



DEPARTMENT OF THE ARMY  
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND  
2748 WORTH RD  
FORT SAM HOUSTON, TEXAS 78234-6021

REPLY TO  
ATTENTION OF

Freedom of Information/  
Privacy Act Office (13-00259)

28 February 2013

Mr. Jason Leopold

Dear Mr. Leopold,

This is in response to your Freedom of Information Act (FOIA) request dated 3 December 2012 for a complete copy of the autopsy reports pertaining to the Guantanamo detainees known as Adnan Farhan Abdul Latif (ISN 156), Hajji Nassim (a.k.a. "Inayatullah") (ISN 10029), and Awal Gul (ISN 782). Your request was received on 3 December 2012 and processed in accordance with the Freedom of Information Act (FOIA) 5 United States Code (U.S.C.) § 552. I apologize for the delay in responding to your request due to the need to coordinate with a number of agencies.

Enclosed is the Amended Final Autopsy Report of Naseem, Haji (AKA Inayatullah) ISN-010028 and the Amended Final Autopsy Report of Gul, Awal ISN-782. Information is being withheld pursuant to Title 5, USC, Section 552 (b)(6), (b)(7)(c) and (b)(7)(f). Exemption (b)(6) permits the government to withhold information about individuals when the disclosure would constitute a clearly unwarranted invasion into the personal privacy of a third person. Exemption (b)(7)(c) permits the withholding of Special Agent names when an unwarranted invasion of personal privacy could reasonably be expected and Exemption (b)(7)(f) permits the withholding of information when the safety or life of any individual could reasonably be endangered by the release of that information.

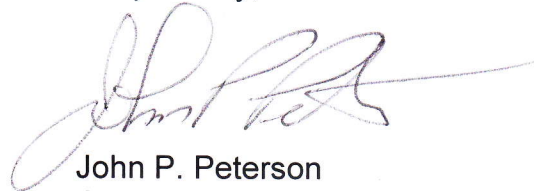
Adnan Farhan Abdul Latif (ISN 156) is still the subject of an active and ongoing investigation by the Naval Criminal Investigative Service. His autopsy report is being withheld pursuant to FOIA Exemption (b)(7)(a). We are therefore unable to process this portion of your request at this time.

Because your request has been partially denied, you are advised of your right to appeal this determination to the Secretary of the Army. If you decide to appeal at this time, your appeal must be submitted within 60 days of the date of this letter. In your appeal, you must state the basis for your disagreement with the partial denial and the justification for the release of information associated with your request for this command. Your appeal should be addressed to: CDR U.S. Army Medical Command, Attention: Freedom of Information/Privacy Acts Office (MCPA), 2748 Worth Road STE 21, Fort Sam Houston, Texas 78234-6021, for forwarding, as appropriate, to the Office of the Secretary of the Army. Please enclose a copy of this letter along with your

Appeal. To ensure proper processing of any appeal, the letter and the envelope should both bear the notation, "Freedom of Information Act Appeal."

Should you have any questions regarding the processing of the enclosed documents I may be reached at (210) 221-7826 or email [john.peterson1@amedd.army.mil](mailto:john.peterson1@amedd.army.mil).

Respectfully,

A handwritten signature in black ink, appearing to read "John P. Peterson", with a long horizontal flourish extending to the right.

John P. Peterson  
Chief, Freedom of Information/  
Privacy Acts Office  
U.S. Army Medical Command

Enclosures



DEPARTMENT OF THE ARMY  
ARMED FORCES MEDICAL EXAMINER  
1413 RESEARCH BLVD  
ROCKVILLE, MD 20850

**AMENDED\***  
**FINAL AUTOPSY REPORT**

Name: NASEEM, Haji (AKA Inayatullah)  
ISN-010028

Autopsy No.:

Date of Birth: Unknown (1973/ 1974)

Rank: Civilian (Detainee)

Date of Death: 18 MAY 2011

Place of Death: Guantanamo Bay

Date of Autopsy: 19 MAY 2011, 0100 hours

Place of Autopsy: US Naval Hospital

Date of Report: 07 JUN 2011

Guantanamo Bay, Cuba

Date of Amended Report: 11 FEB 2013

**Circumstances of Death:**

Haji Naseem (AKA Inayatullah), a civilian detainee, was found hanging with a ligature (bed sheet) around his neck in the recreation area in his cell block at Joint Task Force Guantanamo Bay, Cuba at approximately 0335 hours on 18 MAY 2011. The ligature was cut and resuscitation efforts were started immediately in the cell and continued at the local medical treatment facility. All efforts failed to revive him. He was pronounced dead at 0453 hours. The case is under investigation by the Naval Criminal Investigative Service (NCIS).

