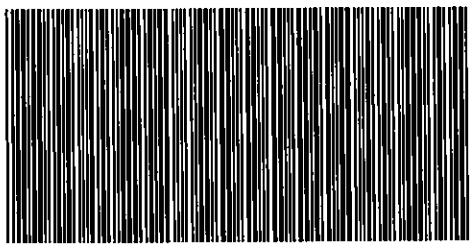

MOD-83-0000538-A

1st Witness Statement of Lt Col SO82
Exhibit: [redacted]/1
Dated. 25 JUNE 2022
SO82

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: Baroness Heather Hallett PC DBE

WITNESS STATEMENT OF

LT COL SO82

I, Lt Col SO82, state as follows:-

1. I make this 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.

Background

2. While attending the University of Edinburgh [redacted] I was awarded a medical cadetship by the Royal Army Medical Corps and granted the rank of Second Lieutenant. After graduation, I completed junior doctor posts in general medicine, general surgery and accident and emergency in the rank of Lieutenant. I attended the Post Graduate Medical Officer course [redacted] was confirmed in my commission into the Royal Army Medical Corps and was posted to 1st Battalion the Black Watch (1BW) as Regimental Medical Officer (RMO) [redacted] in the rank of Captain. In this role, I deployed to Iraq on Operation Telic in 2003 and on Operation Telic 4 in 2004; each tour was approximately 6 months duration. I was awarded an [redacted]

3. I completed Basic Surgical Training based at Frimley Park Hospital [redacted] following which I deployed to Afghanistan on Operation Herrick as Surgical registrar in 2008. I promoted

to Major and was selected for Higher Surgical Training in Trauma and Orthopaedic Surgery [redacted] in the South-West Thames training region. In 2011, I also worked as military registrar at the Royal Centre for Defence Medicine in Birmingham. I completed Higher Surgical training, passed the Fellowship of the Royal College of Surgeons [redacted], was awarded a Certificate of Completion of Training, passed the Armed Services Consultant Appointment Board (2015) and was appointed as an honorary consultant [redacted] in 2015. Shortly after appointment, I was promoted to Lieutenant Colonel.

4. I have worked at [redacted] except for deployments on exercises and operations in the UK and Middle East. [redacted] In addition to my [redacted] campaign medals for Op Telic, Op Herrick and Op Shader I hold the Long Service and Good Conduct Medal. I am still serving in the regular army and still hold the rank of Lieutenant Colonel.

5. I am a fully registered medical practitioner. I am on the GMC Specialist Register as a Consultant Trauma and Orthopaedic surgeon and hold a licence to practice. I have completed all my annual appraisals and most recently revalidated in 2021.

6. I have previously given statements or accounts in relation to the subjects under investigation dated 21 May 2003, 4 Jun 2003, 14 Dec 2011 and 18 May 2016.

7. I confirm the contents of the statements I have previously given except that in my statements of Dec 2011 and May 2016 I stated the Regimental Aid Post (RAP) was located at the former Ba'ath Party Headquarters. While this was one of the company locations in Basrah I am not sure if this is the correct name for the compound in which Battlegroup Headquarters, Headquarter Company, another infantry Company, logistics elements of the Battlegroup and the RAP were located in May 2003. I think that it might have been known as Battlegroup Main and that the Former Ba'ath Party headquarters was where another of the infantry company's was based.

Role in May 2003

8. I commenced the role of RMO to 1BW in January 2003. My role was to command the Regimental Aid Post comprising of around 8 Combat Medical Technicians and Regimental Medical Assistants, to provide primary and emergency care to members of the Battalion/Battlegroup and to provide medical advice to the Commanding Officer. In May 2003,

in addition to providing medical care to the Battlegroup, I was also working for Commander Medical of 1(UK) Division as we attempted to help rehabilitate the various hospitals in Basrah after the war. This involved frequent visits to the hospitals, liaison with governmental and non-governmental organisations and on one occasion a visit to Baghdad to discuss the national medical situation with US and Iraqi civilian medical leaders.

9. To the best of my memory, in May 2003 medical checks on detainees were not done as a routine following detention, but only if there was a specific medical concern.

