



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
 1413 Research Blvd., Bldg. 102
 Rockville, MD 20850
 301-319-0000



AUTOPSY EXAMINATION REPORT

Name: Hussein, Hader Ali

ISN: (b)(6)

Date of Birth: (b)(6) 1981

Date of Death: (b)(6) 2007

Date/Time of Autopsy: (b)(6) 2007 (b)(6)

Place of Death: Theater Interment Facility

(TIF) Hospital, Camp Bucca, Iraq

Date of Report: 04 SEP 2007

Autopsy No.: (b)(6)

AFIP No.: (b)(6)

Status: Detainee

Place of Autopsy: Port Mortuary, Dover AFB,
 Dover, Delaware

Circumstances of Death:

On 04 JUL 2007, this 26-year-old Iraqi male was being detained at the TIF (Camp Bucca, Iraq) when, as reported, he was physically assaulted by other detainees. He was transferred to the TIF hospital for treatment. Approximately 1 1/2 hours later, he suffered a massive myocardial infarction. Despite medical treatment provided by the TIF hospital medical personnel, (b)(6) died on (b)(6) 2007.

Authorization for Autopsy:

Armed Forces Medical Examiner, per 10 U.S. Code 1471

Identification:

Presumptive identification is provided by accompanying paperwork.

CAUSE OF DEATH:

Myocardial infarction complicated by blunt force injuries.

MANNER OF DEATH:

Homicide.

EXTERNAL EXAMINATION

The body is that of a nude, well-developed, well-nourished male. The body weighs 190 pounds, is 67 inches long and appears compatible with the reported age of 26 years. The body is cold. Rigor has passed. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure. There is marbling of the skin of the upper extremities. The hands and feet are macerated with skin slippage identified on the hands. There is bullae formation on both lower extremities, and these bullae are associated with skin slippage. The head is normocephalic, and the scalp hair is short, black, and exhibits male pattern balding. Facial hair consists of a moustache and goatee. The irides are brown. The corneae are cloudy. The conjunctivae are pale. The sclerae are tan. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The nasal skeleton and maxillae are palpably intact. The lips are without evident injury. The teeth are natural and the left upper central incisor is missing. Examination of the neck reveals no evidence of injury. Injuries to the chest are described below. No evidence of injury of the ribs or the sternum is evident externally. The abdomen is slightly protuberant. The external genitalia are those of a normal adult circumcised male. A 2 inch superficial decubitus ulcer is identified on the skin overlying the sacrum. A 5 inch thin curvilinear scar is located on the skin of the right upper quadrant of the abdomen, and a 5 inch curvilinear scar is located on the skin overlying the right lower back. The fingernails are intact. No tattoos are identified.

CLOTHING AND PERSONAL EFFECTS

- Accompanying the deceased are white and green hospital sheets, and a white hospital blanket.

MEDICAL INTERVENTION

- None is present on the body at the time of autopsy.
- Evidence of previous medical intervention includes a 1/2 inch superficial mucosal ulceration of the proximal esophagus and a 1/4 inch superficial mucosal ulceration of the pharynx just distal to the vocal fold.

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates the following:

- Calcification of the midline falx cerebri.
- Consolidation of both lungs.
- Fluid filled trachea and bronchial trees.
- No fractures are identified.
- No foreign bodies are identified.

EVIDENCE OF INJURY

The ordering of the following injuries is for descriptive purposes only, and is not intended to imply order of infliction or relative severity. All wound pathways are given relative to standard anatomic position.

BLUNT FORCE INJURIES:

HEAD/NECK:

There is a 1 1/2 x 1/8 inch healing linear abrasion on the right side of the face. Above the left eyebrow is a 1 x 1 inch purple contusion, and on the center of the forehead is a 1 x 1/2 inch purple contusion. Associated with these two contusions is a 4 inch frontal subgaleal hemorrhage that extends to the bilateral parietal scalp. Over the occipital protuberance is a 3/4 x 3/4 inch healing laceration that has central granulation tissue. On the back of the head, just to the left of the midline, is a 3/4 x 1/4 inch V-shaped healing laceration with central granulation tissue present. On the right side of the back of the head is a 1 x 1/4 inch healing laceration with central granulation tissue.

TORSO:

There is a 1 inch purple contusion of the right lower quadrant of the abdomen and two purple contusions, 1/2 inch and 1 inch respectively, of the central aspect of the lower abdomen. On the right buttock is a 2 inch purple contusion. Upon reflection of the skin of the right side of the chest, an area of contusion, 1 1/2 inches, is identified within the musculature overlying the anterior aspects of right ribs 6-8. The anterior aspect of the sixth right rib is fractured. Further, an area of contusion, 3 x 2 inches, is identified in the musculature overlying the anterior aspect of right ribs 9 and 10. The underlying ribs are not fractured. (The injuries of the chest may be due to medical intervention.)

EXTREMITIES:

Overlying the anterior aspect of the right leg is a 1 inch healing scabbed abrasion which is located within the center of a 3 inch purple contusion.

