

Synopsis of medical response for ISN #693

- 0058: Detainee arrived in Detention Clinic by Guard staff
- Detainee unresponsive, apneic, pulse-less, nonresponsive pupils fixed and dilated, mouth clenched with apparent rigor mortis, cyanotic blue around mouth
- 0059 CPR Initiated
- Detainee noted to have cotton clothing material in mouth and upper pharynx. Removed w/ significant difficulty due to jaw rigor mortis
- Cardio Pulmonary Resuscitation re-started
- 15-liter Oxygen nonrebreather w/ Ambu-Bag
- 18 g I.V. started in left AC with Normal Saline
- 0103 AED pads attached determined to be in non shockable rhythm
- Cardio Pulmonary Resuscitation restarted
- 0105: Detainee given 1 mg Atropine IVP
- Detainee continued to have no respirations and no pulse without CPR
- CPR continued
- Attempts at endotracheal intubation failed secondary to significant suspected rigor mortis in mandible. Several teeth broken in attempts to open mandible
- Respirations w/ Ambu-bag restarted with CPR
- Apnea, pulselessness, unresponsiveness reconfirmed w/ obvious rigor mortis. Obvious cyanosis noted
- 0115: Detainee pronounced dead by (b)(3) and SMO at GTMO JDG Delta Clinic

NARRATIVE SUMMARY

10 June 2006

Number: 888-00-0693

DOB: 1979

Language: Arabic

In process date: 18 June 2002

Allergies: No known drug allergies

Past Medical History: History of nephrolithiasis and urinary tract infections
History of peptic ulcer disease
Hunger striking 7/02, 7/05, 8/05, 9/05, 10/05, 12/05
Hunger striker – enterally fed from 12/05 until 6/06
Chronic knee pain
Chronic testicular pain – Varicocele
Old 5th metacarpal fracture stable

Past Surgical History: Right Mandibular abscess/cyst incision and drainage in July 2002.

In-Process Medical History: He arrived at Guantanamo Bay in good health. He had a 2cm scar in left frontal, multiple scars on scalp, superficial abrasion on left pinna and right cheek. He was found to have tenderness epigastrically on entrance physical exam. He complained about chronic testicular pain and dysuria on entrance history. His weight was 172 pounds with a BMI of 27.

Detention Medical History: He had access to medical care on a daily basis. In July 2002, he was treated for right mandibular abscess/cyst and required incision and drainage with multiple dressing changes. He was treated for a left otitis media in July 2003. He had a contact dermatitis in February 2005 that resolved with hydrocortisone and benadryl. He has complained about chronic testicular pain and was found to have a varicocele in February 2005 and was given scrotal support for comfort reasons. He complained of chronic knee pain and treated appropriately with anti-inflammatory pain medications and exercises. He has been a repeated hunger striker during 2005. In December 2005, he was worked up extensively for significant weight loss. After complete work up was negative, detainee admitted to being a covert hunger striker. He had been seen for inflammation of his nasal turbinates due to prolonged enteral feeding while on hunger strike. Evaluated by otolaryngologist in April 2006 for this issue and resolved with some topical antibiotics. Detainee was a prolonged hunger striker who was enterally fed for 5 months. He was 113.5% of IBW with a weight of 165lbs prior to ending his hunger strike and was returned to the regular blocks. Detainee brought to clinic on night of June 11th after committing suicide by likely asphyxiation from

obstructing his airway. Detainee declared dead at 0115 after a significant attempt to resuscitate.

Detention Psychiatric History: No known psychiatric history.

Detention Inpatient History: Admitted to detention hospital for weight loss work up in December 2005 and later enterally fed in the hospital before moving to the feeding blocks.

Detention Surgical History: In July 2002, he had incision and drainage of right mandibular abscess/cyst.

Dental History: He had access to routine dental care while in custody and in May 2004 and May 2006 for a routine exam and cleaning.

Eye Exam: He had access to routine eye exams.

Current Health: He is currently in good health on most recent exam with a BMI of 26.

Medications: None

Immunizations: PPD negative; MMR 4/03; Hep A/Hep B (TWINRIX) completed 10/03; Influenza 10/03; completed DpT/Tetanus 4/04. Hepatitis A, Hepatitis B, Hepatitis C and HIV screens were negative. He is not G6PD deficient.

Physical Examination: Deferred

Radiographic Studies: Not applicable.

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