

Coroner's Inquests into the London Bombings of 7 July 2005

Hearing transcripts - 25 January 2011 - Morning session

1 Tuesday, 25 January 2011

2 (10.00 am)

3 LADY JUSTICE HALLETT: Mr O'Connor?

4 MR ANDREW O'CONNOR: Good morning, my Lady. May I invite
5 you to call Emma Plunkett?

6 LADY JUSTICE HALLETT: Thank you. Don't be nervous,
7 Ms Plunkett.

8 MS EMMA LOUISE PLUNKETT (affirmed)

9 Questions by MR ANDREW O'CONNOR

10 MR ANDREW O'CONNOR: Good morning.

11 A. Good morning.

12 Q. Could you give your full name, please?

13 A. Emma Louise Plunkett.

14 Q. Ms Plunkett, in July 2005, I think it's right to say
15 that you were living in Surrey --

16 A. Yes.

17 Q. -- and working as the assistant manager of the
18 Co-Op Bank on Upper Street in Islington.

19 A. Yes.

20 Q. One of your colleagues at the bank was a lady named
21 Shahara Islam?

22 A. Yes.

23 Q. How long had you and she worked together at that time?

24 A. Four months.

25 Q. On 7 July 2005, it must have started for you as a day

1 that wasn't any different from any other day.

2 A. Yes.

3 Q. You started your normal journey to work, which, as we
4 understand it, involved you taking a train, an overland
5 train, in to Waterloo --

6 A. Yes.

7 Q. -- then catching a Waterloo & City Line Underground
8 train as far as Bank --

9 A. Yes.

10 Q. -- and then changing there on to the Northern Line and
11 catching a train northwards towards Angel.

12 A. Yes.

13 Q. The precise timings that morning, as far as you're
14 concerned, probably don't matter very much, but would it
15 be fair to say that it was probably at around about 9.00
16 in the morning that you were changing at Bank station on
17 to a Northern Line train?

18 A. Probably a little bit before 9.00.

19 Q. A little bit before?

20 A. Yes.

21 Q. Is it right that it was when you were on that Tube
22 train, the Northern Line train, that things out of the
23 ordinary started to take place?

24 A. Yes. As soon as I'd got on the train, the station was
25 dark and there was no one else on the platform, which

1 was very unusual. It was normally very busy.

2 Q. That was at Bank station, was it?

3 A. At Bank station, yes.

4 Q. But you did manage to get on the train?

5 A. Yes.

6 Q. Angel, I think, is, what, three stops on from Bank?

7 A. Yes.

8 Q. What happened once you were on the train?

9 A. Once we were on the train, the guard came over the
10 tannoy and said that there had been a power surge and
11 that we wouldn't be stopping at Moorgate, which was the
12 next stop.

13 Q. That was the next stop and it didn't stop at Moorgate?

14 A. It didn't stop at Moorgate, and that was completely
15 empty and dark when we went through, and then he came on
16 again and said that we wouldn't be stopping at
17 Old Street and, again, we went through Old Street, and
18 then he came on and he said, "I've no idea what's going
19 on, I'm really sorry, the next stop we're going to be
20 stopping at is Euston".

21 Q. I see. Then did the train go through --

22 A. The train went through Angel, King's Cross --

23 Q. Angel where you would have got off, I take it, and
24 King's Cross?

25 A. Yes.

1 Q. The train did then stop at Euston which was the next
2 stop?

3 A. Yes.

4 Q. You got off the train there?

5 A. Yes.

6 Q. Was that because the train was evacuated and everyone
7 was told to get off, or did you simply get off there
8 because it was the nearest stop, as it were, to the one
9 that you had hoped to get off and the train then went
10 on?

11 A. I got off because it was the nearest stop, but
12 I don't -- I can't remember whether everyone got off,
13 but I think everyone did get off.

14 Q. You went above ground at Euston station?

15 A. Yes.

16 Q. Again, can you recall whether that was because there
17 were some directions being given at the time that people
18 were being required to move above ground or was it
19 simply because you wanted to make a different way to
20 work?

21 A. Yes, I was just going to go up there to try to find out
22 how to get to work. It was fairly obvious that the
23 Underground wasn't working properly, and everyone was
24 walking up, so I just followed.

25 Q. Yes. When you got above ground, I think it's right that

1 you made a phone call --

2 A. Yes.

3 Q. -- to your work?

4 A. Yes.

5 Q. Presumably, the first thing you said was that you were

6 going to be late?

7 A. Yes.

8 Q. Did you have any more conversation than that?

9 A. Yes, I said that I had no idea how to get back to work

10 because I'd -- when Angel had been shut before, I'd got

11 off at Old Street and got off at King's Cross, so I knew

12 the way to work from those stations, but not from

13 Euston. So I asked my colleague for a list of buses.

14 Q. Your colleague gave you some suggestions of buses you

15 might catch?

16 A. Yes, he gave me four buses.

17 Q. Bus numbers, that is?

18 A. Yes.

19 Q. One of them was the number 30?

20 A. Yes.

21 Q. When you were actually making this call, were you inside

22 Euston mainline train station?

23 A. Yes.

24 Q. So was it after you'd made that call that you went

25 outside towards the bus station at the front of the

1 train station?

2 A. Yes.

3 Q. What was your impression of the bus station as you
4 walked into it?

5 A. It was like the whole of London was there. It was just
6 heaving. There was -- everyone was there. It was just
7 manic.

8 Q. You obviously were aware, as you've said, that there
9 were problems on the Tube that morning.

10 A. Yes.

11 Q. Presumably, did you put two and two together and think
12 that was why it was so busy or did you think there was
13 something unusual going on?

14 A. Yes, I thought that something had just gone wrong,
15 I thought it was a power surge, like the man had said.

16 Q. The power surge is what you'd been told on the Tube?

17 A. Yes.

18 Q. At that point, did you have any reason to think there
19 was anything else going on?

20 A. No.

21 Q. Was it while you were in the bus station, presumably
22 looking for a bus, that you met up with Shahara?

23 A. Yes.

24 Q. How did that come about?

25 A. I was walking along and she was walking in front of me.

1 She always walked quite slowly and you could just tell
2 who she was from behind, and I walked quicker to catch
3 up with her.

4 Q. It was good to see her, I take it?

5 A. Yes, and she said, "Thank God you're here, I haven't got
6 a clue where I'm going".

7 Q. So you agreed to go to work together?

8 A. Yes.

9 Q. What did you do together at that point?

10 A. We stood around queueing -- well, not really queueing,
11 we just stood by the buses and we were trying to phone
12 one of our other colleagues. We all often ended up
13 arriving at work at the same time, so we were trying to
14 phone him to see if he was at Euston as well and just
15 generally chatting, and then I said to Shaz, "Do you
16 want to go and get a cup of coffee, to wait for the
17 queues to die down?", and she said, "No, come on, let's
18 push".

19 Q. Let's go on. Was it fairly soon after that that you
20 did, indeed, find one of the buses you were looking for?

21 A. Yes, we then pushed on to the number 30.

22 Q. You say "pushed on". It was very full, was it?

23 A. The sort of hustle and bustle of London of, if you don't
24 push, you don't get on, so ...

25 Q. Do you remember whether you got on the middle doors or

1 the door by the driver?

2 A. The door by the driver.

3 Q. Was it so busy downstairs that people were standing and
4 it was hard to move around or was it simply that you
5 couldn't find a seat downstairs?

6 A. No, it was packed downstairs.

7 Q. So you went upstairs. When you went upstairs, was it as
8 full or was there more space upstairs?

9 A. No, it wasn't as full. It was quite empty upstairs at
10 that point.

11 Q. In fact, you managed to find a seat.

12 A. Yes.

13 Q. Did you find two seats together so that you and Shaz
14 could sit next to each other?

15 A. Yes.

16 Q. Can you -- I'm going to show you your plan that you drew
17 in a moment, but before we do that, can you describe
18 roughly where it was that you sat?

19 A. It was towards the back, I think there was the back
20 seat, another seat and then me and Shaz.

21 Q. Could we have on screen, please, two diagrams; one
22 [INQ8944-2]? If we could just take the top of those, and
23 then, could we also have [INQ10285-6], please? Again, we
24 just need the top deck, please.

25 You can see on the screen there, Ms Plunkett, the

1 top of the two diagrams is the one that you've marked
2 when you made your police statement.

3 A. Yes.

4 Q. We can see there that you've marked two seats. Were
5 those two alternatives as to where you thought you may
6 have been sitting?

7 A. Yes.

8 Q. So, as you say, towards the back, on the right-hand side
9 of the bus as we look forward. You've marked two seats
10 one behind each other --

11 A. Yes.

12 Q. -- both looking forward towards the -- in the direction
13 of the bus?

14 A. Yes.

15 Q. Then, if we look at the plan below -- and this is a plan
16 that was made for the purposes of these proceedings --
17 you are identified as position 48, and I think it's
18 right that that's accurately recorded where you marked
19 on your plan?

20 A. Yes.

21 Q. Where was Shahara sitting?

22 A. She was next to me.

23 Q. In the aisle seat?

24 A. Yes.

25 Q. She, on the plan, is marked at 49, and so that fits

1 together.

2 LADY JUSTICE HALLETT: I should say it's the left-hand 48
3 and the left-hand 49?

4 MR ANDREW O'CONNOR: My Lady, there are two 48s and 49s
5 which reflect the alternative possible seats that
6 Ms Plunkett has said that she may have been sitting in.
7 As I understand it, she's not sure which of the two
8 sheets she was. Are you any surer now, Ms Plunkett?

9 A. Yes, I'm fairly certain it was the ones nearer the back
10 seat.

11 LADY JUSTICE HALLETT: So that's the right-hand 48?

12 A. Yes.

13 MR ANDREW O'CONNOR: Thank you. Sorry, could we just keep
14 the plan up? It's clear from what you said,
15 Ms Plunkett, that, when you went up on to the top deck,
16 there were some seats available, obviously the seats
17 that you sat on. Can you describe whether, other than
18 that, there were many seats available, whether it was
19 fairly empty or fairly full?

20 A. By the time we left Euston?

21 Q. No, when you went up?

22 A. Oh, when we went up? No, I think it was -- towards the
23 front of the bus was still quite empty at that point.

24 Q. Near where you were sitting, were there empty seats or
25 were you --

1 A. I think that there were already people sat on the back
2 seat and then I just filled up -- I just went in where
3 the next available seat was, as though you're filling
4 up, like getting on a plane and filling it up from the
5 back forwards.

6 Q. After you sat down, but before the bus moved off, were
7 you conscious of other people arriving and sitting down
8 near you?

9 A. Yes, more people got on.

10 Q. If you look at the plan, you'll see the number there
11 marked 53. Do you see it?

12 A. Yes.

13 Q. If you're right in your memory that you were sitting, of
14 the two seats that you marked, towards the rear, 53 then
15 would be sitting directly across the aisle from you and
16 Shahara.

17 A. Yes.

18 Q. That is where the police believe that Hasib Hussain, the
19 bomber, was sitting.

20 A. Yes.

21 Q. The evidence we have is that he was a tall man with
22 a large rucksack. Do you have any memory at all of
23 seeing him while you were on the bus?

24 A. No.

25 Q. Roughly speaking, how long was it after you had sat down

1 before the bus moved off?

2 A. Probably a couple of minutes. It didn't really -- it
3 moved and then it stopped, it was very, very slow, it
4 didn't really feel like we'd moved out of the bus
5 station within five minutes.

6 Q. While this was going on, were you and Shahara talking or
7 reading the newspaper or --

8 A. No, we were talking.

9 Q. Were you talking about anything in particular, about the
10 events of the morning or --

11 A. Yes, we were saying there's no way London could cope
12 with the Olympic Games, that all it takes is a power
13 surge and this happens, and then talking about
14 Big Brother the night before.

15 Q. We've heard some other evidence that some of the other
16 passengers on the bus, at around this time, were talking
17 about the possibility that it hadn't, in fact, been
18 power surges on the Underground that had caused the
19 problems but one or more explosions.

20 Did you hear any of that conversation or talk about
21 it yourself?

22 A. No.

23 Q. You say that the bus was moving rather slowly and
24 stopping and starting. Were you looking out of the
25 window and seeing the traffic congestion that was

1 causing this slow progress?

2 A. Yes, I looked out and saw that the road was -- it seemed
3 like the road had closed and there were lots of
4 ambulances and police cars going backwards and forwards,
5 but I didn't think anything of it. I just thought it
6 was London.

7 Q. Is it right that you were, at the time anyway, fairly
8 unfamiliar with this area of London?

9 A. Yes.

10 Q. We know that, as the bus was making its rather slow
11 progress out of Euston bus station, what happened was
12 that, in effect, whereas it would normally have turned
13 left and driven towards King's Cross and then up towards
14 Islington, because of the police blockades it had to
15 cross straight over Euston Road and drive off its route
16 down towards Russell Square.

17 A. Yes.

18 Q. Were you aware at the time that it had gone off its
19 route?

20 A. No.

21 Q. Were you aware that some passengers on the bus had
22 realised that and got off the bus in order to make
23 a different way to work?

24 A. No.

25 Q. There's been some evidence that there was an

1 announcement by the bus driver, although not everyone on
2 board seems to have heard it. Did you hear an
3 announcement at that time?

4 A. No.

5 Q. Did you, in fact, give any thought to the possibility of
6 getting off the bus?

7 A. No.

8 Q. The bus then did go across Euston Road and drive, as
9 I say, down, in fact, Upper Woburn Place and, as we
10 know, as it entered Tavistock Square, there was an
11 explosion.

12 A. Yes.

13 Q. What do you recall, if anything, of that?

14 A. Nothing, I don't remember any of the explosion, just one
15 minute I was sat there talking to Shaz and then the next
16 minute I was lying on the road.

17 Q. I think it's right to say that where you landed was
18 behind the bus and either very close to or even
19 underneath a London taxi.

20 A. Yes.

21 Q. Do you remember your position?

22 A. Yes, my right leg was under the front wheel of the --
23 under the back wheel of the taxi, and my other leg was
24 down the side and I was sort of half under and half just
25 lying next to the taxi.

1 Q. We know that you were lying there for a little time,
2 a few minutes, and we've heard some evidence from
3 witnesses who came to assist you and there will be more
4 evidence that we'll hear tomorrow about that. Were you
5 conscious during this time?