10. I do not remember receiving any specific training or instruction regarding medical checks on detainees. In terms of training for my role in general, I attended the Post-graduate Medical Officer Course prior to starting as RMO. This course covered many aspects of military medicine not covered in great detail on a civilian under-graduate degree course. This included occupational health, trauma care, psychiatry, sexual health, tropical medicine, advanced life support, battlefield advanced trauma life support and the medical planning process for military operations. I do not believe that at the time I went through the course it included any material relating to medical checks on detainees.

11. 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.

12. In May 2003 I was based at Battlegroup Main in the centre of Basrah along with the Battlegroup headquarters, Headquarter company, an infantry Company and logistic elements of the Battlegroup. This was a large compound with a walled perimeter. It had been bombed during the war fighting phase and while many buildings had been destroyed there were sufficient buildings still standing to make it suitable for this purpose.

13. In May 2003 the Regimental Aid Post was located in a small building within the Battlegroup Main compound as above. It was approximately 50-100m from Battlegroup Headquarters. Each of the separate company locations, of which Camp Stephen was one, had their own Company Aid Post comprising a Combat Medical Technician and an armoured ambulance with a driver and commander.

14. In May 2003 the Regimental Aid Post was under the command of the Officer Commanding HQ Company 1 BW. I believe this was Major [redacted] This company was part of the 1BW Battlegroup commanded by Lt Col SO114 [redacted] which in turn was part of 7 Armoured Brigade and ultimately 1(UK) Division. The company medics would report to me from a

medical perspective but they were actually commanded by the OC of the Company to which they were attached.

Death of Radhi Nama – 8th May 2003

15. I was not at Camp Stephen between 1000 and 1700hrs on 8 May 2003.

16. I was never based at Camp Stephen. This was a separate Company Location with its own Company Aid Post as described above. I visited the location at least weekly to check in with the Company Medic and do a routine sick parade. On 8 May 2003, I was in Baghdad at a meeting with US and Iraqi civilian medical leaders discussing the rehabilitation of the Iraqi health service. I was away for 2-3 days and I believe that Captain [redacted] (then a general duties Medical Officer) was sent by 1(UK) Div to the 1BW BG Regimental Aid Post at Battlegroup Main to act as Medical Officer to the Battlegroup while I was away. I do not believe that she would have been at Camp Stephen on 8 May 2022.

17. I believe that I was informed of the death of Radhi Nama, but I cannot remember when and by whom.

18. I cannot remember taking any specific action with regards to the death of Radhi Nama. I am confident that I would have spoken to the Company medic to go through what had happened and how he had responded but unfortunately, I cannot remember what was discussed.

Death of Mousa Ali

19. I cannot remember how, on 13 May 2003, it was communicated to me that a civilian casualty was being evacuated from Camp Stephen to the RAP. However, it is most likely that this information would have been given to me by the watchkeeper or a runner from Battlegroup Headquarters. To the best of my knowledge, I did not keep a record of this communication.

20. I cannot say whether Mousa Ali had suffered a seizure while at Camp Stephen. I was not there. In my first statement of 21 May 2003, I stated that he appeared to have been incontinent of urine. Urinary incontinence can occur during a seizure but may have been due to a number of other causes.

21. I am not surprised that there was a delay between the reported time of Mousa Ali's collapse at 2111hrs and my being informed at approximately 2140hrs. It would have taken some time for the message to be sent from Company HQ to Battlegroup HQ and for the watchkeeper or runner

to find me to pass on the message. My statement of 21 May 2003 confirms that I knew about the incoming casualty and was in the Regimental Aid Post at 2145hrs at the time of his arrival.

22. Mousa Ali was transported from Camp Stephen in a 432 armoured ambulance. I do not know who was driving or commanding the vehicle, but Cpl SO84 was in the rear of the vehicle. Cpl SO84 was a Combat Medical technician Class 1 employed as the Company Medic with C Company 1 BW. His role would have been to provide medical care to the soldiers in his company including initial combat casualty care and initial primary care.

23. Given the time that has passed since the incident I cannot remember the details of the handover from Cpl SO84 but my statement of 21 May 2003 and my treatment record dated 13 May 2003 both state that Mousa Ali had collapsed at 2111hrs while being held in the C Company Enemy Prisoner of War (EPW) cage. Cpl SO84 informed me that on his arrival the patient was not breathing, was not responsive to any stimuli and had no palpable pulse. Cpl SO84 informed me that he began Cardiopulmonary resuscitation (CPR) on site and then arranged evacuation to the RAP. I was informed that throughout the transfer to the RAP Mousa Ali was unresponsive, not breathing and had no palpable pulses.