**Authorization for Autopsy:** Office of the Armed Forces Medical Examiner, IAW Title 10 US Code 1471

**Identification:**

Haji Naseem (AKA Inayatullah) is identified by visual recognition and his detainee identifications tags. Finger and foot prints are obtained by NCIS and a tissue sample is collected for DNA identification, if needed.

**CAUSE OF DEATH:**

Hanging

**MANNER OF DEATH:**

Suicide

**\* NOTE: Report is amended to correct typographical error in the header of pages 2-8; name is "Inayatullah" not "Inayarullah" and page 2. No other changes.**

**NCIS PRELIMINARY INVESTIGATION**

According to preliminary NCIS investigation, on the morning of 18MAY2011 NCIS Special Agents of NCISRU Guantanamo Bay, Cuba, were notified of the custodial death of Naseem Inayatullah, aboard Naval Station Guantanamo Bay, Cuba. Inayatullah was found hanging by a bed sheet in the recreation area adjacent to his cell. NCIS conducted an examination of the death scene; results are pending laboratory findings from the United States Army Criminal Investigation Laboratory.

**MEDICAL RECORDS REVIEW**

Review of Haji Naseem's medical records reveals hospitalization at age 15 for auditory hallucination and two prior suicide attempts during his current detention. The first suicide attempt was on 26 MAR 2009 when he was found with cuts on both sides of his neck. He was admitted to the Behavior Health Unit (BHU) for a year and was discharged from the unit on 25 OCT 2011. The second suicide attempt was on 21 APR 2009 when he lacerated both arms and blamed it on the Jinn (Demons). Since his discharge from the BHU on 25 OCT he denied suicidal thoughts or auditory/visual hallucinations, and he was stable on his medication (Risperadal 1 mg before bed). He had no other significant illnesses. A copy of the medical records is on file.

**LIGATURE**

The ligature (white bed sheet) is collected as evidence by NCIS at the scene and examined by the prosecutor and the observing civilian medical examiner prior to the autopsy. Photographs are obtained for documentation.

The bed sheet is submitted in two parts, cut by first responders at the scene. The proximal part, labeled # 3, is noted with a small loop (tied around a horizontal pipe at the scene) and the distal part, labeled # 1, is noted with a knotted noose (was around the neck). Both are examined, photographed and retained by NCIS. There is no blood stains noted on the ligature.

**POSTMORTEM EXAMINATION**

The postmortem examination (b)(7)(F) of Haji Naseem (AKA Inayatullah) is performed at the US Naval Hospital Guantanamo Bay (USNHGB), Cuba on 19 MAY 2011, starting at approximately 0100 hours. Full body radiological studies are obtained at the USNH. Attending the autopsy from AFMES are (b)(6)

(b)(6)

Attending the autopsy as medicolegal observers are (b)(6)

(b)(6) \_\_\_\_\_ and  
Special Agent (b)(7)(C) \_\_\_\_\_

### **EXTERNAL EXAMINATION**

The body is that of a well-developed, well-nourished Caucasian unclad male wrapped in white sheets. Clothing is submitted separately; see "Clothing and Personal Effects". The eyelids are closed with a thin white tape. External Automatic Defibrillator (EAD) and EKG pads are noted on the chest; see "Medical Intervention".

The body is 68" in length and weighs an estimated 160 lb, and appears compatible with the reported age of late thirties. Rigor is present to an equal degree in all extremities. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure. Body temperature is cold due to refrigeration.

The scalp hair is black with few gray hairs. The facial hair consists of black mustache and long beard, both with gray hair. The eyes are unremarkable. The irides are brown. The corneae are slightly cloudy. The conjunctivae and sclerae are unremarkable with no petechiae. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The nasal skeleton is palpably intact. The tongue is unremarkable. The lips are without evident injury. The frenulae are unremarkable. The teeth are natural and unremarkable. Examination of the neck reveals a broad patterned impression on the anterior and both sides of the neck (ligature mark/furrow); see "Evidence of Injury". A faint scar is noted on the right side of the neck below the ligature mark; see "Opinion".

The chest is unremarkable. No injury of the ribs or sternum is evident externally. The abdomen is unremarkable with no evidence of major surgical scars. The posterior torso is unremarkable with no evidence of external trauma. The anus and surrounding skin are unremarkable. The external genitalia are those of a normal adult circumcised male.