6 A. Yes.

7 Q. Do you have a memory of it?

8 A. Yes.

9 Q. What do you recall?

10 A. I remember someone running past me and saying that I was
11 one of the lucky ones as they ran off, and I remember
12 the taxi driver, Scott, he came round to me. The first
13 thing he said to me was that his taxi wasn't moving, and
14 then he stayed with me and kept on talking, asking my
15 name, where I was from, how old I was, and I knew he was
16 trying to keep me conscious, and I was repeating the
17 same questions back to him, and then the doctors from
18 the BMA came out, and then they were with me and I got
19 moved. They said that they thought there was going to
20 be another explosion, so then they started moving us
21 through into the courtyard of the BMA.

22 Q. You were taken on a sort of makeshift stretcher into the
23 BMA courtyard, as you say?

24 A. Yes.

25 Q. Do you recall this -- it's a small point and you may not

1 remember, but do you remember whether the taxi was moved
2 at the time that you were taken out from underneath it?

3 A. No, it wasn't. I remember the firefighters were there
4 and they were saying that they thought that they would
5 have to lift the taxi, but then they didn't, they just
6 pulled me out from underneath it.

7 Q. I see. Did you see Shahara again after you were talking
8 to her on the bus?

9 A. No, no.

10 Q. As you say, you were taken into the courtyard of the BMA
11 building.

12 A. Yes.

13 Q. We've heard evidence about how all the casualties on the
14 road, including you, were taken there. You were treated
15 by paramedics and the BMA doctors for a while?

16 A. Yes.

17 Q. Then I think you were taken by ambulance to
18 St Thomas's Hospital --

19 A. Yes.

20 Q. -- where you remained for about four weeks?

21 A. Five weeks, yes.

22 MR ANDREW O'CONNOR: Thank you very much, Ms Plunkett.
23 Those are all the questions I have for you. It may be
24 that some of the other barristers have some questions
25 for you now. Thank you.

1 LADY JUSTICE HALLETT: Ms Gallagher?

2 MS GALLAGHER: Nothing, my Lady.

3 MR SAUNDERS: Nothing, thank you, my Lady.

4 LADY JUSTICE HALLETT: Ms Sheff?

5 Questions by MS SHEFF

6 MS SHEFF: Could we have the bus plan up, please? Perhaps

7 we could just align it with Ms Plunkett's own plan.

8 Thank you very much.

9 Ms Plunkett, I represent the family of Giles Hart,

10 and if we look at the plan at the bottom, the one

11 prepared for these proceedings, it appears that he was

12 probably sitting at what's marked at seat number 52, so

13 that may well have been the seat behind you. You're not

14 sure whether you were sitting at 48 and 49 that's in the

15 same row as 52 or the one in front. I think you said

16 that, in fact, you were sitting next to the window and

17 Shaz was sitting on the outside.

18 A. Yes.

19 Q. I just want to ask you if you had any recollection of

20 a man in his late 50s, grey and balding, wearing a tweed

21 jacket, who may have been sitting in front or behind

22 you?

23 A. No.

24 Q. You don't remember him at all?

25 A. No.

1 LADY JUSTICE HALLETT: I think, Ms Sheff, Ms Plunkett said
2 that she's fairly confident now that she's in the same
3 row as 52. Is that right, Ms Plunkett?

4 A. Yes.

5 MS SHEFF: So this gentleman may have been in front of you,
6 then, because we're not entirely sure where he was
7 sitting. But do you remember seeing who was in front of
8 you at the time?

9 A. No.

10 Q. So your next recollection of having got on the bus and
11 settled down was then finding yourself outside near the
12 taxi?

13 A. Yes.

14 Q. Mr Hart was also blown out of the bus, like yourself and
15 Ms Islam, and he also landed somewhere in the vicinity
16 of the taxi. You, of course, were underneath the taxi
17 and being tended to. Do you have any recollection of
18 anybody else in that area?

19 A. No.

20 Q. You said that there was talk about the taxi being moved
21 in order to extricate you so that you could be treated
22 more effectively, presumably. The taxi was moved
23 eventually. Was that after you'd been removed and taken
24 in to the BMA area?

25 A. I think it must have been, I don't remember it being

1 moved before.

2 Q. So do you think what happened was that they carefully
3 moved you out of the taxi and then you were taken off
4 the scene --

5 A. Yes.

6 Q. -- and whatever happened to the taxi, happened after you
7 left the scene?

8 A. Yes.

9 MS SHEFF: Thank you very much. No further questions.

10 LADY JUSTICE HALLETT: Any other questions for Ms Plunkett?

11 Ms Plunkett, just a question from me. If it's
12 impossible to say, please say so. Do you have any idea
13 of how long it was before a doctor came to tend to you?

14 A. Before a doctor came, I would have said probably between
15 5 and 10 minutes, probably more 5.

16 LADY JUSTICE HALLETT: So you've got the taxi driver with
17 you, what, almost immediately?

18 A. Yes.

19 LADY JUSTICE HALLETT: So you sort of come to on the road
20 and the taxi driver's with you?

21 A. I was by myself for probably about 30 seconds and then
22 he was there.

23 LADY JUSTICE HALLETT: So he's then with you for about 4 to
24 5 minutes and then a doctor has come out of the BMA
25 building to be with you?

1 A. Yes.

2 LADY JUSTICE HALLETT: I was told that they tried to ensure
3 that one, or preferably two doctors were attending each
4 casualty. Can you remember how many people came to tend
5 to you?

6 A. I thought I had about five or seven around me. There
7 was quite a lot. I had one -- I had my main doctor,
8 Roger Chapman, who was with me and talking to me, and
9 then I had a lot of people doing stuff, I have no idea
10 what they were doing.

11 LADY JUSTICE HALLETT: So you didn't want for attention?

12 A. No.

13 LADY JUSTICE HALLETT: Thank you very much.

14 Ms Plunkett, were you dreading giving evidence? I'm
15 sorry, Ms Sheff?

16 MS SHEFF: I'm sorry, my Lady, might I ask one question
17 arising out of that?

18 LADY JUSTICE HALLETT: Of course.

19 Further questions by MS SHEFF

20 MS SHEFF: Can you remember how long you were under the taxi
21 before they actually moved you?

22 A. I think probably about 10 minutes, possibly 15.

23 Q. 10 to 15 minutes?

24 A. Yes.

25 Q. That was then after the doctor had arrived and was

1 caring for you?

2 A. Yes.

3 MS SHEFF: Thank you very much, my Lady.

4 LADY JUSTICE HALLETT: Sorry, is that ten minutes in all

5 from the explosion, or is that -- I think, Ms Sheff, is

6 it five minutes before the doctor comes?

7 A. 10 minutes from the explosion.

8 LADY JUSTICE HALLETT: 10 minutes from the explosion?

9 A. Yes.

10 LADY JUSTICE HALLETT: So you're under the taxi, in all, for

11 about 10 minutes?

12 A. 10 or 15 minutes.

13 LADY JUSTICE HALLETT: Thank you.

14 MS SHEFF: That's very helpful, my Lady, thank you.

15 LADY JUSTICE HALLETT: My question was: were you dreading

16 giving evidence?

17 A. Yes.

18 LADY JUSTICE HALLETT: I'm sorry if you were dreading it and

19 I hope it hasn't been hanging over you like a cloud.

20 I've no doubt you've tried to put that day out of your

21 mind, so thank you for being prepared to talk about it.

22 It helps me and it also helps the bereaved families, so

23 thank you very much.

24 A. Thank you.

25 LADY JUSTICE HALLETT: Yes, Mr O'Connor? Mr Hay?

1 MR HAY: My Lady, may I invite you to call Claire Hulyer,
2 please?
3 DR ANDRENA CLAIRE HEATH (affirmed)
4 Questions by MR HAY
5 MR HAY: Good morning.
6 A. Good morning.
7 Q. Could you give your full name to the court please?
8 A. Andrena Claire Hulyer.
9 Q. You're actually Dr Hulyer. Is that correct?
10 A. No, I'm Dr Heath. I practise under my maiden name.
11 Q. You're a general practitioner?
12 A. Yes.
13 Q. I believe you qualified as a doctor in 1993.
14 A. Yes.
15 Q. On 7 July 2005, I believe you were intending on
16 attending a course at the BMA. Is that correct?
17 A. That's right, yes.
18 Q. I think you were intending on taking the Thameslink to
19 King's Cross --
20 A. Mm-hmm.
21 Q. -- and then changing on to the Underground and perhaps
22 getting the Piccadilly Line to Russell Square --
23 A. Yes.
24 Q. -- and then walking from there to the BMA?
25 A. Yes.

1 Q. Do you recall what time you boarded the Thameslink that
2 morning?

3 A. I don't know. I don't have -- without my statement,
4 I don't remember really.

5 Q. In your statement you mention leaving home at about
6 7.45, 8.00.

7 A. Right.

8 Q. I don't know how far the drive is from your home to the
9 Thameslink or how long you may have had to wait.

10 A. It would have been 8.30, that sort of time.

11 Q. When you got to the King's Cross Thameslink, you got off
12 the train?

13 A. Yes, the train stopped and we were told to get off.

14 Q. Where did you then make your way to?

15 A. I followed everyone else up out of the stairs on to the
16 main street.

17 Q. Were you able to board or make your way into the
18 Underground?

19 A. No, it was all shut off.

20 Q. Again, I know it's difficult. Are you able to say
21 approximately what time you think you were in the area
22 of King's Cross Underground?

23 A. It was a fast train, so 20 minutes after I left
24 St Albans, so it's about 20 minutes later. So 8.50-ish,
25 8.55, something like that.

1 Q. You said it was all shut off. We now know that,
2 obviously, a bomb had been detonated on the
3 Piccadilly Line.

4 A. Mm-hmm.

5 Q. At the point that it was all shut off, were there
6 emergency services there?

7 A. There were some -- a lot of sirens going and some
8 ambulances flying around and police cars, yes.

9 Q. You still obviously wanted to try to make your way to
10 the British Medical Association, and I think you decided
11 that you were going to walk there. Is that correct?

12 A. Yes.

13 Q. I think you mention in your statement that you had a map
14 with you --

15 A. Yes.

16 Q. -- and you decided to walk along the Euston Road,
17 presumably with the intention of turning left into
18 Upper Woburn Place?

19 A. Yes.

20 Q. Were you able to actually complete that route?

21 A. No, I started off that way as a lot of people were
22 walking that way.

23 Q. Then what happened?

24 A. Then, suddenly, there seemed to be a huge commotion and
25 the police, suddenly, from being sort of calmly

1 organising people, were suddenly ushering people away
2 from the direction I was walking to.

3 Q. Do you recall whether or not cordons were put up across
4 the Euston Road preventing you from going that way?

5 A. Not at that point, no.

6 Q. I think, despite the fact that the police were ushering
7 people away, you weren't to be deterred?

8 A. I wasn't, no. I don't know London very well, so
9 I thought I'd better try to get where I'm going so I can
10 figure out what's going on.

11 Q. I think there came a point when you started making your
12 way towards Woburn Place and Tavistock Square when you
13 noticed an injured man. Is that correct?

14 A. Yes, there was quite a lot of people milling around and,
15 at that point, there was a cordon so that I couldn't go
16 down towards BMA House, and at that point no one seemed
17 to be talking about what had happened, there was no --
18 from the people milling around. The police were just
19 saying, "Everyone go home, you won't be able to get
20 where you're going today", and then I thought "Well,
21 I don't know how I'm going to get home, because I can't
22 get the train", et cetera, and then I saw a gentleman
23 walking up away from BMA House with a bandage around his
24 head and bleeding.

25 Q. Did you ask him what had happened?

1 A. No, he was sort of 20, 30 feet away. But when I saw him
2 I thought -- I realised that something extreme had
3 happened, whether it was an accident or whatever. So at
4 that point, I went up to the policeman that was on the
5 cordon to see if I could help.

6 Q. Did you explain that you were a doctor?

7 A. Yes.

8 Q. What did he do in response to that?

9 A. Initially, he just waved me away and said, you know,
10 they were trying to keep people away, and I sort of
11 stepped back for a few seconds and then thought, "Well,
12 I'll just explain again". So I went back up and said
13 I was trying to get there, I was a GP, and I think at
14 that point he radioed somebody to see if they needed any
15 help.

16 Q. Following him radioing, I think it was decided to allow
17 you through the cordon --

18 A. Yes.

19 Q. -- to make your way towards the BMA.

20 A. Yes.

21 Q. Were you escorted when did you that?

22 A. Yes.

23 Q. Was that also by a policeman?

24 A. Yes.

25 Q. I'm not sure if you'll know the answer to this, but do

1 you know the name of the policeman?

2 A. No.

3 Q. The reason why I ask is that we're going to be reading
4 a statement later from a policeman called PC Croft and
5 he mentions escorting a female doctor.

6 A. Right.

7 Q. Again, I know it's difficult, are you able to say
8 approximately what time it was that you started to make
9 your way through the cordon?

10 A. It was probably quarter of an hour or so after leaving
11 King's Cross, I would have thought. It took quite
12 a little route to get to where I was.

13 Q. Where did the policeman take you to?

14 A. He took me straight down the road towards the bus and it
15 wasn't really until I -- I asked him, as we walked down,
16 what had happened and he said there had been a bomb on
17 a bus, and then, as I walked towards it, obviously I saw
18 what had happened.

19 He initially tried to take me round the left side of
20 the bus, so towards the taxi -- I think that's right --
21 and then he changed his mind.

22 Q. When you say the left side, as you're approaching the
23 bus, do you mean the nearside of the bus or the offside,
24 the driver's side?

25 A. The side further away from BMA House.

1 Q. So the right-hand side of the bus?
2 A. Yes.
3 Q. So initially, he tried to take you that way?
4 A. Mm-hmm.
5 Q. But decided not to go that way --
6 A. Yes.
7 Q. -- and took you back along the pavement side --
8 A. Yes.
9 Q. -- towards the BMA?
10 A. Yes.
11 Q. Did you look at the bus at all?
12 A. Yes.
13 Q. Can you describe what you saw?
14 A. Wreckage, really. I've got a vague memory of possibly
15 a body, a torso, hanging out of one of the lower
16 windows, possibly dressed in grey, I don't know.
17 Q. I think you mention in your statement to the police that
18 you didn't want to focus on the bus, for understandable
19 reasons.
20 A. Yes, I didn't.
21 Q. I think you were then taken to the courtyard area of the
22 BMA.
23 A. Mm-hmm.
24 Q. Were you greeted by anyone at that point?
25 A. The policeman introduced me to a gentleman inside, who

1 I think was another policeman, initially, and then he
2 got one of the doctors that was in sort of coordinating
3 things.

