

STAFF - INVESTIGATION
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(Continuation Sheet)

Sheet No	2	Case No:	64695/03
Continuation of statement of:	Oliver James Michael BARTELS		

I deployed as the RMO for 1 QLR, approximately 3-4 days before the main party arrived. I was situated within the Regimental Aid Post (RAP), 1 QLR Main, Basrah, Iraq.

I saw my role and responsibilities as follows:

To ensure the medical well-being of all members of 1 QLR during my tenure as RMO. To that end I was on call 24 hours a day, 7 days a week and would regularly, on a day to day basis, treat members of 1 QLR for a range of medical conditions.

My chain of command was, for unit matters, the OC HQ Coy, who I believe was Maj Hemersley, but in real terms it was the CO who I went to for unit matters, such as ensuring that all unit members washed their hands before eating. For day to day medical matters for which I needed guidance I would go to the SMO, who was a Lt Col of 3 CS Med Regt who were based in Basrah Palace. I no longer recall the SMO's name.

For command and policy, my chain of command was Comd Med, Col Carmichael, 3 (UK) Armd Div, Basrah International Airport.

In respect of terms of reference, guidance, SOPs and direction, to the best of my knowledge, there was a medical annex to the UK Land mounting instruction and a Div mounting instruction, which gave guidance in broad terms, however, in respect of my running the RAP and our day to day business, this was run in accordance with Standard Army Practice, based on training and experience. There was no formal written direction or policy.

When I arrived in theatre I received a handover from Capt Guthrie, 1 BW, who was the outgoing RMO. This took place over a period of one or two days and consisted of area familiarisation, how 1 BW ran the Med Centre/RAP in respect of sick parade, duty medic etc, however, the main effort was G5/CIMIC and consisted of visits to the civilian hospitals in our TAOR and being introduced to the various personalities and hospital directors who I would be dealing with on the G5 side.

In respect of prisoner handling and the treatment of internees/detainees, I do not recall this being covered during the handover brief. That is not to say that it was not covered, and if Capt Guthrie states it was covered, I would not dispute this. I simply do not recall.

I do, however, recall a conversation/briefing I had with Sgt Smith, Provost Sgt, 1 QLR. This briefing occurred at some stage prior to our arrival in Basrah, however, I do not now remember when and where this took place and was in respect of the treatment of internees/detainees arrested by 1 QLR. Sgt Smith stated that the possibility existed that 1 QLR would arrest and detain Iraqi nationals, probably for criminal type offences. He said that he required that the detainees were to be medically examined whilst they were held at 1 QLR Main, to ensure that a) they were medically fit and well and b) they had not been assaulted or ill-treated prior to their arrival.

Signature: OJM BARTELS

Signature Witnessed by: C JOHN

-2

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I agreed that this practice was to be adopted, which makes me think that if Capt Guthrie covered this I simply filed it away as something we were going to do anyway.

To the best of my knowledge, I received no other written or verbal direction or policy in respect of the procedures to be adopted for the medical examination of arrested Iraqi nationals.

This practice agreed by Sgt Smith and it seemed an eminently sensible practice to adopt, in order to refute any allegations of ill-treatment of Iraqi nationals by 1 QLR, prior to their conveyance back down the line of communication to the Theatre Internment Facility (TIF). This procedure/practice may well be written/documented somewhere, however, I was not aware of it at the time.

For the two months that I was in theatre, I conducted several examinations of Iraqi nationals. I do not now recall exactly how many, but it was more than twice but less than ten. The procedure was as follows:

I would not specifically look to proactively wait for arrestees to be bought into QLR Main. I would be notified by members of the RP staff that Iraqi nationals had been arrested and were in the detention facility. This was a single storey, 3 roomed brick building, situated adjacent to the QM department.

I would then attend the detention facility where I would be given an A4 sheet of paper. The paper had a picture of the human body, frontal, rear and side view and was similar to a standard field medical card. I would then converse with the patient, either in English or through an interpreter, and establish if they had any medical complaints. I would conduct a visual examination to ensure there were no apparent injuries. If the patient had a complaint I would do a further examination and carry out obs (pulse, temperature, blood pressure etc) and treat the complaint as necessary. If the patient had no complaints, I would not do obs or any other form of exam.

I would complete the form and hand it to the RP staff. I did not take a copy. I believe the form would accompany the detainee to the TIF.

To the best of my knowledge, the Iraqi nationals that I saw were not plasticuffed, although I was aware that on arrest plasticuffs were used when the detainees were transported. They were not hooded with sandbags or blindfolded when I saw them.

Although the rooms were sparse and I did not conduct a formal assessment of the building, at no time did I deem the conditions inhumane and worthy of comment to the CO.

There was only one arrestee that required treatment. He was suffering from chest pain and I prescribed aspirin.

At no time did I see any of the detainees with any injuries that indicated they had been assaulted or ill-treated. On one occasion, one Iraqi male had a small graze on his wrist as a result of being plasticuffed, but I considered this as an unfortunate by product of being restrained.

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-3

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