The extremities are unremarkable with no evidence of recent trauma. Multiple irregular scars are noted on the antecubital fossae and photographed for documentation; see "Opinion". Three irregular healed scars are noted on the posterior left shoulder (one) and the left flank (two). No tattoos, major surgical scars or identifying marks are noted.

### **EVIDENCE OF INJURY**

#### **Neck Trauma:**

External examination of the neck reveals a ligature impression around the neck. A broad reddish discoloration is noted on the skin of the anterior neck, overlying the thyroid cartilage measuring ¼ to 1" in width and with upward angles towards the posterior neck.

The ligature mark has a maximum width of 1" on the anterior midline. The width of the ligature impression on the right side of the neck is tapered into a ¼" width, 1 ½" inferior and ½" anterior to the right external auditory canal. The width of the ligature impression on the left side of the neck is tapered into a ¼" width, 3" inferior and 1" anterior to the left external auditory canal. The ligature impression is incomplete and fades and disappears on the posterior neck; see "Opinion".

Dissection and examination of the strap muscles of the neck reveals localized hemorrhage in the right sterno-hyoid muscle and left thyro-hyoid muscle underlying the above noted ligature impression. No other trauma is noted. The hyoid bone and thyroid cartilage are intact.

**Special Procedures:**

The neck, back and extremities are dissected to detect any subcutaneous or muscular injuries. The cervical vertebrae are unremarkable with no excessive mobility. No injuries, recent or remote, are noted. Slight subcutaneous hemorrhage is noted in the left antecubital area and is consistent with extravasation of blood during resuscitation.

**CLOTHING and PERSONAL EFFECTS**

The deceased clothing is submitted separately. A khaki shirt and pants and white underwear, general issue of the detention center, are photographed for documentation and retained by NCIS. No personal effects are noted on the body.

**MEDICAL INTERVENTION**

Evidence of active medical intervention is noted as follows:

- EAD and EKG pads on the chest.
- Multiple intravenous puncture sites on the arms, with pressure bandage on the right side and gaze and tape on the left side.

**INTERNAL EXAMINATION**

**BODY CAVITIES:**

Adhesions are noted in left pleural cavity, unknown etiology. No abnormal collections of fluid are present in any of the body cavities. All body organs are present in the normal anatomical position. The subcutaneous fat layer of the abdominal wall is unremarkable. There is no internal evidence of blunt or sharp force injury to the thoraco-abdominal region.

**HEAD: (CENTRAL NERVOUS SYSTEM)**

The galeal and subgaleal tissues reveal no evidence of trauma. The dura mater and falx cerebri are intact. There is no epidural, subdural or subarachnoid hemorrhage present. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels, are intact. Coronal sections through the cerebral hemispheres reveal no lesions. Transverse sections through the brain stem and cerebellum are unremarkable. The brain weighs 1280 grams. Serial sectioning of the brain reveals unremarkable parenchyma and no evidence of trauma.

**NECK:**

See "Evidence of Injury".

Examination of the soft tissues of the neck including strap muscles, thyroid gland and large vessels are unremarkable and without other traumatic abnormalities. The hyoid bone and thyroid cartilage are intact. Multiple small soft polypoid lesions are noted in the larynx (piriform recesses).

**CARDIOVASCULAR SYSTEM:**

The pericardial surfaces are smooth, glistening and unremarkable; the pericardial sac is free of significant fluid and adhesions. The coronary arteries arise normally, follow the usual distribution and are widely patent with mild, 25%, atherosclerotic changes of the left anterior descending artery (LAD). The epicardium is smooth and unremarkable. The myocardium is dark red-brown, firm and grossly unremarkable. The valves exhibit the usual size, texture and position relationship and are unremarkable. The aorta and its major branches arise normally, follow the usual course and are widely patent, free of significant atherosclerosis and other abnormality (mild streaking is noted on the distal aorta). The venae cavae and their major tributaries return to the heart in the usual distribution and are free of thrombi. The heart weighs 370 grams.

**RESPIRATORY SYSTEM:**

See "Body Cavities".

The upper airway is clear of debris and foreign material; the mucosal surfaces are smooth, yellow-tan and unremarkable. The right pleural surfaces are unremarkable. Both lungs reveal significant black anthracotic pigmentation. The pulmonary parenchyma is red-purple and exudes a moderate amount of bloody fluid and froth. No focal lesions identified. The pulmonary arteries are normally developed, patent and without thrombus or embolus. The right and left lung weighs 980 grams and 770 grams, respectively.