4 Q. You say the doctor appeared to be coordinating things.

5 Do you know his or her name?

6 A. No.

7 Q. Was it a man or a woman?

8 A. A man.

9 Q. Did that doctor appear to be in charge of the area in
10 the courtyard where the casualties were?

11 A. Yes, I would say he was one of the ones. Then, later
12 on, it became evident that he was one of the two or
13 three that were coordinating things.

14 Q. Did he direct you to a particular casualty?

15 A. Yes.

16 Q. I want to ask you about that particular casualty. We
17 believe that to be one of the deceased, Gladys Wundowa.
18 Can you, first of all, just describe her for us, please?

19 A. She was a black lady. I think I guessed in my statement
20 in her 40s, it was difficult to say. She was lying on
21 the floor with some obvious external injuries and she
22 had a doctor and another lady or two people attending
23 her at that point.

24 Q. When you say some obvious external injuries, without
25 going into too much detail, can you just describe which

1 part of the body was obviously injured?
2 A. Her ankle was badly injured.
3 Q. You mention that there was a doctor with her and a lady.
4 A. Mm-hmm.
5 Q. The doctor, did you catch his name at all?
6 A. If you said it, I'd probably remember, but I can't --
7 Q. Is it Mr Choudhary, an orthopaedic doctor?
8 A. No, no.
9 Q. You mention there was a civilian lady. Again, did you
10 get her name at all?
11 A. I can't remember, I'm afraid.
12 Q. What were they doing at the point that you were taken
13 over to where Ms Wundowa was?
14 A. As far as I remember, they were both at her head trying
15 to maintain her airway and just talking to her and just
16 sort of being there with her really. There was no
17 active treatment at that point.
18 Q. You say they were trying to maintain her airway. Did
19 they have her head tilted back?
20 A. I can't remember specifically, to be honest.
21 Q. What were you told about her injuries?
22 A. I asked what assessment had been made and the doctor
23 that was there said he felt she had a neck injury and
24 the ankle injury, and then I thought, "Well, I'll have
25 a look at her myself", sort of thing as well, so I did

1 a primary survey just to see if I agreed and thought
2 that was right.

3 LADY JUSTICE HALLETT: I'm sorry, Dr Heath, I'm finding it
4 very difficult to hear.

5 A. Sorry.

6 LADY JUSTICE HALLETT: I think there's a fan between you and
7 me, so if you could keep your voice up, I would be very
8 grateful.

9 MR HAY: Was there any mention or concern about the
10 possibility of internal injuries?

11 A. No one said anything at that point, no.

12 Q. Was she conscious?

13 A. No.

14 Q. Was she receiving any fluids or drugs at all by an IV
15 line?

16 A. No.

17 Q. Was a line inserted at all?

18 A. Until I read my statement again recently, I would have
19 said no, but I said yes, so it must have been there,
20 yes.

21 Q. So we know, you think from your statement, the line was
22 inserted?

23 A. Yes.

24 Q. But she wasn't receiving any fluids?

25 A. No, I remember trying to find a giving set.

1 Q. What's a giving set?
2 A. It's the tubing that goes into the cannula in the arm
3 and then into the fluid. So the tubing bit.
4 Q. The connection point between the two.
5 A. The connector, yes.
6 Q. Were you able to find any?
7 A. I remember going around all the other sort of little
8 stations and asking for the people as more help arrived
9 and, eventually, we did get one, I think when another
10 paramedic crew arrived.
11 Q. At that point, was she given any fluids? Saline
12 perhaps?
13 A. I can't remember, to be honest.
14 Q. How was her breathing?
15 A. Initially, it was just slow and steady and, as time
16 progressed, it became more laboured.
17 Q. Did there come a point when she required assistance with
18 her breathing?
19 A. Yes.
20 Q. Do you recall who provided that assistance?
21 A. It's -- to be honest, it's really hazy, and that's
22 something I said in my statement, I'm not sure whether
23 I thought we had a bag and mask or whether we did,
24 I don't know, to be using that on her before the --
25 I think it was the flying -- the helicopter doctors,

1 I think, arrived.

2 Q. Do you recall a man, who was an off-duty paramedic -- so
3 he wouldn't have been dressed as a paramedic -- getting
4 an airbag and mask, and using that at all to assist with
5 her breathing?

6 A. Maybe that's what I'm sort of remembering, yes.

7 Q. You mentioned, I think, the flying doctors, the HEMS
8 doctors. Before they arrived, do you recall whether or
9 not Mrs Wundowa had a heart monitor on her at all?

10 A. She didn't, no, because, again, we were looking for
11 a stethoscope, we were looking for equipment to try and
12 use, and couldn't find any. But -- so she certainly had
13 no monitoring, no.

14 Q. Did there come a point when CPR was applied?

15 A. I don't think until the HEMS doctors arrived. I don't
16 think so.

17 Q. Are you able to recall how long the CPR went on for or
18 how many rounds were given?

19 A. No.

20 Q. There came a point, you mention in your witness
21 statement, that you believe the HEMS doctor wanted to
22 perform a surgical procedure, a thoracotomy.

23 A. Yes, I think so, yes. That was my impression as we were
24 being ushered away.

25 Q. Were you present when the doctor did that?

1 A. I think I was moving away at that point.

2 Q. Do you recall why you were being ushered away?

3 A. There was -- the police were coming in from the road

4 again, saying they were worried about a secondary

5 device, I think again at that point, and we were being

6 asked to move into BMA House.

7 Q. We know that Ms Wundowa subsequently died. Were you

8 present when she died or had you moved away already by

9 that point?

10 A. No, we'd been told to go inside at that point.

11 Q. Do you recall, once you had been asked to move inside,

12 hearing a secondary controlled explosion at all?

13 A. No.

14 Q. I think you then went inside to an area where there were

15 other casualties inside the BMA --

16 A. Yes.

17 Q. -- and you assisted in treating those casualties. Is

18 that correct?

19 A. Yes.

20 Q. I think you provided particular assistance to an

21 Australian casualty. Is that right?

22 A. That's right.

23 Q. An Australian lady?

24 A. Yes.

25 Q. I think, eventually, all the casualties were removed and

1 taken to hospital by ambulance?

2 A. Mm-hmm.

3 Q. Are you able to recall what time that was?

4 A. No, I've no concept of time that day, really. No.

5 I don't wear a watch, so I have no idea.

6 Q. I think you mention in your statement that, eventually,

7 you left the British Medical Association at about 3.00

8 or so --

9 A. Mm-hmm.

10 Q. -- and, when you were leaving, you passed the body of

11 Mrs Wundowa, which had subsequently been covered up. Is

12 that correct?

13 A. Mm-hmm.

14 MR HAY: Thank you very much. I have no more questions for

15 you, but the other barristers may.

16 LADY JUSTICE HALLETT: Ms Gallagher?

17 Questions by MS GALLAGHER

18 MS GALLAGHER: Dr Heath, Ms Hulyer, just one very brief

19 matter just for completeness. It is to assist with

20 identifications that were given by other witnesses on

21 the day. I see you have quite dark hair in a kind of

22 bob style at the moment. Was it similar in July 2005?

23 A. Probably, yes.

24 Q. You describe in your statement, which you gave to the

25 police in December 2006, that you recall wearing grey

1 corduroy trousers on the day. Is that right?

2 A. Yes.

3 Q. You can't recall anything further about your clothing?

4 A. No.

5 Q. Just in relation to the doctor whom you mention, the
6 male doctor who appeared to be coordinating matters and
7 greeted you in the courtyard area of the BMA, you've
8 said in answer to questions from my learned friend
9 Mr Hay that you recalled him being male.

10 Again, in your statement from December 2006, you
11 could recall that he was male, white and quite small in
12 stature. Is that right?

13 A. Yes, not very -- not small, but averagely -- not
14 extremely tall.

15 MS GALLAGHER: Thank you very much. I've nothing further.

16 LADY JUSTICE HALLETT: Mr Saunders?

17 Questions by MR SAUNDERS

18 MR SAUNDERS: Doctor, does the name Dr Peter Holden mean
19 anything to you?

20 A. Yes.

21 Q. Could that have been the doctor that was doing the
22 coordinating?

23 A. I don't think it was, I don't think it was. I think it
24 was another gentleman that was working alongside him.

25 Q. There's another doctor her Ladyship has heard from. He

1 uses -- it's not his actual Christian name, but I think
2 he introduced himself as Sam Everington.
3 A. Right, that sounds familiar.
4 Q. It does. All right. So it may have been him. What I'm
5 going to try to do, with your assistance, Doctor, is to
6 work out, as best we can, certain timings. All right?
7 I know this is very difficult for you, because
8 her Ladyship has heard evidence it's quite clear that
9 the bomb goes off at 9.47.
10 A. Right.
11 Q. You don't hear that.
12 A. No.
13 Q. Can I ask you this: do you remember the arrival of the
14 HEMS team?
15 A. Yes.
16 Q. Can I help you with that? Because Dr Teasdale, who's
17 going to give evidence today before her Ladyship, will
18 say that he and his team arrive at 10.20.
19 A. Right, okay.
20 Q. All right? One of the things her Ladyship will be
21 looking at is emergency supplies that became available
22 or that weren't available.
23 A. Right.
24 Q. Your evidence deals with these giving sets --
25 A. Mm-hmm.

1 Q. -- without which one simply can't administer fluids and
2 drugs.

3 A. Yes.

4 Q. You've told her Ladyship that there was a time where you
5 searched everywhere, couldn't find one, but one did
6 eventually become available.

7 A. Yes.

8 Q. Did I understand your evidence to be that it's around
9 the time the HEMS team arrive that you recall a giving
10 set being available, either because they brought it or
11 additional --

12 A. I thought it was before they arrived, I must admit.

13 Q. All right. So if we know they arrived at about 10.20,
14 you think it's --

15 A. A few minutes before.

16 Q. We'll hear from Dr Teasdale -- he may, in fact, be in
17 court now -- as to whether he came straight to the
18 front. There were other things that he had to do. So
19 it's a few minutes before you're aware of him anyway?

20 A. Yes.

21 Q. You know that he is there, you're not aware of when
22 Ms Wundowa is pronounced dead?

23 A. No.

24 Q. We will hear evidence from both Dr Teasdale and the
25 statement read of PC Croft, as opposed to evidence

1 her Ladyship heard earlier in this section, that that
2 was at 10.40.

3 A. Right.

4 Q. So Dr Teasdale deals with it with PC Croft who makes
5 a note in his notebook saying life extinct on
6 Gladys Wundowa at 10.40. You're not there for that. So
7 you've obviously left because of the concern of
8 secondary devices.

9 A. Mm.

10 Q. So I hope, then, that deals with, a little better, the
11 timeframe.

12 A. Right.

13 Q. You're not aware of a heart monitor before the HEMS team
14 arrive. Is that right?

15 A. No. There's lots of things I don't remember very well,
16 I have to say. So I can't say it wasn't there, I just
17 don't remember it being there.

18 Q. Doctor, we all sympathise with all the witnesses that
19 have given evidence doing their best to recall, but if
20 Dr Teasdale says, by the time he arrived, he thought
21 that there was one, it may have been -- and I don't know
22 whether this is part of the confusion -- that it was
23 a defibrillator that was being used with that function
24 of heart monitor.

25 A. Right.

1 Q. But that doesn't --

2 A. I don't remember, but on a couple of occasions I went to
3 try to find other things, so whether that had happened
4 whilst I was trying to find things ...

5 Q. The doctors you've been referring to, I think the
6 questions you were asked just before, they were male
7 doctors that you'd seen?

8 A. Yes.

9 Q. I think the only other female doctor you're aware of is
10 somebody that you later learnt her name?

11 A. Yes. Inside, yes.

12 Q. That was Jenny Blythe?

13 A. Yes.

14 Q. But that's the only other female doctor you were aware
15 of in the time throughout this period you were in the
16 courtyard?

17 A. Pretty much, yes.

18 MR SAUNDERS: Thank you very much indeed.

19 LADY JUSTICE HALLETT: Doctor, pursuing Mr Saunders'
20 questions, in a perfect world -- which, of course, it
21 wouldn't be, because poor Mrs Wundowa wouldn't have been
22 lying there -- but in a perfect, medical world, what
23 kind of equipment would you have wanted? You've
24 mentioned the giving sets and you said you'd gone off to
25 look for other things, but if you were going to give her

1 the best possible chance and you've arrived at the scene
2 of an accident, say, what would you have wanted? What
3 were you looking for when you went off and --

4 A. We would have wanted, I suppose, some sort of bag and
5 mask affair for oxygenating, fluid-giving ability, and
6 then monitoring equipment, so even for monitoring blood
7 pressure, stethoscopes.

8 MR SAUNDERS: You don't remember anybody with a stethoscope?

9 A. Well, they were in the courtyard, but they were
10 obviously being used on other patients and we were
11 trying to share things around.

12 MR SAUNDERS: Thank you very much, I have nothing else.

13 Thank you, my Lady.

14 LADY JUSTICE HALLETT: Thank you, Ms Sheff?

15 Questions by MS SHEFF

16 MS SHEFF: Doctor, you mention, when you were escorted by
17 the police officer to the area around the bus, he took
18 you first one way and you went via a taxi, or you
19 mention that you saw a taxi.

20 A. Yes.

21 Q. Do you remember seeing anybody in the vicinity of that
22 taxi?

23 A. No.

24 Q. I mean a casualty lying on the ground --

25 A. No.

1 Q. -- or underneath the taxi.
2 A. No.
3 Q. You have no recollection of that at all?
4 A. No.
5 MS SHEFF: Thank you very much, Doctor.
6 LADY JUSTICE HALLETT: Any other questions for the doctor?
7 Dr Heath, thank you very much indeed. The survivors
8 obviously have every reason to be grateful, not only for
9 your medical skills, but for your stubbornness. You
10 didn't give up, you offered your help, and you continued
11 to offer it until it was accepted. Thank you very much
12 indeed.
13 MR HAY: My Lady, we have one more live witness listed for
14 this morning, I'm not sure whether or not Dr Teasdale or
15 Mr Teasdale is already in court. He is here already, so
16 perhaps we should just push on.
17 LADY JUSTICE HALLETT: Thank you.
18 MR HAY: My Lady, may I invite you to call
19 Christopher Lawson, please?
20 MR CHRISTOPHER IAN LAWSON (affirmed)
21 Questions by MR HAY
22 MR HAY: Can you give your full name to the court, please?
23 A. Christopher Ian Lawson.
24 LADY JUSTICE HALLETT: Mr Lawson, do I gather that you have
25 a back problem?