INTERNAL EXAMINATION

BODY CAVITIES:

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. The sternum and vertebral bodies are visibly and palpably intact. Bilateral pleural and pericardial adhesions are seen in both chest cavities and within the pericardial sac. Both chest cavities contain 200 ml of serosanguineous fluid. The pericardial sac contains 10 ml of serosanguineous fluid. The peritoneal cavity contains 100 ml of serosanguineous fluid. All body organs are present in normal anatomical position.

The subcutaneous fat layer of the abdominal wall is 1 1/2 inches thick.

Posterior cutdowns are performed revealing evidence of injury consistent with those described above.

HEAD AND CENTRAL NERVOUS SYSTEM

The scalp is free of nontraumatic lesions. There are no skull fractures. The calvarium of the skull is removed. The dura mater and falx cerebri are intact and calcifications are identified within the falx cerebri, and the midline dura. There is no epidural or subdural 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.

Clear cerebrospinal fluid surrounds the 1480-gram brain, which has unremarkable gyri and sulci. Coronal sections through the cerebral hemispheres reveal no lesions. Transverse sections through the brain stem and cerebellum are unremarkable. The atlanto-occipital joint is stable. The spinal cord is unremarkable.

NECK:

The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage by layer-wise dissection. The thyroid cartilage and hyoid bone are intact. The larynx is lined by pink-white mucosa and a 1/4 inch area of ulceration is identified just distal to the vocal fold on the left side. The tongue is free of bite marks, hemorrhage, or other injuries. Incision and dissection of the posterior neck demonstrates no deep paracervical muscular injury and no cervical spine fractures.

CARDIOVASCULAR SYSTEM:

The 450-gram heart is contained in an intact pericardial sac. 10 ml of serosanguineous fluid is identified in the pericardial sac. There are fibrinous adhesions between the pericardium and the heart. The epicardial surface is granular and rough, with minimal fat investment.

The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show occlusion of the proximal portion of the left anterior descending coronary artery by atherosclerotic plaque and adherent organized thrombus.

There is a 4 x 3 inch area of soft yellow-brown discoloration of the myocardium extending from the apex along the anterior wall of the left ventricle and extending just into the intraventricular septum and to the lateral wall of the left ventricle (within the perfusion zone of the left anterior descending coronary artery). This area of myocardial necrosis extends through the full thickness of the left ventricular wall (transmural). A mural thrombus is identified within the left ventricular chamber. The valve leaflets are thin and mobile. The walls of the left ventricle, interventricular septum, and right ventricle are 1.0, 1.1, and 0.3-cm thick, respectively. The endocardium is smooth and glistening.

The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

RESPIRATORY SYSTEM:

The upper airway is clear of debris and foreign material: the mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces are smooth, glistening and unremarkable bilaterally.

The pulmonary parenchyma is diffusely congested and edematous, exuding slight to moderate amounts of blood and frothy fluid; the cut surfaces of both lungs exhibits patches of gray, purulent consolidation most prominent in the perihilar regions.

The pulmonary arteries are normally developed, patent and without thrombus or embolus. The right lung weighs 1530 grams; the left 1450 grams.

HEPATOBIILIARY SYSTEM:

The 1810-gram liver has an intact smooth capsule covering a moderately congested tan-brown parenchyma with no focal lesions noted (the cut surface has a nutmeg appearance).

The gallbladder contains 5 ml of green-brown, mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi.

GASTROINTESTINAL SYSTEM:

The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains 50 ml of brown-tan fluid. A ½-inch mucosal ulceration is identified in the proximal esophagus.

The small and large bowels are unremarkable. The pancreas has a normal pink-tan lobulated appearance and the ducts are clear. The appendix is present.

GENITOURINARY SYSTEM:

The right kidney weighs 180 grams; the left 200 grams. The renal capsules are smooth and thin, semi-transparent and stripped with ease from the underlying smooth, red-brown cortical surface.

The cortex is sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves and ureters are unremarkable.

White bladder mucosa overlies an intact bladder wall. The bladder is empty. The testes, prostate gland and seminal vesicles are without note.

LYMPHORETICULAR SYSTEM:

The 280-gram spleen has a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable.

Lymph nodes in the hilar, periaortic, and iliac regions are not enlarged.

ENDOCRINE SYSTEM:

The pituitary gland is unremarkable. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The right and left adrenal glands are symmetric, with bright yellow cortices and red-brown medullae. No masses or areas of hemorrhage are identified.

MUSCULOSKELETAL SYSTEM:

No non-traumatic abnormalities of muscle or bone are identified.

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by OAFME staff photographers.
2. Personal effects are released to the appropriate mortuary operations representatives.
3. Specimens retained for toxicology testing and/or DNA identification are: brain, lung, heart, liver, kidney, spleen, adipose tissue, skeletal muscle, vitreous fluid, blood, bile, and gastric contents.
4. The dissected organs are forwarded with body.

