



MOD-83-0000585-A

2nd Witness Statement of Lt Col SO82

Exhibit: /2

Dated: 12 December 2022

In the matter of an investigation into the deaths of Radhi Nama and Mousa Ali

and

In the matter of an investigation into the death of Ahmed Jabbar Karim Ali

Inspector: The Rt Hon Dame Anne Rafferty DBE

SECOND WITNESS STATEMENT OF

LT COL SO82

I, Lt Col SO82, state as follows:-

I make this further statement for the purposes of the investigation into the deaths of Radhi Nama and Mousa Ali and the investigation into the death of Ahmed Jabbar Karim Ali, in response to the List of Supplementary Questions provided by the investigation on 17 November 2022.

A. Death of Mousa Ali

- 1.1. I said at paragraph 37 of my First Witness Statement that "*if Mousa Ali had been made to perform circuit-type exercises prior to his collapse this would have been medically relevant information.*" I am asked to explain what I understand by 'medically relevant.'
- 1.2. I understand 'medically relevant' to mean information about the circumstances leading to Mousa Ali's collapse and cardiac arrest that could potentially have given a clue as to the cause of that collapse and cardiac arrest.
- 1.3. I am directed to an excerpt from the statement to these Investigations of witness SO89 dated 22 June 2022. The excerpt says the following:

I had instructed via a Simon Says routine e.g. demonstrating with the assistance of Private [REDACTED] the squatting down with hands on heads or hands out in front position. I also made the detainee exercise with Gerry (sic) cans filled with water and gave him water to drink from that."

...

The squatting position is similar to the correct lifting technique., straight back with bent knees."

...

I would say that he was sweating heavily, profusely, it was above 40 degrees heat. He was approximately 25 stone in weight... he was breathing harder, just what you would expect any person to do when exercising."

...

He had appeared to be exhausted due to the heat. He had been sweating profusely throughout the time that I was there and obviously prior to my arrival. Laterally whilst he was in the stress position i.e. not standing, he without warning keeled over to his left side into the ground. At this time I saw fluid perhaps foam or vomit coming from his mouth.

I am also told that it has been suggested that the jerry cans in question could hold up to 20 litres of fluid and were about 2 feet high by 12" – 18" wide. I am asked whether, had I been informed of the circumstances described in the witness statement of SO89, this would have affected my view on the likely cause of death, and if so, how.

- 1.4. To this question my answer is 'yes'. It would have increased my suspicion that he had suffered a sudden cardiac event such as a myocardial infarction (heart attack) or sudden cardiac arrhythmia because of the description of exercise with profuse sweating followed by sudden collapse.
- 1.5. I am asked to explain why, despite the fact of circuit-type exercises being 'medically relevant' information, the allegation that Mousa Ali had been made to perform circuit-type exercises prior to his collapse would not have altered the treatment Mousa Ali was given.
- 1.6. This would not have altered the treatment Mousa Ali was given because by the time he attended the Regimental Aid Post he was in a state of cardiorespiratory arrest, with no signs of life and I believe that I had been told that he had not been receiving effective CPR during the transfer from the C Company location to the Regimental Aid Post at Battle Group Main. I followed a recognised and well-established protocol for managing cardiorespiratory arrest (regardless of the cause of the arrest) including an assessment of his heart's electrical activity and an attempt to identify any treatable/reversible cause of the arrest.

During 3 x 3-minute cycles of bag-valve-mask ventilation, external cardiac compressions, 3 doses of IV adrenaline and a dose of IV Adenosine he demonstrated no signs of life and the

automatic defibrillator assessed that there was no rhythm amenable to an electric shock. I determined that he was dead, that I had no further treatments available to me, that he had probably been in cardiac arrest for 47 minutes and that ongoing attempts to resuscitate him would be futile. I believe that I would also have attempted to identify any reversible cause of a cardiac arrest, noting the extremely limited diagnostic equipment available in a Regimental Aid Post at that time. I had no ability to perform an ECG examination, no ability to take any x-rays or other radiological examinations and no ability to perform any laboratory blood tests.

Given the fact that he was in cardiac arrest, with a prolonged loss of cardiac output and no response to attempted resuscitation, Mousa Ali would have received the same treatment in the Regimental Aid Post regardless of whether he had been made to perform circuit-type exercises prior to his collapse.

- 2.1. I am directed to paragraph 41 of my First Witness Statement where I refer to Mousa Ali's body being transported to both an Iraqi medical facility and Basra Teaching Hospital. I am asked to confirm if these are two separate places.
- 2.2. These are not two separate places. The Iraqi medical facility I referred to was the hospital known to me as the 'Basra Teaching Hospital'.
- 3.1. I am directed to paragraph 41 of my First Witness Statement where I state, when discussing the procedure followed when transporting Mousa Ali's body to Basra Teaching Hospital: "*I do not know who decided on this procedure, but I believe that a higher headquarters gave the Battle Group these instructions.*" I am asked for further details on why I think that these instructions came from higher headquarters.
- 3.2. This is what I recall being told and is my best recollection of the processes in place at the time. I am not sure when or by whom.
- 3.3. I am asked to provide further details of which higher headquarters I believe would have given the instruction.
- 3.4. I believe 7 Armoured Brigade Headquarters or 1 (UK) Division Headquarters would have given the instruction.
- 3.5. I am asked – if it is within my knowledge – the circumstances in which higher headquarters typically became involved in providing instructions to Battle Groups as to the transportation of bodies.
- 3.6. This is not within my knowledge. In the army the care of the dead is not a medical responsibility. It normally falls under the G4 (logistics) team and therefore I was not involved in the discussion about the onward movement of the deceased.