1 A. Yes.

2 LADY JUSTICE HALLETT: If you need to move or stand, please
3 just -- the reason we have you seated is because of the
4 cameras, but if you need to move, just, please, do so.

5 A. Thank you, much appreciated.

6 MR HAY: Mr Lawson, we can see from your uniform that you
7 are employed by the London Ambulance Service.

8 A. Yes.

9 Q. I believe you started work for them in 1997.

10 A. That's right.

11 Q. In July of 2005, you were working as an emergency
12 medical technician?

13 A. I was.

14 Q. On 7 July, you were actually off-duty, weren't you?

15 A. I was off-duty, yes.

16 Q. I believe from your statement you describe that morning
17 that you were going to Camden to meet friends?

18 A. Yes.

19 Q. You mention in your statement that there came a point
20 when you were in Camden, at about 9.45, that you
21 received a phone call from another friend. Is that
22 right?

23 A. That's right.

24 Q. What did that friend tell you?

25 A. He called to ask if I'd heard the news that there had

1 been explosions, he said seven or eight or nine bombs
2 had gone off across London, and he advised that we
3 should head home and he specifically said "Stay off
4 public transport". So he recommended we walk back to
5 our homes.

6 Q. I think you began to walk home and I think you made your
7 way down Eversholt Street towards Euston?

8 A. That's right.

9 Q. Whilst you were walking along Eversholt Street, what did
10 you see?

11 A. Yes, I'd gone past Mornington Crescent Tube station and
12 heading south along Eversholt Street and the first thing
13 I knew was a cyclist heading towards me, heading north,
14 looking very shocked and quite white in the face, and he
15 said that we should turn round and head in the opposite
16 direction. He was talking to all the pedestrians
17 telling people to turn round, because a bomb had gone
18 off further down and he'd actually witnessed that and he
19 said the roof had been blown off.

20 Q. He said the roof had been blown off, so he expressly
21 mentioned the bus?

22 A. Yes, and I actually asked him, "Did you see it happen?",
23 and he said he did.

24 Q. You continued to make your way towards Euston?

25 A. Yes.

1 Q. Eventually, I think you came across a police cordon. Is
2 that right?

3 A. That's right.

4 Q. When you got to the cordon, what did you say to the
5 police?

6 A. I had my ID badge and I just showed him and I said, "Do
7 you think I would be able to help?", and he said that
8 I would, I'd probably be needed down there. So he let
9 me through.

10 Q. You don't mention in your statement what you were
11 wearing. Are you able to recall today what you were
12 wearing at all?

13 A. I had grey trousers and a white shirt.

14 Q. The policeman let you through the cordon. I think you
15 made your way towards the BMA. Did you see casualties
16 outside the BMA in the road and on the pavement being
17 treated?

18 A. Yes, I saw a casualty, a male, outside the BMA. He was
19 being treated by some ambulance staff there.

20 Q. Did it appear that that male had a sufficient number of
21 paramedics looking after him?

22 A. Yes, I didn't stop to assist them because he had help
23 and I thought maybe there were people further along that
24 needed help.

25 Q. Are you able to say what time you actually reached the

1 BMA itself?

2 A. All my times are estimates because, being off-duty,
3 I had no way to log my times, so I'm not sure, only what
4 I've written in my statement.

5 Q. We know you got the phone call at about 9.45 from your
6 friend telling you that there had been explosions on the
7 Underground. You know you then subsequently saw the
8 cyclist who mentioned that he'd seen the bomb on the bus
9 going off, and we know that was at about 9.46, 9.47.

10 Are you able to say, again using that timeframe,
11 perhaps, how long it would have taken you to walk from
12 when you received the phone call to when you made your
13 way to the BMA?

14 A. I would say possibly 10, 15 minutes after that.

15 Q. So you probably arrived at the BMA at 10.00, maybe
16 a little bit after?

17 A. Yes.

18 Q. Outside the BMA, did you recognise anyone?

19 A. Yes, I recognised one of the team leaders from my
20 station, Islington ambulance station, that was
21 Mark Belkin, and also Michael Cole, who was an ambulance
22 technician.

23 Q. Did you go and speak to Mr Belkin?

24 A. Yes.

25 Q. What did he direct to you do?

1 A. Mark Belkin asked me to go inside the BMA courtyard and
2 take a walk around and just check on how everyone was
3 doing, if anyone needed any help.

4 Q. What was the scene like inside the courtyard?

5 A. I remember lots of people lying on the floor. There
6 were lots of people walking around, trying to assist,
7 smartly-dressed people. I didn't realise at the time
8 who they were.

9 Q. In your statement, you describe it as being very
10 chaotic, which no doubt is understandable. Despite the
11 obvious chaos, did it appear that there were people in
12 charge, people directing people to assist with
13 particular casualties? Did it appear there was
14 a structure in place at all?

15 A. Yes, if it was chaotic, I'd say it was organised chaos.
16 People were generally quite calm and ... yes.

17 Q. I think you mention doing, effectively, a recce of the
18 courtyard before deciding to assist with a lady who was
19 injured, a casualty, who we believe to be Mrs Wundowa
20 who subsequently died. Can you describe her for us,
21 please?

22 A. I remember she was a black lady, I estimated about 40
23 plus. That's all I remember.

24 Q. When you approached her, who else was with her?

25 A. I remember there was a lady with her supporting her

1 head.

2 Q. Do you recollect Dr Heath or Ms Hulyer, as her married
3 name is, being there at all?

4 A. I don't remember. It could have been.

5 Q. When you went over to her, did she have a heart monitor
6 on her already, at that point, or a defibrillator?

7 A. She did, yes.

8 Q. Was that before or after the HEMS doctors arrived?

9 A. Before.

10 Q. Did you look at the monitor?

11 A. Yes.

12 Q. What was it reading?

13 A. It showed a heart rate of 32.

14 Q. Is that low, is it high, what should it have been?

15 A. Well, a healthy person should have a heart rate of 60 to
16 100, so it was very low, bradycardic.

17 Q. How would you describe her breathing?

18 A. At first, I thought she wasn't breathing, and I did
19 watch for a while, and asked the lady who was with her
20 "Is she breathing?", and I was told she was breathing.
21 So I had to observe for quite some time and, eventually,
22 she took a breath.

23 Q. After she took that breath, did she continue breathing
24 or did her breathing stop at all?

25 A. No, when I arrived with her, it seems that she was very

1 quickly going into respiratory arrest.

2 Q. In response to that, what did you do?

3 A. I looked around me to see what equipment was available
4 and I was looking for a BVM, which is a silicone
5 resuscitator, a ventilator, a bag and mask, and there
6 wasn't one, so I asked one of the firemen if he could
7 get one and, very quickly, he came back with one.

8 Q. Before he returned with the bag and mask, did you check
9 Ms Wundowa's pulse at all?

10 A. Yes.

11 Q. Where did you check?

12 A. The neck, the carotid.

13 Q. Were you able to feel a pulse?

14 A. No.

15 Q. You mention that the fireman came back with the bag and
16 mask. Did you then apply that and then perform CPR at
17 all?

18 A. Yes.

19 Q. Are you able to say how long you performed CPR or how
20 many rounds you performed?

21 A. No, I can't say, but it was a few minutes.

22 Q. Do you recall the point that the HEMS doctor,
23 Mr Teasdale, approached you?

24 A. Yes.

25 Q. What did he do when he came over?

1 A. He performed a thoracostomy.

2 Q. Can you just explain to us what that is?

3 A. That means to make a surgical incision into the thoracic
4 cavity, which he did on both sides under the arms.

5 Q. Is that to check that the lungs are inflated --

6 A. Yes.

7 Q. -- and that there's no blood in the chest cavity area?

8 A. Yes, it's to rule out any cause of the symptoms, any
9 potential cause of the symptoms that she had.

10 Q. At this point, do you recall what the heart monitor was
11 recording?

12 A. No, but I remember that, very rapidly, the pulse rate
13 dropped.

14 Q. Did it ever go down to a point that Mrs Wundowa was in
15 asystole at all?

16 A. I can't remember.

17 Q. We're going to hear from Mr Teasdale, but he believes
18 that he pronounced Ms Wundowa life extinct at about
19 10.40. I don't know whether or not you can assist with
20 that at all.

21 Does that seem about right to you or you're unable
22 to say?

23 A. I'm unable to say.

24 Q. Do you recall whether or not he consulted with you at
25 all, or with anyone else around him, as to whether or

1 not he should be pronouncing Mrs Wundowa life extinct?

2 A. I don't remember what was said between myself and the
3 HEMS doctor.

4 Q. Before Mrs Wundowa was pronounced life extinct, do you
5 recall whether or not there was any concern or any
6 commotion about the possibility of a secondary device
7 and that people should be moved?

8 A. Yes. At some point, there was a suggestion there was
9 a secondary device and I remember the explosion.

10 Q. Had Mrs Wundowa died before or after the controlled
11 explosion?

12 A. I'm sorry, I couldn't say for sure.

13 Q. The reason why I'm asking is we believe the controlled
14 explosion to be about 10.42, 10.43 and, if Mr Teasdale
15 is correct that she passed at about 10.40, it would have
16 been after, but that doesn't help you at all?

17 A. No.

18 Q. Once Mrs Wundowa had died, was a blanket placed over
19 her?

20 A. Yes, I did that.

21 Q. I think, once that happened, you then continued to
22 assist with other patients. One of the things you
23 mentioned in your statement is that it appeared that
24 many had bottles of oxygen but supplies were running
25 low.

1 Were there sufficient supplies of oxygen available
2 to treat the other patients, at that point, or were you
3 concerned that there weren't enough?

4 A. Some people I removed the oxygen mask from and didn't
5 give them any more oxygen, but I sincerely believe that
6 the ones who needed oxygen the most received it.

7 Q. You also mention in your statement --

8 LADY JUSTICE HALLETT: Just pausing there, what you mean is
9 you shared out sufficiently what you had, as it were?

10 A. Exactly.

11 MR HAY: You also mention in your statement that there were
12 many patients that were masked but were unattended --

13 A. Yes.

14 Q. -- and many more that were being attended. From your
15 perspective, were there sufficient, medically-trained
16 people -- either paramedics or doctors -- to treat the
17 number of casualties which were there?

18 A. In hindsight, knowing that these people were doctors,
19 yes. At the time, I wasn't aware that they were
20 doctors.

21 Q. I think you then came across someone else you knew from
22 the Ambulance Service, a Mr Rock. Is that correct?

23 A. That's right.

24 Q. I think he was trying to find his crew mate, but was
25 unable to do so?

1 A. Yes.

2 Q. Is that because, obviously, given the size of the scene,
3 everyone had gone off in different directions, but,
4 also, he didn't have a handheld radio or any way of
5 contacting his crew mate? Is that right?

6 A. I don't know.

7 Q. But I think you remained with Mr Rock and escorted an
8 injured lady to UCH Hospital by ambulance. Is that
9 right?

10 A. Yes.

11 Q. Once you'd been to UCH you were then redirected to
12 Russell Square?

13 A. That's right, we were.

14 Q. I think from there you took other casualties to Great
15 Ormond Street?

16 A. Yes.

17 Q. Later in the day, you attended a debrief at Millwall?

18 A. Yes.

19 Q. You mention in your statement that was conducted by
20 Peter Bradley. Do you recall who else conducted that
21 debrief?

22 A. No, sorry.

23 Q. What was the primary purpose of that debrief? Was it
24 concerns about the welfare of paramedics or was it to
25 feed back what had gone well and what had gone badly?

1 A. A combination of both, I would say.

2 Q. Do you recall any particular concerns being raised about
3 what had happened at Tavistock Square?

4 A. No, my memory is very vague about what was actually said
5 at the debrief.

6 MR HAY: Thank you very much. I have no more questions for
7 you, but others may.

8 LADY JUSTICE HALLETT: Ms Gallagher?

9 Questions by MS GALLAGHER

10 MS GALLAGHER: Mr Lawson, I just have some limited questions
11 on the timing and chronology at the very outset when you
12 arrived.

13 First of all, you've told us in evidence today that,
14 on arrival at the BMA building, you recognised
15 Michael Cole. Is that right?

16 A. Yes.

17 Q. He was there when you arrived?

18 A. Yes.

19 Q. We know from other evidence that he arrived, he's the
20 first FRU on the scene, and we know that he arrives at
21 10.03. My Lady, his call sign is EC53.

22 LADY JUSTICE HALLETT: Thank you.

23 MS GALLAGHER: The reference is LAS714-2. So according to
24 London Ambulance Service records, he only arrives on the
25 scene at 10.03, so you must be seeing him some time

1 after that.

2 A. Yes.

3 Q. In terms of the chronology initially, you've described
4 today how the police allowed you through the cordons,
5 you approached the building and you see this scene of
6 devastation before you get engaged in working with
7 individual casualties.

8 Do you recall giving a statement to the police
9 in January 2006?

10 A. Yes.

11 Q. So some months after the incident. In that statement,
12 you describe two other things happening at that very
13 early stage. You describe, firstly, an ambulance
14 arriving at about the same time as you. Do you recall
15 that?

16 A. Yes.

17 Q. You also recall trying to get rid of your personal
18 effects before you start to get involved because they
19 may be a hindrance.

20 A. Yes.

21 Q. Could I just ask you about the two of those things?
22 Firstly, the ambulance. You recall an ambulance
23 arriving at about the same time that you arrive?

24 A. Yes.

25 Q. Can you recall anything about the crew?

1 A. No, just that it was a male and a female, and they
2 stopped, and I jumped in the back of their ambulance.

3 Q. You say in your statement you think they might have been
4 from either the Bloomsbury or Waterloo station, you
5 couldn't be more specific than that?

6 A. No, but I think it may have been Camden.

7 Q. But certainly we know it's not the first ambulance on
8 scene, which, my Lady, is 9.57, because that's an
9 all-female crew, Ms Conway and Ms Green. So it's
10 certainly a later ambulance.

11 The other issue I've asked you about is your
12 personal effects. Again, in your statement, you just
13 describe deciding to get rid of those. So what did you
14 do to get rid of those personal effects?

15 A. We stopped very close to the County Hotel on
16 Upper Woburn Place and I decided to just ask the
17 concierge inside if he would take care of them for me.