24. I cannot recall Cpl SO84 telling me anything about the events leading up to Mousa Ali's collapse.

25. I cannot recall Cpl SO84 telling me about possible or suspected causes of Mousa Ali's collapse. In my statement of 14 Dec 2011, I stated that I did not remember Cpl SO84 briefing me on any other aspects of the patients medical history or circumstances of his detention. Following the interview of 14 Dec 2011 I received emails from an investigator ([redacted]) asking me to comment on whether I knew he had had pain in his left side, had had blood coming from his mouth, whether I knew that syringes had been found at his house at the time of his detention or whether I was aware that he had been held in a stress position during his time at the C company location. I stated then that I did not remember being made aware of any of those pieces of information and that I had not documented them at the time. I make that last point because had I known about this information, I believe I would have documented it in his treatment records.

26. I believe that Cpl SO84 thought Mousa Ali to be dead by the time they arrived at the RAP. I think I remember Cpl SO84 telling me that it had not been possible for him to continue effective CPR during the transfer from Camp Stephen to Battlegroup Main.

27. I cannot remember what questions I asked about Mousa Ali's condition nor what answers were given. However, given my statements of 21 May 2003 and subsequently I am confident that I would have asked about the timings of the collapse, Cpl SO84 's initial findings and Mousa Ali's response to attempted resuscitation.

28. I do not remember being given any paperwork on Mousa Ali's arrival. I believe that I would have completed a hand-written field medical card summarising the actions undertaken in the RAP. I believe that this record would have been transported with the body to the hospital the following day. I do not have a copy of this record, but I made a contemporaneous electronic record of the actions undertaken in the RAP and provided this to the investigator (FS [redacted] RAF Police) who interviewed me on 21 May 2003. I exhibit a copy of these notes as [redacted]/1.

29. I do not know what medical checks were performed on Mousa Ali during his detention and cannot comment on the medical response to his collapse because I was not there. Cpl SO84 informed me that he had started CPR, but I do not know whether there was a delay between the collapse and CPR starting. I do not know how effective the CPR was or whether CPR was continued throughout the transfer to the RAP.

30. In my previous statements I commented that Mousa Ali was an obese middle-aged male of Arabic appearance and that he and his clothing were covered in dust.

31. I believed that Mousa Ali was dead on his arrival at the RAP.

32. I have been asked to describe the medical interventions that I made on Mousa Ali when he arrived at the RAP. As far as I can remember, the evidence that I gave in my statements on 21 May 2003 and 14 December 2011 are correct.

    a. Statement of 21 May 2003:

    An oropharyngeal airway (airway tube) had already been inserted however, there was no passage of air despite this and other airway opening procedures such as chin lifts and jaw thrusts etc. There was no movement of the chest, no breath sounds and no reading on the oxygen saturation monitor. As a result, I instructed a member of the medical staff to commence bag valve mask ventilation of the lungs. The patient had no palpable pulses, no heart sounds. I therefore instructed other medical staff to commence cardiac compressions. At this stage an automatic defibrillator was attempted to establish if defibrillation by direct current was appropriate. The equipment indicated that no electric shock was advised.

SO82 [redacted]

5.6.22

As a result, Cardio-pulmonary Resuscitation was activated. Intravenous access was obtained through which I gave adrenaline injections of 1 mg intravenously every 3 minutes. After 1 mg of adrenaline, there followed 3 minutes of cardiac compressions. This cycle was carried out 3 times. Additionally, he received one 3mg injection of atropine, during the second cycle of cardiac compressions.

At each cycle I re-assessed the patients breathing and circulation and checked using the automatic defibrillator to determine if the rhythm of his heart had changed to a rhythm amenable to direct current cardioversion (electric shock).

At no stage did he respond to any of our attempts to resuscitate him and at 2158hrs (D) I therefore directed the medical staff to discontinue resuscitation efforts and declared the patient dead.