**LIVER & BILIARY SYSTEM:**

The hepatic capsule is smooth, glistening and intact, covering dark red-brown, moderately congested parenchyma with no focal lesions noted. The gallbladder contains green-brown, mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi. The liver weighs 1590 grams.

**ALIMENTARY TRACT:**

The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and is unremarkable. The stomach contains partially digested food, a sample of which is submitted for toxicology. There is no evidence of mucosal or vascular injury. The small and large bowels are unremarkable. The pancreas has a normal pink-tan lobulated appearance and the ducts are patent. The appendix is present and unremarkable.

**GENITOURINARY SYSTEM:**

The renal capsules are smooth and thin, semi-transparent and strip with ease from the underlying smooth, red-brown cortical surfaces. The cortices are sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves and ureters are unremarkable. The urinary bladder is unremarkable and contains clear yellow urine. The right and left kidney weighs 140 and 150 grams, respectively.

The external genitalia are those of a circumcised adult male with unremarkable prostate gland and bilaterally descended unremarkable testes.

**RETICULOENDOTHELIAL SYSTEM:**

The spleen has a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable. The regional lymph nodes appear normal. The spleen weighs 215 grams.

**ENDOCRINE SYSTEM:**

The pituitary, thyroid and adrenal glands are unremarkable.

**MUSCULOSKELETAL SYSTEM:**

Muscle development is normal. No gross bone or joint abnormalities are noted.

**EVIDENCE**

The clothing and ligature are examined, photographed and retained by NCIS.

**RADIOLOGICAL STUDIES**

Radiographs reveal no recent skeletal fractures or abnormalities.

**MICROSCOPIC EXAMINATION**

Representative sections of the major organs are retained without preparation of histological slides.



**TOXICOLOGY**

**Carbon Monoxide:**

- Carboxyhemoglobin saturation in blood is less than 1% (expected normal limits)

**Cyanide:**

- Not detected

**Volatiles (Blood and Vitreous fluid):**

- No ethanol is detected.

**Screened medication and drugs of abuse (Urine):**

- No illicit drugs of abuse are detected.

**ADDITIONAL PROCEDURES**

1. Documentary photographs are taken by (b)(6)
2. Full body radiographs are obtained by Department of Radiology, Naval Hospital Guantanamo Bay, Cuba.
3. Specimens retained for toxicological and/or DNA identification are: Blood (peripheral), vitreous fluid, bile, urine, stomach contents, and tissue samples from liver, lung, kidney, spleen, brain, psoas and heart muscle and adipose tissue.
4. Representative sections of organs are retained in formalin without preparation of histological slides.
5. Clothing and ligature are photographed for documentation and retained by NCIS.
6. Posterior dissection of the neck, back and extremities.

**FINAL AUTOPSY DIAGNOSIS**

**I. Hanging:**

- A. Ligature mark partially encircling the neck.
- B. No evidence of other neck trauma or fractures.
- C. No evidence of other traumatic injuries.

**II. Natural Disease:**

- A. Left pleural adhesions, unknown etiology.
- B. Multiple laryngeal small polyps.

**III. Evidence:**

- Ligature and clothing are examined and retained by NCIS.

**IV. Toxicology:**

- A. Carbon monoxide: Less than 1%.
- B. Cyanide: Not detected.
- C. Volatiles (Blood and Vitreous fluid): No ethanol is found.
- D. Screened drugs of abuse and medications (Urine): No illicit drugs of abuse are detected.

**OPINION**

Haji Nascem, AKA Inayatullah, a civilian detainee of late thirties, died from asphyxia due to hanging. He was found suspended from a horizontal pipe in the cell block's recreation area with a bed sheet around the neck. Autopsy reveals no evidence of other significant trauma or evidence of maltreatment.

Multiple scars are noted on the right side of the neck and the antecubital fossae are most probably related to his documented two prior suicide attempts in March and April 2009. The three scars of the left shoulder and left flank are of unknown etiology.

Toxicological studies reveal Carbon monoxide less than 1%, and are negative for cyanide, ethanol, and illicit drugs of abuse.

Review of the decedent's medical records reveals history of mental illness during childhood requiring hospital admission and two suicide attempts during detention in March and April 2009 requiring a year in the BHU.

Based upon the currently available information, the manner of death is "Suicide".

(b)(6)

(b)(6)

11 FEB 2013