18 Q. Mr Lawson, you say "we stopped", is that because you got
19 on board the ambulance that you've described?

20 A. Yes.

21 Q. How long did you travel in the ambulance, do you recall?

22 A. I don't recall how long I was in the ambulance for.

23 Q. But you approached the scene with that other ambulance
24 crew?

25 A. That's right.

1 Q. It's at that point that you go to the hotel to get rid
2 of your personal effects?

3 A. It was before we approached the scene.

4 Q. Just so we have the chronology exactly right, your
5 sighting of Michael Cole outside the building, is that
6 before or after you've gone to the hotel?

7 A. It's after.

8 MS GALLAGHER: It's afterwards. I've nothing further,
9 Mr Lawson, thank you very much.

10 LADY JUSTICE HALLETT: Thank you. Mr Saunders?

11 Questions by MR SAUNDERS

12 MR SAUNDERS: Mr Lawson, I think you were in court when
13 Dr Heath gave evidence.

14 A. Yes.

15 Q. I want to make it very plain. What I'm about to put to
16 you is not suggested against her, do you understand?
17 I hope she does as well, because I see she's still in
18 court.

19 You've heard her describe that, although she can't
20 remember the hairstyle she wore at the time, she had
21 grey corduroy trousers on, and neither seeing her now
22 nor the description I think helps you.

23 A. No.

24 Q. She also tells her Ladyship that she doesn't recall CPR
25 being administered, but clearly you did that. If it

1 wasn't Dr Heath who was beside you, can you help
2 her Ladyship whether it could have been another lady
3 who, in fact, was possibly wearing a purple skirt and
4 a pink top?

5 A. I really couldn't help you with that, I'm afraid.

6 Q. The significance of my questions is this, Mr Lawson:
7 that there was this female -- she wasn't claiming or
8 saying to you she was a doctor.

9 A. No.

10 Q. But it was a female that was beside you who volunteered
11 that, as far as Gladys Wundowa was concerned, she could
12 possibly have had a broken neck. Do you remember her
13 saying that?

14 A. Yes.

15 Q. We've all heard Dr Heath's evidence and it's not
16 something that she ever recalls ever saying to anyone.
17 So you recall that there was a female, not claiming to
18 be a doctor, who was mentioning the possibility of
19 a broken neck and who was present when you administered
20 the CPR?

21 A. Yes.

22 LADY JUSTICE HALLETT: Just pausing there -- I'm sorry to
23 interrupt, Mr Saunders.

24 MR SAUNDERS: Of course, my Lady.

25 LADY JUSTICE HALLETT: Is it that you remember mention of

1 a possible broken neck, or is it that you remember the
2 female mentioning the possibility of a broken neck?
3 A. It was definitely the female.
4 LADY JUSTICE HALLETT: Thank you.
5 MR SAUNDERS: Her Ladyship will have it at page 3 of the
6 witness's statement, it's about five lines from the
7 bottom, where Mr Lawson describes, not a doctor, but:
8 "The assisting female [who] told me that the patient
9 was suspected to have sustained a broken neck."
10 That may become significant later this afternoon,
11 my Lady.
12 LADY JUSTICE HALLETT: I'm trying to think, did Mr Choudhary
13 mention the possibility of a neck injury?
14 MR SAUNDERS: Your Ladyship has the better of me. There was
15 something that he said.
16 LADY JUSTICE HALLETT: I think he talked about being
17 concerned about a collar for her.
18 MR HAY: My Lady, I have Mr Choudhary's transcript here,
19 Day 48, page 62.
20 LADY JUSTICE HALLETT: Thank you.
21 MR HAY: He said:
22 "Answer: I thought that she may have had a cervical
23 spine injury, so the first thing that I did was
24 immobilise her cervical spine."
25 LADY JUSTICE HALLETT: Thank you. Sorry.

1 MR SAUNDERS: But as far as you were concerned, Mr Lawson,
2 there was no male doctor --

3 A. No male doctor at all.

4 Q. -- who was, as Mr Hay has helpfully reminded us, dealing
5 with the patient in the way that's just been described?

6 A. No.

7 MR SAUNDERS: Thank you very much, Mr Lawson. Thank you,
8 my Lady.

9 LADY JUSTICE HALLETT: Any other questions for Mr Lawson?
10 Yes, Ms Simcock?

11 Questions by MS SIMCOCK

12 MS SIMCOCK: Thank you, my Lady. Just three very short
13 points, Mr Lawson. You mentioned "BVM" when you were
14 talking about resuscitating Ms Wundowa. Does that stand
15 for "bag valve mask"?

16 A. Yes.

17 Q. You mentioned, when asked about the heart monitor or
18 defibrillator reading of 32, that that indicated
19 bradycardia. Does that simply mean a slow pulse?

20 A. Yes.

21 Q. Just in relation to the last questions that you were
22 asked by Mr Saunders about a suspected neck injury, when
23 you were dealing with Ms Wundowa, did you think that
24 there was a possibility of a neck injury?

25 A. No, but I have to take into account the mechanism of her

1 injuries.

2 Q. So when you were dealing with her, were you careful,
3 during your resuscitation, to support her head and neck?

4 A. Very much so, and the female who was there was also
5 supporting the head and neck.

6 MS SIMCOCK: Thank you. I have nothing further.

7 LADY JUSTICE HALLETT: Any other questions for Mr Lawson?

8 Mr Lawson, those are all the questions we have for you.

9 Despite being advised by the cyclist to turn round and
10 find another route home, you didn't, you volunteered
11 your services. I know it will be of some comfort to
12 Mrs Wundowa's family to know that she received as best
13 possible care that you could give her and I hope it's of
14 some comfort to you to know that there are plainly
15 people you did successfully assist. Thank you for what
16 you did.

17 A. Thank you.

18 LADY JUSTICE HALLETT: Mr O'Connor?

19 MR ANDREW O'CONNOR: My Lady, we're making good progress.
20 For this morning, we have two more statements to read
21 and also Mr Teasdale, who was due to give evidence this
22 afternoon but, if he's here, I'm sure we'll be able to
23 fit him in. I don't know if you'd like to take a short
24 break now or at least read one of the statements and
25 take a short break after?

1 LADY JUSTICE HALLETT: Shall we read one of the statements
2 and take a short break?

3 MR ANDREW O'CONNOR: Yes. My Lady, I'll read the statement
4 of Samantha Lott, who, as we'll hear, also appears to
5 have been involved in the treatment of Gladys Wundowa.
6 Her statement is dated 2 November 2005.

7 Statement of MS SAMANTHA LOTT read

8 "I have been asked by the police to describe my
9 involvement in respect of the events in Tavistock Square
10 London on Thursday, 7 July 2005. On Wednesday,
11 6 July 2005, I stopped with my boyfriend [she gives his
12 name] on the outskirts of London and the following
13 morning, because I was working in Central London that
14 day, we travelled in together.

15 "About 8.30 am that morning, we went to Archway Tube
16 station on the Northern Line where we attempted to catch
17 a train. However, the station was gridlocked with
18 people and we took the decision to catch a bus. We
19 caught a bus in to London, and I recall that we were
20 stuck in traffic as we neared King's Cross, so we got
21 off at Gray's Inn Road and walked back towards the
22 King's Cross/St Pancras area, using some of the
23 backstreets through a little park and past some flats.

24 "My boyfriend suddenly recognised his place of work
25 and he went off, and I continued walking towards Euston

1 station. It would have been about 9.10 am to 9.15 am,
2 and I was aware that there was a huge amount of people
3 on the streets. I was also aware that there was a large
4 police presence which appeared to be increasing with
5 time.

6 "As I approached Euston station, I could see that
7 people were leaving the area in their droves and I was
8 told that the station had been closed. This was
9 confirmed with a police officer.

10 "I contacted a work colleague and explained that
11 I was having difficulty getting to work. I believe
12 I was told that there had been a power surge on one of
13 the Tube Lines. I turned and crossed over into
14 Upper Woburn Place. I could see that Euston Road had
15 been closed and everyone was trying to get on the buses.
16 Because of the lack of public transport, I decided to
17 walk to work and set off, walking down the right-hand
18 footpath of Upper Woburn Place, towards
19 Tavistock Square.

20 "Because Euston Road was closed, I could see that
21 the police were diverting the packed buses into this
22 road. There was also a lot of traffic on the road.
23 I noticed a Chinese lady who was standing on the steps
24 of the Euston Plaza Hotel. She had a camera and was
25 filming towards Euston. She was between 45 and 55 years

1 of age with short, black hair. I am unable to describe
2 her clothing other than to say she had a blouse on.
3 "I continued to walk towards Tavistock Square
4 weaving in and out of people who were walking in the
5 same direction as myself. I was aware of a large amount
6 of traffic in Tavistock Square, which included taxis,
7 buses and cars.
8 "As I reached the junction of Tavistock Square,
9 I suddenly heard an explosion. I immediately realised
10 it was a bomb, but did not know what had exploded.
11 There was a smell and lots of smoke. I felt what I can
12 only describe as hot air and fine debris hitting my
13 legs. The smoke obscured my view of what had exploded,
14 and I immediately thought of the terrorist attacks of
15 9/11 and looked up expecting debris to be falling from
16 the buildings.
17 "My immediate reaction, along with everyone else,
18 was to turn and run back towards Euston. However, after
19 a few steps, I stopped and turned back. My thought then
20 was that I should go back and help. As I turned,
21 I could see that a London bus had exploded. The roof
22 was missing. The top of the bus was open. The rear of
23 the bus was facing me and I began to move towards it,
24 walking across the road towards the British Medical
25 Association building.

1 "I was also aware of another woman approaching from
2 the left-hand pavement and we were to spend some time
3 together assisting with the injured. I would describe
4 her as being white, between 30 and 40 years of age. She
5 had long brown hair, swept over the side, brown eyes and
6 of petite build with small features.
7 "She was casually dressed in a Beatnik style.
8 However, I am unable to describe her any further.
9 "DS Rooksby has provided me with a plan of
10 Tavistock Square showing the position of the bus.
11 I have indicated on this plan the position of the people
12 I am about to describe. I can identify this plan by the
13 exhibit label signed by me."
14 My Lady, to date, we have been unable to locate that
15 particular document:
16 "I was dumbfounded by what I saw and did not know
17 where to start. I saw a black girl lying on the road to
18 the rear left of the bus. Everything appeared very
19 quiet and calm. It was strange. I rushed across.
20 There was a man crouching over the black girl. He saw
21 me and motioned me over. He told me to keep her head
22 up."
23 My Lady, we will discover from the remainder of her
24 statement that this appears to have been Gladys Wundowa:
25 "This man then jumped up and, because we were

1 outside the BMA building, I whistled him and told him to
2 go inside and get some doctors. He replied that he was
3 a doctor. I would describe him as being male, white,
4 with sandy-coloured hair, about 55 years, cleanshaven,
5 wearing a blue shirt and wearing a name badge. I was to
6 subsequently learn that there were a number of doctors
7 present from the BMA building who had been attending
8 a training exercise. They were all wearing name badges.
9 The woman I was asked to assist was lying on the road
10 with her head facing the back of the bus."
11 She describes having indicated the position of this
12 casualty on her plan:
13 "Together with the other woman who had also been
14 approaching the bus from the opposite side of the road,
15 we comforted and helped the injured lady. I believe
16 that the injured lady was called 'Shebna'. She was
17 having difficulty with her breathing. I held her head
18 and she became more animated. I also recall that there
19 was a piece of debris from the bus, which was close to
20 her head. I moved this out of the way. I believe it
21 may have been a piece of metal bus panel, blue in
22 colour, about 3 feet long.
23 "I would describe this injured woman as being
24 female, black, with collar-length hair, wearing navy
25 blue trousers which were shredded from the knee down,

1 a black suit-type jacket which did not match the
2 trousers, and a lacy white blouse. She was complaining
3 of chest pain and had some blood on her.

4 "After a period of time, paramedics assisted and
5 placed an oxygen mask on her face. I, together with the
6 other lady, continued to comfort the injured lady and
7 persuade her to keep the mask on. I believe that a chef
8 from the BMA building gave me a pair of rubber gloves,
9 which I put on. Whilst tending to the injured lady,
10 I began to take in my surroundings. I saw about three
11 feet away from me what I can only describe as being
12 a pair of lungs on the pavement. I could see that the
13 wall of the BMA building was covered in blood. There
14 was burnt hair and body parts all over. Against the
15 wall, I saw what I initially thought to be a seat from
16 the bus. However, as I looked at it, I began to realise
17 that it was, in fact, a human torso."

18 She indicated she had marked that on her plan:
19 "I began to sense more activity around me and,
20 looking at the devastation, I was surprised that there
21 weren't more bodies around. I saw a girl lying on the
22 road under a brown blanket. She had blond hair and was
23 clearly badly injured. She was receiving a lot of
24 attention. I also saw injured being brought off the
25 bus. I also saw two men assist an Asian or Pakistani

1 guy who was near to me.

2 "I was then told by a police officer that we had to
3 move everyone out of the area in case there were any
4 other explosive devices. I passed this message on to
5 the BMA doctor. As a result, we began to move
6 casualties into the courtyard of the BMA building.
7 There were no stretchers and people appeared from
8 a nearby office with tables or desk tops on which the
9 injured were placed.

10 "When I entered the BMA courtyard, I saw the black
11 lady [she refers to the lady she had been assisting with
12 earlier] that I had been assisting. She was in the
13 inner courtyard. Also within the main entrance, which
14 opens to the courtyard, there was another black lady
15 whom I began to assist. I recall that she had short,
16 black hair and was wearing a black jacket and trousers.
17 I saw that she had a broken front tooth which was
18 embedded in her lip. This lady was conscious but not
19 aware of her surroundings. She was flailing her arms
20 around. I held her hand and attempted to speak to her,
21 offering reassurance. I do not believe that she could
22 hear me."

23 She describes this individual as being figure 3 on
24 her plan. My Lady, I apologise, I think I may have
25 misled you earlier, it's clear that she's now describing

1 Gladys Wundowa and this was not the black casualty who
2 she assisted outside in the road:
3 "I was joined by a doctor whom I subsequently
4 discovered was on a course at the BMA and was a GP from
5 Sidcup, who was about 55 years of age with ginger hair.
6 This doctor examined the injured lady. He appeared to
7 be in shock at what had happened. He was feeling around
8 her neck and was mumbling. However, I understood that
9 he believed she had a spinal injury because there was no
10 movement in her feet. This doctor did not appear to be
11 confident and a female doctor later joined him. She
12 took control. This lady was examined and a neck brace
13 requested, as her head needed to be supported. The lady
14 was having difficulty breathing and I could hear clearly
15 a rattling sound from her chest.
16 "I shouted for a neck brace but there was not one
17 available. I then took off my denim jacket. This was
18 a short, 'dirt wash' jacket. I cannot say what make it
19 was, but it had a label with black and gold writing.
20 I placed the folded jacket on one side of her neck and
21 a blanket on the other. The male doctor had also said
22 that the woman was in need of fluid. However, there was
23 none immediately available. She was subsequently tended
24 to by three doctors and two paramedics. The lady was
25 clearly severely injured and I moved away, not watching.