At that time, he was not breathing, his heart had stopped beating, his pupils were dilated and not reacting to light, he was cold to touch and did not respond to any stimulus and I did not see any external injury to him. His clothing and himself were covered in dust, he appeared to have been incontinent of urine. I cannot recall what he was wearing on his top half however he was wearing dirty white baggy trousers and black flip flop type footwear.

b. Statement of 14 December 2011

The medical records I made shortly after I treated the patient and which I gave to the SIB on 21 May 2003 demonstrate that on arrival at the RAP he was still not breathing, and I was not able to feel a pulse.

During my Postgraduate Medical Officer Course in late 2002 I had attended an Advanced Life Support Course which gives precise instruction on the management of cardiac arrests and my treatment would have been in line with the training I had received on this course.

The medical records I made immediately after the event and the statement that I gave on 21 May 2003 give further details of the treatment he received. The key points are that an automatic cardiac defibrillator was applied during his treatment, but it did not detect the type of electrical activity that would respond to defibrillation. In light of this I attempted to resuscitate him through the use of chest compressions to his heart, bag-valve-mask ventilation with oxygen of his lungs and a number of injections with adrenaline and one of atropine in an attempt to stimulate return of cardiac activity/function. During this time, we attempted to identify reversable/treatable causes of cardiac arrest. Specifically, I have been asked if abnormal blood glucose was excluded as a possible cause of cardiac arrest. I do not remember if this was considered, or if so how it was excluded, and I did not document this at the time.

In the absence of any identified reversible causes of cardiac arrest and in light of the prolonged time without breathing and cardiac output I elected to discontinue attempts at resuscitation following three cycles of treatment at the RAP. This was a total of 47 minutes after he had first collapsed and had been found not to have a pulse or be breathing. I documented the time of death as being 2158 hrs. I do not remember any other details of his treatment in addition to those I documented at the time.

33. I have also been asked to describe my examination of Mousa Ali. I described my examination of Mousa Ali in my statements of 21 May 2003 and 14 December 2011. The evidence I gave in these statements is correct as far as I can recall.

    a. Statement of 21 May 2003:

    At that time, he was not breathing, his heart had stopped beating, his pupils were dilated and not reacting to light, he was cold to touch and did not respond to any stimulus and I did not see any external injury to him. His clothing and himself were covered in dust, he appeared to have been incontinent of urine. I cannot recall what he was wearing on his top half however he was wearing dirty white baggy trousers and black flip flop type footwear.

    b. Statement of 14 December 2011:

    I have been asked to comment on an observation I made in my statement of 21 May that I did not see any external injuries. This suggests that I looked for evidence of external injury – I believe that I would have done this in order to establish whether either haemorrhage or chest injury could have been the cause of his cardiac arrest. I do not believe that I completely undressed the patient, but I would certainly have inspected his head, chest and abdomen. I do remember that the patient was covered in dust and I accept that in the circumstances I would only have performed a limited external physical examination, that external injuries could have been obscured by dust and that bruising following very recent injuries may not have been apparent. I have been asked if I recall seeing a cut to his bottom lip. I do not remember seeing a cut to his bottom lip and I did not document this at the time, however, his mouth would have been obscured by the facemask. It is also possible that bag-valve-mask ventilation could have produced some trauma to this area as the mask has to be held on tightly to ensure a good seal and adequate ventilation is achieved.

34. I have reviewed all of my witness statements and I am confident that I did not see any obvious signs of ill-treatment or injury.

35. In my statement of 21 May 2003, I stated that I could not determine the cause of death of Mousa Ali. I later said in my statement of 4th June that the form I completed would have not detailed the cause of death as this could have only been established at Post-mortem. I did offer a further comment in my later statement of 14 December 2011: As per both my original statements I am not able to state that the cause of his death was a heart attack. However, in the absence of any obvious blunt or penetrating trauma in a patient who had some clear risk factors for coronary artery disease (including his age, obesity and being in a highly stressful environment) I may have thought that one possible cause of death was a myocardial infarction (heart attack). I do not believe that I would ever have said or written that this was definitely the cause of death.