MICROSCOPIC EXAMINATION

- Left Anterior Descending Coronary Artery (Slide 1) – An atherosclerotic plaque with hemorrhage and necrosis is seen. There is an occlusive organizing and adherent thrombus within the residual lumen.
- Heart – Left Ventricle at Apex (Slide 2) – There is an adherent mural thrombus identified within the left ventricle. Within the myocardium there are areas of complete myocyte replacement by granulation tissue with loose collagen and abundant capillaries. There is a predominant chronic inflammatory response identified.
- Heart – Left Ventricle (Slide 3) - Within the myocardium there are areas of complete myocyte replacement by granulation tissue with loose collagen and abundant capillaries. There is a predominant chronic inflammatory response identified.
- Lung (Slide 4) – A neutrophil rich exudate fills the bronchioles and adjacent alveolar spaces.
- Liver (Slide 5) – There is necrosis of the peri-central hepatocytes with relative sparing of hepatocytes in the peri-portal areas.

FINAL AUTOPSY DIAGNOSES:

- I. CARDIOVASCULAR SYSTEM:**
 - A. Myocardial infarction - in the distribution of the left anterior descending coronary artery.**
 - B. Atherosclerotic cardiovascular disease - occlusion of the proximal left anterior descending coronary artery by atherosclerotic plaque with adherent organizing thrombus.**
 - C. Mural thrombus - left ventricular chamber.**
- II. PULMONARY SYSTEM:**
 - A. Bilateral bronchopneumonia.**
 - B. Pulmonary congestion and edema.**
- III. HEPATOBILIARY SYSTEM: Centrolobular Necrosis**
- IV. CENTRAL NERVOUS SYSTEM: Calcifications of the falx cerebri and midline dura.**
- V. SKIN: Superficial decubitus ulcer overlying the sacrum.**
- VI. LARYNX: Superficial ulceration.**
- VII. ESOPHAGUS: Superficial ulceration.**
- VIII. INJURIES: Multiple contusions and healing lacerations.**
- IX. EVIDENCE OF MEDICAL THERAPY: As described above.**
- X. POSTMORTEM CHANGES: As described above.**
- XI. IDENTIFYING MARKS: As described above.**
- XII. TOXICOLOGY (AFIP):**
 - A. VOLATILES: No ethanol is detected in the blood and bile**
 - B. DRUGS: Acetaminophen in the blood (19 mg/L); Atropine in the blood; Diazepam in the blood (0.13 mg/L; Nordiazepam in the blood (0.12 mg/L)**
 - C. CYANIDE: No cyanide is detected in the blood**
 - D. CARBON MONOXIDE: The carboxyhemoglobin saturation in the blood was less than 1%**

OPINION

This 26-year-old Iraqi male died of a myocardial infarction complicated by blunt force injuries. It is reported that he suffered a myocardial infarction a short time after being assaulted by other detainees in a detention facility. It is my opinion based on the information available to me that there is a causal relation between the assault and the myocardial infarction. The manner of death is homicide.

(b)(6)

(b)(6) MEDICAL EXAMINER

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Hussein, Haider, Al		GRADE Grade	BRANCH OF SERVICE Arme Civilian
ORGANIZATION Organisation		NATION (e.g. United States) Pays Iraq	DATE OF BIRTH Date de naissance (b)(6) 1981
		SOCIAL SECURITY NUMBER Numéro de l'Assurance Social (b)(6)	
		SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
RACE Race		MARITAL STATUS État Civil	
<input checked="" type="checkbox"/> CAUCASOID Caucasique		SINGLE Célibataire	
<input type="checkbox"/> NEGROID Négride		MARRIED Marié	
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)		WIDOWED Veuve	
		DIVORCED Divorcé	
		SEPARATED Séparé	
		PROTESTANT Protestant	
		CATHOLIC Catholique	
		JEWISH Juif	
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le sus	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN OR STATE (Include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort. Myocardial Infarction complicating blunt force injuries			
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
<input type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
<input type="checkbox"/> ACCIDENT Mort accidentelle	NAME OF PATHOLOGIST Nom du pathologiste		DATE Date 30 July 2007
<input type="checkbox"/> SUICIDE Suicide	(b)(6)		
<input checked="" type="checkbox"/> HOMICIDE Homicide	(b)(6)		AVIATION ACCIDENT Accident à l'Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
DATE OF DEATH (day, mo) Date de décès (le jour, le mois, l'année) (b)(6) 2007	CITY OR TOWN OR STATE Iraq		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunct et conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.			
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire (b)(6)		TITLE OR DEGREE Titre ou diplôme Medical Examiner	
GRADE Grade (b)(6)		INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE	
DATE Date 7/30/2007		SIGNATURE Signature (b)(6)	
<small>1. State disease, injury or complication which caused death, but</small> <small>2. State conditions contributive to the death, but not related to the disease or condition causing death.</small> <small>3. Preciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc.</small> <small>4. Préciser la condition ou la complication à la mort, mais d'une manière qui n'est pas liée à la condition qui a provoqué la mort.</small>			

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REPLACES DA FORM 2064, 1 JAN 72 AND DA FORM 2064-R(PAS), 26 SEP 75, WHICH ARE OBSOLETE.

MEDCOM 0831

(REMOVE, REVERSE AND RE-INSERT CARBONS BEFORE COMPLETING THIS SIDE)

DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION		DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS			
REGISTRY <i>(Town and Country)</i>	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

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