1 I later discovered that this woman died.
2 "My denim jacket remained with this woman and
3 I later found that her body had been moved along with my
4 jacket, which I did not retrieve.
5 "Whilst there, I was aware of other injured being
6 brought into the courtyard and some drips were set up.
7 I recall seeing a white female who was in her late 20s
8 or early 30s. She had very long, dark-blond hair. She
9 was wearing three-quarter-length blue denim jeans and an
10 ankle bracelet on her left leg. I could see that her
11 head had been split open from the front to the back and
12 this had clearly been a fatal injury. She was laid in
13 the entrance to the BMA building."
14 My Lady, a reference, it would appear, to
15 Marie Hartley:
16 "I recall a Chinese Oriental man who had a severe
17 injury to his shoulder. His arm appeared to be hanging
18 off and he was screaming in pain. I would describe him
19 as being about 25 years of age with longish hair. He
20 was of a chunky build, about 5' 10" tall, weighing
21 a stripey T-shirt and possibly jeans. I could see that
22 he had a severe cut around his shoulder. Injured people
23 were also being taken inside the BMA building where the
24 Hastings room was being used as a casualty centre.
25 "After leaving the woman, I walked into the BMA

1 building. At this time, I was feeling very numb and
2 cold. I saw that there was a lot of walking wounded
3 inside the building. I felt in limbo at this time.
4 I knew that my boyfriend was nearby. However, my mobile
5 was not working, and I eventually was able to send an
6 email to him to let him know I was okay. The female
7 doctor that I mentioned earlier asked how I was and
8 I then spent some time sitting around.
9 "As time progressed, the staff at the BMA began to
10 organise the wounded and prioritise them according to
11 their injuries and need for treatment. One of the
12 doctors began to use a flip chart to record each of the
13 injured and each person had a card on which their
14 details were recorded. I also recall that a number of
15 injured were brought in from the County Hotel, which is
16 situated next to the BMA building.
17 "I was eventually taken to the Middlesex Free
18 Hospital in an ambulance and travelled with the driver
19 of the bus that had exploded, his name was George, and
20 also a male who had been in the car travelling in front
21 of the bus. After being examined and found to have no
22 injuries, I was released and was eventually able to make
23 my way home."
24 LADY JUSTICE HALLETT: Thank you very much. 15 minutes,
25 please.

1 (11.25 am)

2 (A short break)

3 (11.40 am)

4 LADY JUSTICE HALLETT: Mr O'Connor, before we recommence, it
5 has been brought to my attention -- I haven't been able
6 to check the accuracy of the account -- that a member of
7 the press or the media approached a witness who was
8 a survivor of the bombings within the precincts of the
9 court, despite being warned that that was not proper.
10 I hope the account isn't true. If it is, I have to
11 remind members of the press that, not only have I made
12 an order that witnesses are not to be approached within
13 the precincts of the court and, therefore, it would be
14 a breach of my order, but I have given assurances to the
15 witnesses that they won't be approached. It's on that
16 basis they've given evidence. So I hope this won't
17 happen again.

18 MR ANDREW O'CONNOR: I'm grateful for that indication,
19 my Lady.

20 My Lady, may I invite you to call Mr Teasdale?

21 DR BENJAMIN CHARLES ROWLEY TEASDALE (affirmed)

22 Questions by MR ANDREW O'CONNOR

23 MR ANDREW O'CONNOR: Could you give your full name, please?

24 A. Yes, it's Dr Benjamin Charles Rowley Teasdale.

25 Q. Mr Teasdale, in July 2005, I believe you were

1 a registrar at the Royal London Hospital?

2 A. Yes.

3 Q. I think that you're now a consultant at a different
4 hospital?

5 A. Yes, I'm now a consultant in emergency medicine at
6 University Hospitals of Leicester.

7 LADY JUSTICE HALLETT: I think being a consultant in that
8 kind of medicine, you remain Dr rather than Mr, is that
9 right?

10 A. Technically, I could use both. I only use the Mr when
11 addressing surgeons.

12 MR ANDREW O'CONNOR: We perhaps will stick with Dr, to avoid
13 any confusion as to your undoubted status as a doctor in
14 2005 and your possible status as a Mr now.

15 You were a registrar in 2005 at the Royal London and
16 your specialism, in 2005, was described in your witness
17 statement that you gave to the police as in pre-hospital
18 care?

19 A. Yes, at that time I was actually at the end of my
20 training, I had my certificate of completion of
21 specialist training, and I was doing further training as
22 a specialist registrar in pre-hospital emergency
23 medicine, which is a sub-specialty now of emergency
24 medicine.

25 Q. Dr Teasdale, if you could try to keep your voice up

1 while you're giving your evidence.

2 A. Sorry, yes.

3 Q. I can hear you perfectly well, but it may be that people
4 towards the back of the room are struggling a little.

5 You were working very closely with HEMS, the
6 Helicopter Emergency Medical Service?

7 A. I was working for HEMS. The post for the nine months
8 I was there was specifically as a HEMS registrar.

9 Q. Yes, we've heard some detailed evidence about this
10 before in relation to the HEMS personnel who went to
11 some of the other scenes.

12 Is it right that the -- you may have perhaps been
13 technically employed by the Royal London Hospital, but
14 as you say, your role involved working with HEMS?

15 A. Yes, it's a curious sort of tripartite between charity,
16 NHS and other funding, but my contract of employment was
17 the Royal London Hospital as a HEMS registrar.

18 Q. Yes. I think that you, in fact, had only been doing
19 that job for a period of a few weeks on 7 July 2005?

20 A. Yes, I'd joined HEMS some time in June of that year.

21 Q. June 2005?

22 A. Yes.

23 Q. Again, we've heard from some of the other HEMS personnel
24 that, by great good fortune, on the morning of

25 7 July 2005, there was taking place a meeting at the

1 Royal London Hospital of all the medical personnel
2 associated with HEMS at the time.

3 A. Yes, HEMS, as part of its training, has a monthly
4 clinical governance day which draws in current staff and
5 ex-staff and other members of the health community that
6 want to go. So there was a -- that morning, there were
7 a lot of people on the helideck for that meeting.

8 Q. Yes. The meeting I think started at 9.00, did it?

9 A. We usually -- the meeting formed several parts. The
10 first part of the morning is for established crew and we
11 do safety meetings and bits and bobs, and then, after --
12 later on, it moves downstairs to the main lecture
13 theatre and that's when other people come along. So
14 there were a variety of people on the deck for the
15 safety meeting and other bits of the briefings before
16 the main part of the meeting.

17 Q. I see. Was it the main meeting that started at 9.00?

18 It may be that you can't now remember.

19 A. To be honest with you, it's been now five years since
20 I did it. I can't actually remember that. It's around
21 that time.

22 Q. Perhaps we can put it like this. We know that it was
23 shortly after 9.00 that the calls started to come
24 through and the emergency deployment started to be made.

25 A. Yes, I mean, all I remember, there were lots of us

1 around and there were initial reports of power surges
2 and bits and bobs, and interest started to, you know, be
3 raised amongst everybody as to quite what was going on.

4 Q. Very quickly, the process of the morning changed from
5 a meeting to the personnel being divided into teams and
6 being deployed to different places in London?

7 A. Yes, everybody started to sort of gear up in the sense
8 that we have a major incident store in the basement with
9 extra suits and extra equipment and kit and we were
10 drawing up more drugs and just, you know, turning
11 multiples of what we already had to provide more teams.

12 Q. The first teams who were deployed, of course, were
13 deployed to the first incidents to take place, that is
14 Edgware Road, Aldgate and King's Cross?

15 A. Yes.

16 Q. We've heard how the helicopter ferried those teams
17 backwards, or the helicopter moved backwards and
18 forwards, ferrying some at least of those teams to the
19 different sites.

20 A. Yes.

21 Q. You were not involved at that stage?

22 A. No.

23 Q. At least not involved in being deployed --

24 A. No, I was helping draw up drugs and getting kit ready
25 for the teams as they were going out.

1 Q. Were you, in fact, at that early stage, allocated to
2 a particular team of people in case you needed to be
3 sent out, or were you simply providing general support
4 to the teams that were going?

5 A. No, I think, as I recall it, there were quite a few of
6 us who were just doing different roles to get things
7 out, so there was the duty team that were obviously in
8 their flying suits all ready to be on standby, so
9 I remember them going off, and clearly they were sending
10 more senior members who had done -- you know, who had
11 been around for a lot longer out in the initial
12 responses. So we were just -- there were groups of us
13 who were collecting in kit and drawing drugs up and
14 getting things ready.

15 Q. Yes. Did there come a time when it became apparent that
16 you may need to go out to be deployed yourself?

17 A. To be honest with you, I cannot recall that part of the
18 morning, other than the fact that we were then asked to
19 get a team together to go, and that intervening period
20 is -- my memory is not great, but I don't really
21 remember much of around that time, to be honest with
22 you.

23 Q. What we do know is that you were sent out as part of
24 a team --

25 A. Yes.

1 Q. -- to the Tavistock Square incident?

2 A. Yes.

3 Q. The team was a team of three?

4 A. Yes.

5 Q. Consisting of Dr Tim Harris, who was the team leader --

6 he will be giving evidence later this week -- yourself,

7 that's the second doctor, and a man called Rob Gates,

8 who was a paramedic.

9 A. Yes.

10 Q. We also know, as we've heard from other evidence, that

11 yours was one of the teams that didn't, in fact, travel

12 by helicopter that morning, but we've heard that the

13 helicopter simply wasn't able to take all the HEMS teams

14 that were being deployed. You travelled by car?

15 A. Yes. So the HEMS has a number of fast-response cars

16 which we actually use to provide service after-hours,

17 after the helicopter goes home in the dark, so we used

18 one of the response cars.

19 Q. I see. We have a witness statement from you,

20 Dr Teasdale, dated January 2006, so six months or so

21 after these events, where you state that you were

22 deployed at 10.02, and you arrived at the scene at

23 10.20.

24 A. Yes.

25 Q. We do also, though, have another document. Could we

1 have a look at the screen, please, at [BARTS30-1]? Have
2 you seen this document recently, Doctor?

3 A. That looks like my statement, so, yes.

4 Q. This isn't the police statement that I was referring to
5 which you gave to the police dated January 2006. This
6 appears to be an incident report, such as documents
7 we've seen from other HEMS personnel which you prepared
8 for HEMS or at least the Royal London?

9 A. Yes, we're -- by the nature of the job that we did or do
10 at the time, we're very used to documenting things
11 immediately after an incident. So when we arrived back
12 at the London, we then went about what would be a normal
13 thing of writing down the events of the jobs that we
14 did. So that was written that afternoon by me.

15 Q. I wanted to ask you that. It's not dated --

16 A. No.

17 Q. -- but it would have been written up on the same day,
18 would it?

19 A. Yes.

20 Q. Thank you. So here we see on this contemporaneous
21 document you stating against the heading "Tasking" that
22 you were tasked at 10.02. Would that then be the time
23 that you left the Royal London or would you have left
24 shortly after that?

25 A. I think that would have been about right.

1 Q. A little further down the page, you state that DA33 --
2 was that the call sign of your team?

3 A. Yes, that's the call sign of the car.

4 Q. I see. You describe DA33 arriving at 10.20, and no
5 doubt that was the time that you had in mind when you
6 wrote that report.

7 A. Again, we're pretty stickler, in terms -- because we're
8 anticipating ending up in these sorts of situations --
9 of knowing the timing, so we're actually quite detailed
10 about time of tasking, time of arrival.

11 Q. Although, no doubt, you can't remember the detail now,
12 it would have been a time that you were careful about --

13 A. Yes.

14 Q. -- getting right when you prepared this report?

15 A. Yes.

16 Q. When you arrived at Tavistock Square, were you
17 immediately able to see the bus and the incident scene?

18 A. Yes, I remember that we parked up around the sort of
19 square or round about, and directly in front of the bus.
20 I remember the bus much as you've seen in all the
21 photographs over the years. I remember bits of debris
22 in the trees and thinking that was quite strange and
23 macabre. And that's -- not a lot more than that, other
24 than that we were then directed round to the back of
25 BMA House.

1 Q. I want to ask you about that in a moment. You actually
2 got back into your car and went round to the back of the
3 building.

4 A. Yes.

5 Q. You arrived first and parked, as you say, in the square
6 itself. Can we take it that that was what happened at
7 10.20, your initial arrival?

8 A. Yes, the initial arrival on scene. So we often document
9 an on-scene time and then arrival at the patient time.

10 Q. So 10.20 is arriving at the square?

11 A. On the scene, yes.

12 Q. In your statement, you describe going to see the police,
13 who were manning cordons in the square. Is that right?

14 A. Yes, I'm not sure whether I actually got out of the car
15 or not. I really can't remember that. But either Rob
16 or Dr -- or Tim had spoken with the police. I don't
17 think I spoke to the cordon, but I honestly can't, hand
18 on heart, remember that.

19 Q. Someone spoke to the police?

20 A. Yes.

21 Q. The police told whoever it was that where they were
22 needed was the BMA building and that they should get
23 there by driving round to the back of the BMA building.

24 Is that right?

25 A. Yes, yes, and I remember we drove round the back and it

1 was bizarre because it was just like any backstreet of
2 London, it was quiet, there was nothing going on, and we
3 parked up as if you'd just arrived for a meeting.

4 Q. We've heard about Burton Street being the street running
5 along the back of the BMA building.

6 A. I don't remember the name of the street other than the
7 fact it was at the back of BMA House.

8 Q. Could I ask you perhaps just to look at, I think,
9 INQ10285-1 [INQ10285-2]? We can just see it there.

10 A. Yes.

11 Q. Can you see Tavistock Square?

12 A. Yes, that -- Burton Street would be the road.

13 Q. I'm sorry?

14 A. That would be the road, top right.

15 Q. Essentially, we see the BMA building here which occupies
16 the space between Burton Street and Upper Woburn Place
17 and the rear entrance, we've heard, to the BMA is on
18 Burton Street. So would that be where you went?