36. After reviewing my statements and the medical notes, I cannot determine the cause of Mousa Ali's death beyond the fact that he suffered a cardiorespiratory arrest. I do not wish to speculate what the cause of the cardiac arrest may have been. I wonder whether there has been some confusion on the part of other witnesses about the difference between a "cardiac arrest" where the heart has stopped beating, and which definitely had occurred, and a "heart attack" (myocardial infraction) where a coronary artery is blocked. This can subsequently cause a cardiac arrest. I referred to risk factors for coronary heart disease including "being in a highly stressful environment". I wish to make it clear that I am talking about the emotional stress of being taken into detention rather than the physical stress of any treatment prior to his collapse, about which I have no knowledge.

37. If Mousa Ali had been made to perform circuit-type exercises prior to his collapse this would have been medically relevant information. However, it would not have altered the treatment he was given in the RAP.

38. After Mousa Ali had been declared dead, I reported the incident to Regimental Signals Officer Captain [redacted] I have previously been shown the radio log, which recorded the conversation as follows: "declared dead poss heart attack" I have no reason to believe that this entry is anything other than an accurate reflection of the conversation I had with Captain [redacted]. If this is what I said, I accept that with the benefit of hindsight and greater experience, perhaps I should not have speculated about a possible cause of death as there are other causes of cardiac arrest which I could not exclude.

39. I have been provided with a copy of the records that I made at the RAP on 13 May 2003 immediately after the event. I made a record of the treatment given to him on the RAP computer to ensure that a contemporaneous account of his treatment was available should it ever be required. I would have saved this document on the hard disk of the computer. I did give a print-out of the notes to the SIB in May 2003. I believed that it was good medical practice to keep a

permanent record and the RAP computer seemed a good place to do so and allowed me to provide an equivalent standard of care for all patients.

40. I may also have completed a hand-written record to accompany the patient's body. I may have completed an FMed 827, Field Medical card continuation sheet by hand, detailing my treatment of the patient. In my statement of 14 December 2011 I explained this further. I believe that I would have [completed a hand-written note] and that this would have accompanied the body to the Iraqi hospital. This had been my practice when treating and evacuating other casualties.

41. I was not personally involved in the transport of Mousa Ali's body to hospital. I know that the patients body was transported to an Iraqi medical facility the following day. I do not know who decided on this procedure, but I believe that a higher headquarters gave the Battle Group these instructions. I do not know why this procedure was used but I believe that there was no UK pathologist in theatre at this time. I have been informed that the body was sent to Basrah Teaching Hospital and it is my opinion that of the 4 hospitals that I had seen in Basrah this was the best facility available in terms of functioning as a hospital. In my first statement of 21 May 2003 I stated that I believed that the body was conveyed to the teaching hospital at 0700 (D) on 14 May 2003.

42. I cannot remember where the body was kept prior to transportation but I do not think that we had any refrigeration facilities at this time so I think that it may have been kept in the Regimental Aid Post building. This was a two-storey building with several rooms. I do not know which room the body was in. I do not know what position the body was kept in prior to collection but I would have expected it to have been in a lying position. I have no knowledge of it being kept in a sitting position and I cannot imagine any circumstances where this would have been necessary. I do not know whether the body was wrapped in foil but I do remember that we used to have foil insulating blankets pre-positioned on the stretchers in the Regimental Aid Post in order to keep trauma patients warm and prevent the stretchers being contaminated with blood and other bodily fluids and it may be that this is the foil other witnesses have referred to. I believe that the body was put in a body bag.

43. I do not believe that there was a set procedure in respect of detainees who died at Camp Stephen and/or the RAP. Care of the dead is not part of the function of an RAP once the doctor has confirmed that an individual has died.

44. I have been referred to paragraph 22 of the Inspector's First Outline Statement, dated 3 November 2021, which states:

"A death certificate was issued on 15 May 2003 stating the cause of death as "Heart Failure" and the location of death as "in the street". The doctor who issued the death certificate stated that he did so on the strength of a note written in English that had been attached to the body suggesting there was a blood clot to the heart."

45. As I have mentioned above, I may have hand-written a note that was attached to the body. I cannot recall the contents of any note.

46. I do not recall saying to anyone that there had been a blood clot to Mousa Ali's heart. As above, I accept the radio log of the conversation between myself and Captain [redacted]. I cannot recall anything further than that. It is possible that Mousa Ali died from a blood clot to the heart.

I believe that the facts stated are true

Signed [redacted] SO82

Dated....05 JUNE 2022