- 4.1. I am referred to the following excerpt from the statement to these Investigations from witness SO84, dated 10 June 2022:

30. Upon arrival of a detainee at Camp Stephen, I was called to examine each detainee in order to establish if there were any injuries or illness, which require treatment. It would be WO2 [REDACTED], and on one occasion C Sgt [REDACTED], who requested my attendance although another soldier may have fetched me on his command.

31. This examination would always be carried out as soon as possible after the detainee arrived at Camp Stephen... I was the only medic who would carry out these checks.

32. My examination would include checking vital signs, checking for visible injuries of any kind and any other complaints or medical problems. If there were any such injury or illness, I would give the necessary treatment... Once the examination was done and the detainee was declared fit for detention, he was handed back to whichever call sign was processing him."

I am directed to paragraph 9 of my First Witness Statement where I say: "To the best of my memory, in May 2003 medical checks were not done as a routine following detention, but only if there was a specific medical concern." I am asked to explain why I believe that medical checks on detainees were not done as routine following detention.

- 4.2. That is my recollection. Please note that I am referring to checks by a medical officer (doctor) on detainees on Operation TELIC 1 in 2003. I do not know whether Company medics were required to perform any medical checks on detainees on Operation TELIC 1. I do recall that by the time I returned to Iraq in 2005 all detainees were required to be examined by a medical officer (doctor) as soon as possible after detention and that there was a specific form for this to be recorded on. I remember noting that this was a change to what had been done previously.

- 4.3. I am also asked to comment on the suggestion that a medical check "would always be carried out as soon as possible after [a] detainee arrived at Camp Stephen."

- 4.4. Witness SO84 is referring to medical checks carried out by himself as the Company medic. I was not at Camp Stephen so I cannot comment on the Camp Stephen procedure. I have previously stated, and repeat, that (as a medical officer) I do not remember receiving any specific training or instruction regarding what paperwork and records were required for documenting the medical examination or treatment of detainees. This is referring to Operation TELIC 1.

- 5.1. I am referred to the following excerpt from the statement to these Investigations from Cpl SO84 (also known as Cpl SO84), dated 10 June 2022:

97. I believe that I told Capt. SO82 that the detainee had been in the EPW cage when he had collapsed and that I believed he had had a heart attack. The reason I came to that conclusion was I had been given no previous medical history, his size being extremely obese, weather

conditions i.e. hot and the fact that he had been put in the stress position and sandbagged to my knowledge on his arrest.

I am directed to paragraph 24 of my First Witness Statement where I state: “I cannot recall Cpl SO84 telling me anything about the events leading up to Mousa Ali’s collapse.” I am asked whether I am able to comment on Cpl SO84’s recollection of this exchange.

- 5.2. Per paragraph 23 of my First Witness Statement to this investigation and the sources cited therein, I knew that Mousa Ali had collapsed while being held in the EPW cage at C Company’s location. I knew that Mousa Ali was obese and that it was very hot. I have no recollection of Cpl SO84 telling me that Mousa Ali had been put in stress positions or been sandbagged on his arrest.
- 5.3. I am asked to confirm, to the best of my knowledge, whether I recall being informed that Mousa Ali had been sandbagged upon his arrest and put in stress positions during his detention.
- 5.4. I have no recollection of Cpl SO84 telling me that Mousa Ali had been sandbagged upon his arrest or been put in stress positions during his detention.
- 5.5. I am asked whether, had I received the information that Mousa Ali had been sandbagged upon his arrest and put in stress positions during his detention, this would have affected my view on the cause of Mousa Ali’s death.
- 5.6. I have not made a determination of the cause of death and this additional information would not have enabled me to do so. The mode of death was cardiorespiratory arrest, but this can be triggered by various conditions.

While a myocardial infarction (blocking of a coronary artery) can cause cardiorespiratory arrest it is not the only cause. Other cardiac causes include sudden cardiac arrhythmia (such as ventricular tachycardia or ventricular fibrillation), damage to the heart muscle (scarring due to previous myocardial infarction, or as a result of high blood pressure, heart valve disease or cardiomyopathy), cardiac tamponade (fluid in the fibrous membrane that surrounds the heart) and use of medications and drugs that affect the heart.

Non cardiac causes of cardiorespiratory arrest include hypovolaemia (loss of blood), hypoxia (lack of oxygen), acidosis (hydrogen ions generated by failure of metabolism), hypothermia (cold), potassium derangements (excess or deficient), tension pneumothorax (badly collapsed lung obstructing cardiac outflow), toxins (poisons), and pulmonary embolism (blockage to a major blood vessel in the lung).

Mousa Ali had some risk factors for coronary artery disease including age, obesity and being in an emotionally stressful situation but this is not sufficient to establish cause of death with any certainty, which, in this case, in the absence of any diagnostic tests, could only have been

established at a post mortem examination. In my statement I agree that I may have said to the watchkeeper that Mousa Ali died from a possible heart attack and I do think that this is a strong possibility and is even more likely if he had also been put under physical stress during his detention.

However, saying that someone has possibly had a heart attack is clearly not the same as stating that the cause of death was a myocardial infarction. I have previously explained that there is sometimes confusion between the terms 'heart attack' and 'cardiac arrest'.

I believe that the facts stated are true.

SO82

Signed....

Dated..... 12 December 2022