19 A. Yes.

20 Q. You describe in your statement, I think, in fact,
21 driving into the courtyard, driving the car into the
22 courtyard itself. Do you have a memory of that?

23 A. It's interesting. Up until that very second, in my
24 head, we parked up in the road, but now you've mentioned
25 it, I'm not -- I couldn't be certain where we parked

1 actually.

2 Q. Let me just read to you -- I don't know whether this
3 will help or not, but what you say in your police
4 statement -- it's a little ambiguous -- is:

5 "At the rear of the BMA House we were able to gain
6 access into the courtyard area in our vehicle."

7 A. Oh, okay, yes.

8 Q. In any event, you either drove in or, I take it, were
9 parked somewhere very close by and you were able to get
10 into that courtyard?

11 A. Yes.

12 Q. It follows, I think, from that that the equipment you
13 would have had in your vehicle would have been
14 immediately available, as you then, and subsequently,
15 were treating the patients?

16 A. Yes, the HEMS team has -- traditionally carries two
17 packs. One is a monitor pack which contains monitoring
18 and another is the medical pack. The packs we took with
19 us were from the major incident store, so are slightly
20 different. We definitely had two medical packs. I'm
21 not sure what the third one was that Rob had.

22 Q. We've heard from other HEMS witnesses that, when a HEMS
23 team is deployed by helicopter, the medical equipment
24 they can take is obviously limited by what they can
25 carry when they get off at the other end.

1 A. Yes, we certainly do try and pack as much in as
2 possible. They're quite heavy.

3 Q. They are quite heavy, and we've heard that there's an
4 extensive amount of equipment that's taken, but, still,
5 it has to be able to be carried --

6 A. Yes.

7 Q. -- by the team when they reach wherever it is they're
8 sent to. That doesn't necessarily apply if you're in
9 a vehicle. Are the vehicles actually carrying more
10 equipment than a helicopter team?

11 A. No -- well, in terms of the kit that you carry, it is
12 identical, because there's no guarantee, when you land
13 or drive, whether you could end up going running,
14 climbing over walls or whatever to get to where you need
15 to go. So the equipment is standard and, in terms of
16 the extra equipment carried in the car, it's almost
17 identical to the equipment carried in the aircraft. The
18 idea is that it's predictable and reproducible.

19 Q. We've heard about one or two bits of equipment in
20 particular relating to one of the patients you treated
21 who I'll ask you about in a moment, but, for example,
22 a heart monitor or a defibrillator, did you have
23 a machine like that amongst your equipment?

24 A. I -- we may well have had one as part of our equipment
25 in terms of the monitoring bag, but I didn't use it.

1 I can be very clear that I didn't have any monitoring
2 with me when I went into the square.

3 Q. We've heard from other witnesses that you would have
4 been carrying a certain amount of different drugs,
5 particularly anaesthetic drugs, drugs of that nature?

6 A. Yes.

7 Q. Would you have been carrying fluids that could be given
8 intravenously?

9 A. Yes, our packs contain two litres of fluids.

10 Q. I see.

11 LADY JUSTICE HALLETT: And stronger painkillers than
12 paramedics are allowed to?

13 A. Yes, we routinely carry mostly what you could stock in
14 an emergency department in terms of morphine,
15 diamorphine, Ketamine, lots of powerful drugs.

16 MR ANDREW O'CONNOR: It's the Ketamine that we heard about
17 in relation to the King's Cross --

18 A. Yes, that was extensively used that day by all of the
19 doctors.

20 Q. You describe in your statement speaking to Dr Holden on
21 arrival in the courtyard.

22 A. Yes.

23 Q. Do you recall what he said to you and what you said to
24 him?

25 A. Other than the fact the three of us arrived, we

1 approached whoever -- the person that was in charge, as
2 a team. Again, that's standard operating procedure to
3 do that and I remember Peter giving a handover,
4 principally to Tim, because he was the lead doctor, as
5 the consultant, and then being directed, but I don't
6 remember the intricacies of that conversation at all,
7 no.

8 Q. We know from other evidence that, by this time, about
9 10.20 or presumably a few minutes after that by now, the
10 patients who had been seriously injured and had been
11 lying in the road behind the bus would all have been
12 moved into the courtyard by this point and would have
13 been being attended to by BMA doctors. Is that
14 consistent with your memory?

15 A. Yes. I'm not sure what I was expecting, but I do
16 remember, when we first arrived and the bus was sort of
17 lying there in the middle of the road and there was
18 nothing around us anymore, it was all -- I don't know
19 what I had expected, I thought I would see people, but
20 everything had been moved into BMA House and it had been
21 turned into a sort of makeshift field hospital in a --
22 in reality.

23 Q. You refer in your statement to being told by
24 Dr Harris -- the team leader -- to retriage -- that's
25 the word you use -- the patients in the courtyard. Is

1 that right?

2 A. Triage is a dynamic process, and I think lots of people
3 struggle with that, but things change, people change,
4 and some people may improve, some people may
5 deteriorate, so it is important to ascertain exactly
6 what you're dealing with at the time so that you can
7 prioritise your resources.

8 Q. So although Dr Holden, when you arrived, had given you
9 an indication of the triaging situation in terms of, you
10 mention in your statement, eight priority 1 casualties,
11 you were being asked to go and have a look yourself and
12 see if there were indeed eight priority 1 casualties?

13 A. No, I don't -- I wouldn't -- that's not my recollection.
14 I think my recollection was that we had -- casualties
15 had been identified, that Dr Harris divided the team in
16 terms of where we were both needed and, having been
17 given an area, it was basically to find out which of
18 the -- even within P1s, you have to prioritise patients
19 about who needs what and when. It's about delivering
20 critical interventions when they're required.

21 So I don't think it was -- I certainly don't
22 recollect it as being check up on. It was more of this
23 is part of a dynamic process of treating patients.

24 Q. In the statement that you provided to the police, you
25 record that the patient we've been hearing about --

1 Gladys Wundowa -- was, in fact, the first patient that
2 you went to, having been given instructions?

3 A. Yes, as I went into the courtyard, I was directed
4 towards the patient that I now understand to be called
5 Gladys Wundowa.

6 Q. What I wanted to ask you was whether it was simply good
7 fortune that you should have gone to the lady who was
8 probably in the most critical condition in the courtyard
9 or whether you were actually told that it was she who
10 needed your attention most?

11 A. I honestly don't remember that. I remember walking into
12 the courtyard and being directed, I don't know whom by,
13 to Gladys Wundowa.

14 Q. You approached her, she was lying on the ground. She
15 was lying on a makeshift stretcher, was she?

16 A. Again, she was certainly lying on the ground.
17 I couldn't tell whether you it was on something or on
18 the actual tarmac area of the square within the
19 courtyard.

20 Q. What is your memory as to the people who were with her
21 at that stage?

22 A. I'm not going to be very popular, because I don't --
23 I actually don't remember -- by the nature of what we
24 do, when we're on scene, our job is to treat the patient
25 and to utilise everybody that's on scene to the best

1 ability of their own individual skills to deliver the
2 aim, which is effective treatment.

3 So I was focusing on the patient and I do recognise
4 the Ambulance Service personnel who gave their testimony
5 earlier. I thought "I know you from somewhere, I don't
6 know where", but I didn't recognise the GP that gave
7 evidence. But I wouldn't say that's because she wasn't
8 there, I just didn't pay much attention, to be honest
9 with you.

10 Q. Can you go as far as saying that you have a memory that
11 there were people attending to her, she wasn't lying on
12 her own?

13 A. No, there were definitely people there. I'd say that
14 there were at least three people there.

15 Q. I see.

16 A. It certainly wasn't a -- and I remember the PC being
17 around as well. So there were people there, but
18 I couldn't tell you what they were wearing or what they
19 looked like.

20 Q. The statement that you gave to the police, you described
21 Gladys Wundowa as not breathing and not having a pulse.
22 I just checked and those are the same words that you
23 used in the report that you wrote later the same day.

24 A. Yes. Again, that sort of phraseology is standard text
25 when filling out coroners' statements, which,

1 unfortunately, in the nature of the job that I do,
2 happens quite a lot. So you get used to phrases that
3 convey, in layman's terms, cardiac arrest, which is not
4 breathing and without a pulse.

5 Q. That would have been the results of some tests or
6 enquiries you made yourself, would it?

7 A. Yes. So usually, when you arrive on scene at an
8 incident, you introduce yourself and the immediate thing
9 you need to do is establish a primary survey, which is
10 the patient -- does the patient have an airway, are they
11 breathing, do they have a circulation? So that would be
12 our standard thing of doing, and I -- the one thing I'm
13 very -- was very clear about is this patient was in
14 established cardiac arrest on my arrival.

15 Q. You go on to mention, in both the police statement and
16 the earlier report that you'd done, the fact that she
17 already had a heart monitor, in fact a defibrillator
18 that was being used to monitor her heart in place when
19 you arrived.

20 A. Yes.

21 Q. Do you have a memory of that?

22 A. Yes, I do, very clearly.

23 Q. We've heard from other witnesses that that -- or at
24 least from Mr Lawson that that heart monitor had been on
25 for a little time before you arrived.

1 A. Yes, I don't know how long it had been on for, but
2 I remember it was on.

3 Q. I'm not asking you to comment on that. But his evidence
4 was that he recalled that her heart rate had been low,
5 32 was the figure he gave. What was the monitor showing
6 when you arrived?

7 A. Asystole, which is no electrical activity.

8 Q. In other words no heart rate at all?

9 A. No.

10 Q. Was CPR being conducted at this time?

11 A. I remember the patient having a bag valve mask.
12 I cannot remember whether the patient was having chest
13 compressions or not. And that's not to say I don't
14 think it was being done. I honestly cannot remember
15 whether someone was doing CPR or not.

16 Q. So it might have been being done?

17 A. Yes, very much so.

18 Q. Presumably, if she didn't have a pulse and wasn't
19 breathing and CPR wasn't being conducted, that might
20 reflect that someone had already taken the decision that
21 she had died?

22 A. Yes, which leads me to think that I think that it was,
23 because there certainly wasn't -- I didn't -- I don't
24 recollect arriving with people saying, you know, "It's
25 all over, it's all lost". I remember it being asked to

1 come and help. I'm sorry, that doesn't help you.

2 Q. That's really what I wanted to get at. So it seems
3 likely, then, since you weren't told when you arrived
4 "This is a patient who we have decided is dead"?

5 A. Yes, and by the nature of what I did, I do remember
6 thinking, "Well, there's not much more that I can do",
7 thinking about the mechanism of injury and then deciding
8 to do a -- we'll talk about it later -- further
9 treatment. Because that would be the only other thing
10 that could make a difference. I remember that thought
11 process very well.

12 Q. But given your decision to try to make one further piece
13 of difference, as you put it, perhaps it was the case
14 that she was being kept alive at the time?

15 A. Yes, yes.

16 Q. So tell us, then, it's the thoracostomy that you're
17 describing.

18 A. Yes. So within HEMS procedures, decompressing someone's
19 chest using a thoracostomy is an established thing that
20 you do within traumatic cardiac arrest because it's one
21 of the reversible causes of cardiac arrest.

22 So in relation to a blast injury, you can cause
23 perforation of the lung and, as you breathe, it means
24 that you end up with air in between your lung and the
25 chest wall. That can build up in terms of a pressure

1 and actually compress your venous return, and that in
2 itself, that pressure, that air building up, stops your
3 heart.

4 So by decompressing the chest, you can immediately
5 reverse people, and I've done it before. You get an
6 horrendous whoosh of air, like a compressed air cylinder
7 being released, and the patient goes pink in front of
8 you as a result. So that was where I was going with
9 that.

10 Q. We've heard evidence in relation to one of the other
11 scenes that this type of decompression procedure can be
12 performed by inserting a cannula in the front of the
13 chest.

14 A. Yes, it's a level of -- it's an expertise thing and
15 a skill level. So within HEMS, because of the nature of
16 transporting patients, either in an ambulance or in an
17 aircraft, where you can't hear anything, access is very
18 limited, by inserting a cannula, you can do it that way,
19 but it's not uncommon either not to actually even reach
20 the pleural space in a well-built man or to -- it
21 becomes dislodged.

22 So HEMS decided many -- several -- well, quite a few
23 years before, to change over to doing what's called
24 a thoracostomy so that you definitively access that
25 space and, if you do get a patient back in transit, if

1 their numbers start to get -- if they get worse, then
2 you can actually put a finger back in that hole again
3 and recompress the chest and, again, I've done that
4 before.

5 Q. So using this procedure in Gladys Wundowa's case was
6 nothing to do with how she was presenting or anything to
7 do with her; it was you following an established HEMS
8 procedure?

9 A. Yes, no, that was an absolutely clear and established
10 SOP within HEMS, that's what you do.

11 Q. Can you give us some idea of how long it took to perform
12 this procedure?

13 A. On a good day, it takes me about 15 seconds per side,
14 thereabouts.

15 Q. Very quick?

16 A. You get quite good at doing them, yes.

17 Q. You performed the procedure and it indicated to you
18 that, in fact, she didn't have a pneumothorax or
19 a problem of that nature?

20 A. No. So, when you make the hole, you only make the skin
21 incision and a bit deeper with a scalpel. Thereafter,
22 it's actually using either your finger or a clip called
23 a Spencer Wells, but you make that as a blunt hole into
24 the chest and then you insert your finger to actually
25 see what you can feel and, on both of those, I felt the

1 lungs coming up as you provide respiration.

2 So there wasn't a tension pneumothorax, which is
3 what I was trying to exclude.

4 Q. Yes. You describe this as one more procedure to see if
5 you could do anything to save her. Having done that
6 procedure, did you then make a decision as to whether or
7 not to declare her life extinct?

8 A. Yes, because I remember -- I remember, as I was doing my
9 primary survey, casting an eye looking for other
10 injuries in the context of what had happened and
11 I remember her not not having any injuries but not
12 having any massive, overt injuries that would be an
13 obvious cause of her arrest.

14 We had some idea of the timeframe of when the bomb
15 had gone off and when I had arrived, and obviously, in
16 the context of a bomb blast, to be asystolic is, in my
17 view, having ruled out a tension pneumothorax was an
18 irretrievable situation, given what had gone on.

