On June 25, nine Republican State Senators sent a letter to Governor Lee requesting a pause in executions until there can be an independent review of what went wrong in the failed execution of Mr. Carruthers.

On July 2, State Representative Jody Barrett (R-District 69) sent a letter to TDOC Commissioner Frank Strada seeking detailed information about TDOC's review of the Carruthers execution attempt and the changes it is implementing to prevent a recurrence of those problems.

On July 16, a group of Tennessee faith leaders held a news conference to express concern about Governor Lee's refusal to pause executions and investigate how TDOC protocols failed during Mr. Carruthers's failed execution. Tennessee's Catholic Bishops also have called on Governor Lee to suspend Mr. Hines's execution.

On July 23, Mr. Hines's attorneys released materials that shed new light on the state's problematic execution protocol and TDOC Commissioner Frank Strada, the official responsible for developing that protocol. The packet's summary states: "Strada oversaw three executions in Arizona. All three were marked by prolonged and problematic attempts to establish IV access—eerily similar to the botched attempted execution of Tony Carruthers in Tennessee. In Arizona, execution personnel repeatedly struggled to place the required lines, resorting to invasive femoral or groin procedures, and in one case relying on the condemned prisoner himself to suggest a viable vein after the team was unable to find one."

On July 28, a group of Tennessee medical professionals held a press conference in Nashville urging Governor Lee to suspend executions until TDOC can demonstrate meaningful improvements in planning, training, and operations around the entire execution process. A group of more than 40 Tennessee medical professionals also sent a letter to Governor Lee urging him to take this action.

In addition, on July 8, Mr. Hines's attorneys renewed their request for Governor Bill Lee to grant a reprieve "until the Tennessee courts fully consider the constitutionality of the 2025 Lethal Injection Protocol, including its related policies and practices regarding selection and retention of execution personnel." Mr. Hines's attorneys also cite his seriously debilitated medical condition.

For more information or to speak to an attorney for Darrell Hines, please contact Laura Burstein at Laura.Burstein@squirepb.com.