19 Q. So you did pronounce her life extinct. Was that
20 a decision that you took -- it's clearly a decision that
21 you took.

22 A. Yes.

23 Q. Is it a decision that you took on your own or having
24 consulted with anyone else?

25 A. The honest answer to that is I don't know. It would not

1 be unusual, as the most senior medical presence on scene
2 at any incident, for me to make that decision. My
3 personal practice, both in and out of hospital, is to
4 ask everybody around whether they agree or not, because
5 I think it's important that people, emergency services,
6 have closure themselves, a feeling that they did
7 everything. So it would be my practice to do that, but
8 I honestly can't -- hand on heart, can't remember
9 whether I did on that day.

10 Q. You've described how you would have been very focused on
11 your patient at this time.

12 A. Yes.

13 Q. We know, though, that one of the things that was going
14 on around you at the time was a process by which the
15 patients who had initially been brought in from the road
16 and placed towards the front of the courtyard -- by
17 which I mean nearer the road -- were being moved back to
18 the other end of the courtyard because the police wanted
19 to carry out a controlled explosion on the bus and they
20 were concerned that, if there was another device on the
21 bus which was detonated by this controlled explosion,
22 people at that front end of the courtyard might be put
23 in danger.

24 Do you recall that happening at around this time?

25 A. Yes, I remember a PC coming up to me who was saying, you

1 know, "We're going to carry out a controlled explosion
2 on the bus, you need to -- you know, everybody needs to
3 move back".

4 Q. Was there any impact on what was going on as far as
5 moving people back into the courtyard and the way you
6 treated Gladys Wundowa?

7 A. No, I don't -- I remember them as being distinct things.
8 It certainly didn't affect my decision-making in terms
9 of what we had to do. I kind of went -- thought in my
10 own mind, "Is there anything more that we can do?", and
11 thinking that, "No", that -- you know, before my
12 arrival, that people had put fluids up and had been
13 using a bag valve mask, and that to no avail, so
14 I didn't, at that point, feel that I had anything else
15 that I could do that could change that situation, sadly.

16 Q. Presumably, if there had been, it wouldn't have been
17 very difficult to move her back with the other patients?

18 A. Yes, very much so, yes.

19 Q. Did you hear that explosion when it took place?

20 A. Yes.

21 Q. Do you remember it happening in relation to the moment
22 when you declared Gladys Wundowa dead?

23 A. In terms of a temporal relationship?

24 Q. Sorry, do you remember the time that passed, having
25 declared Gladys Wundowa dead, before the explosion took

1 place?

2 A. I can be very specific about the time, because, again,
3 we're very clear about that and using a police officer
4 with a badge number and being very clear about the time.
5 So I know that the time of death that I pronounced life
6 extinct was 10.40.

7 In terms of the bus going off, I mean, I know the
8 time the police had given, so it was -- but that would
9 seem about right.

10 Q. Yes, but as you say, perhaps the most important thing is
11 that you were sure it was 10.40 and we see that that
12 is -- we don't need to go back to it, but that is there
13 in the notes that you made later?

14 A. Yes, I can be absolutely, from my point of view,
15 categorical about that time.

16 Q. Going on, Doctor, you say in the statement you gave to
17 the police -- having described the way in which you
18 treated Gladys Wundowa and declaring her dead, you go on
19 to say this, you say:

20 "It was around this time that ambulances began
21 arriving and casualties began getting transported to
22 relevant hospitals."

23 Is that something that you remember in terms of the
24 chronology, those ambulances arriving after you had
25 declared Gladys Wundowa dead?

1 A. I remember -- I mean, clearly, when we did my subsequent
2 police statement in 2006, I filled out a bit what
3 happened after that in terms of remembering about other
4 patients that we'd seen. The ambulances' arrival was
5 more in the context of when I had moved back inside
6 BMA House and was treating further casualties, that, as
7 I was seeing them, ambulances started coming to take
8 them away.

9 Q. Yes, so certainly after you declared Gladys Wundowa dead
10 and, from what you say, a little bit after that?

11 A. Yes.

12 Q. That would then be, let's say, about an hour after the
13 explosion. We know the explosion was at 9.47.

14 A. Yes.

15 Q. So about an hour after the explosion or thereabouts?

16 A. Yes, thereabouts.

17 Q. Did it concern you that even the most seriously injured
18 patients had not been taken to hospital an hour or so
19 after the explosion?

20 A. I don't remember that as a conscious thought. I think,
21 given everything that went on that day, I think
22 everybody was doing the very best they could under
23 difficult circumstances, and clearly everybody was
24 stretched, traffic was bad, communications weren't
25 great, you know, I think everybody was doing the very

1 best they could.

2 Q. From your own involvement with the patients whom you
3 were dealing with, as you say, before they were taken to
4 hospital, do you recall any of them -- the condition of
5 any of them deteriorating as a result of not having been
6 taken to hospital earlier?

7 A. That's an almost impossible question to answer because,
8 clearly, in an ideal world, an ambulance would have
9 been -- you know, 15 ambulances would have been there
10 the moment it went "Bang!" and everybody would have gone
11 to hospital immediately, and that's true of incidents
12 around the country right now. But that's not the
13 reality.

14 So I'm not sure that I can answer that question.

15 Q. Can I press --

16 A. I don't want to be difficult. Does that make sense?

17 Q. What you say makes sense and one can see at a sort of
18 logical level it's obviously the case that, the sooner
19 people get to hospital, the better and, therefore, it
20 would be the best thing for ambulances to be there
21 within seconds of any accident.

22 A. Yes.

23 Q. Can I just press you a little bit, though? You were
24 there, treating these patients --

25 A. Yes.

1 Q. -- an hour or so after the explosion --

2 A. Yes.

3 Q. -- with ambulances initially not being available to take
4 them to hospital and then subsequently arriving and
5 taking them away.

6 Do you have a memory of any real, particular
7 concerns you had, leaving aside the general thought that
8 clearly these people needed to get to hospital as soon
9 as possible, but any particular concerns about any
10 particular patients?

11 A. No, I don't recollect in any way thinking, "Where's the
12 ambulance? I need an ambulance now, we've got to go
13 now". No, I don't remember that. I remember seeing
14 patients that were ill that clearly needed to be in
15 hospital and, of course, in an ideal world, the
16 ambulances would have been there and then, but
17 I don't -- to answer your question specifically, I don't
18 remember thinking, "Gosh! We've -- we have to go right
19 now". Because the very nature of what we do within HEMS
20 is to try to provide that treatment at the scene.

21 Q. Can I ask you a related question? What about other
22 medical equipment? Do you have a memory of being
23 without any particular medical equipment and thinking
24 that any of the patients' conditions was suffering as
25 a result of you not having that equipment available?

1 A. If I move back in time to BMA House, I remember that
2 patients all had drips -- I mean, intravenous access,
3 I remember they all had bags of fluid up and that the
4 ones that were sick had oxygen on. So I don't --
5 I don't remember a conscious thought at the time
6 thinking, "We need more stuff".

7 Again, we tend to be fairly self-sufficient, in
8 terms of the kit that we bring with us, and I don't
9 remember sort of raiding our packs for more stuff. You
10 know, it was very much the drugs that we had with us
11 that we were using, rather than anything else.

12 Q. We've heard some evidence about there being a lack of
13 saline or fluids and, on one, or possibly more than one,
14 occasion, some saline arriving, having been brought to
15 the BMA building.

16 A. Yes, I don't recollect that, to be honest with you.

17 Q. You've already described how you moved into the BMA
18 building. We know that casualties were treated there
19 and taken away by ambulance in the way we've described.
20 The timing you give in your police statement --
21 although, I think, not in the document that you drew up
22 on the same day -- was that it was at about 11.30, so an
23 hour or so after you arrived at the BMA building, that
24 those casualties had all been removed and taken to
25 hospital.

1 A. Yes.

2 Q. Is that broadly your memory?

3 A. Other than what I've written in my statement, do you
4 know, I really -- it all becomes a bit of a -- a bit
5 fuzzy, at that point, to be honest as with you. As
6 we're winding down, inevitably it's ...

7 Q. You said, at least in January 2006, the casualties had
8 been removed by about that time, so --

9 A. I remember us winding everything up and then thinking,
10 "Where else can we -- where can we be utilised now?".

11 Q. That's right. You described then, once the casualties
12 had been removed from the BMA, going first to the
13 County Hotel, which was where, I think, some of the less
14 seriously injured casualties had been, but you found
15 nothing useful you could do there?

16 A. Everybody had gone.

17 Q. You then went to Russell Square?

18 A. Yes, and, again, I seem to remember that everything
19 had -- there were lots of people there, there were -- we
20 met up with about three or four other HEMS team members
21 as well who had come from a variety of different places
22 and there really wasn't anything more to do. I think it
23 very much had all happened and been sorted by that
24 point.

25 Q. You then made your way back to the

1 Royal London Hospital?

2 A. Yes.

3 MR ANDREW O'CONNOR: Thank you very much, Doctor. Those are
4 all the questions I have for you.

5 A. Thank you.

6 LADY JUSTICE HALLETT: Doctor, can I just ask one question
7 before I see whether anybody else wishes to?

8 As far as the kind of care that HEMS can provide at
9 the scene, with no disrespect to your colleagues who
10 might be in accident and emergency departments in
11 hospitals, do I take it that, given the level of
12 expertise of the HEMS doctors and the fact that you had
13 a consultant with you, as you now are, but at the time
14 you weren't, it may well be you can actually provide,
15 albeit in difficult circumstances, a greater level of
16 care than you might expect at an average accident and
17 emergency hospital?

18 A. I have to be very careful how I answer that.

19 LADY JUSTICE HALLETT: It's no disrespect to anybody, but
20 I mean the chances are, in a normal A&E, you're going to
21 find --

22 A. Pre-hospital emergency medicine is about to become
23 a sub-specialty later this year. I would be very clear
24 that it is a -- it is a definite branch of medicine and
25 you can't just come out of an emergency department and

1 do things on the road, because it's a very foreign
2 environment with different stresses and different things
3 to take into account.

4 We try, within HEMS and other regional pre-hospital
5 care services, to bring critical care skills to the
6 patient so that you can meet patient's critical care
7 needs as they arise whilst being very mindful of time.

8 So it's a difficult decision-making between trying to
9 get people to hospital quickly but also to meet their
10 critical needs there and then as you require them.

11 So that may be providing a pre-hospital anaesthetic
12 on the scene because they can't wait. That may be, in
13 the case of someone who's been stabbed, to literally
14 sling them in the back of an ambulance and drive very,
15 very quickly to the nearest hospital because that is the
16 right thing to do. So it's that kind of critical
17 decision-making that forms part of the specialty, it's
18 the different dynamics within that.

19 So we do bring anaesthetic skills, we bring
20 procedural sedation skills, we bring extrication skills
21 is, we bring knowledge of other -- how other emergency
22 services work to provide a value added service beyond
23 which exists.

24 LADY JUSTICE HALLETT: From what you're saying, it sounds as
25 if things have moved on quite a lot since 2005?

1 A. I don't think they've -- they haven't moved on in the
2 sense that -- well, at least in my head, in the sense
3 that I recognise the need that there are -- that HEMS
4 has been going for quite a while. There are other
5 regional pre-hospital services around the country which
6 I have worked for and do currently work for. I think
7 things have moved on in the sense that there's been
8 a greater recognition in the wider healthcare community
9 that there is a need for pre-hospital services and,
10 hence, the sub-specialty going through --

11 LADY JUSTICE HALLETT: That's what I meant.

12 A. Sorry, yes.

13 LADY JUSTICE HALLETT: I meant not within HEMS itself.

14 I meant within the --

15 A. Yes, so the sub-specialty is currently going through the
16 GMC. So I think the phase 2 application is in the next
17 couple of weeks, and will be, hopefully, approved. So
18 within a couple of years, this, hopefully, should be
19 what we've all tried to have, which is an established
20 NHS service, both funded and provided by, rather than
21 a lot of us in our spare time and some of us, uniquely
22 within HEMS at that time, paid to do that job.

23 LADY JUSTICE HALLETT: What is the difference, if this is
24 approved and it all goes through? It's a question of
25 properly funded?

1 A. At that time and pretty much now, HEMS is unique in the
2 sense that you can -- it's funded by within the NHS in
3 terms of your jobs. Most other services around the
4 country are either funded by charities or voluntarily
5 provided by the doctors themselves, both as a consultant
6 and as a registrar. But there is no formal NHS-led
7 training in that field.

8 What will change when the sub-specialty becomes
9 approved is that you will have an established training
10 programme. So junior doctors, as they come through,
11 will get to a level sort of four years before their
12 training and then they will decide that's what they want
13 to sub-specialise in and they will then go down a formal
14 training route, supervised by consultants, within
15 registered healthcare systems such that, when they come
16 to their final certificate of completion of training,
17 they will have a sub-specialty training alongside that
18 in pre-hospital emergency medicine.

19 That means that those training programmes, of
20 course, will be funded by deaneries and, because they
21 will need consultants to train them, we all may get paid
22 as well, which is -- would be nice. I'm lucky enough to
23 have one of my sessions actually paid for by University
24 Hospitals Leicester to provide pre-hospital emergency
25 medicine, but I'm relatively unique. It's changing,

1 there are more of us, but we're still waiting for the
2 wave that's cresting to break.

3 LADY JUSTICE HALLETT: It all seems to make sense and I do
4 appreciate these things are never as straightforward as
5 they sound. Do we know why it's taken so long for this
6 approval to be forthcoming?

7 A. Dr Mackenzie is the person who can give you the history
8 behind that, since he's the one who has been, along with
9 others, driving the sub-specialty. But if you go back
10 through Royal College of Surgeons reports going back
11 many years, there's been lots of people have written
12 about the need for critical care services, particularly
13 in trapped patients. So it's been a long time coming.
14 I can't tell you why it's taken so long. But things are
15 changing and picking up pace, which is only a good
16 thing.

17 LADY JUSTICE HALLETT: It sounds as if those cities that are
18 fortunate enough to have HEMS or the equivalent are very
19 fortunate. Do the public give sufficient support?

20 A. I think the public support our ambulance charities and
21 they support other medical charities. I don't think
22 they really perceive that, from one day to the next, or
23 from day to night, there may be a difference in the
24 provision of care that they may get if they're trapped
25 at the scene of an accident.

1 LADY JUSTICE HALLETT: Thank you.

2 MR ANDREW O'CONNOR: My Lady, I have no further questions.

3 LADY JUSTICE HALLETT: Ms Gallagher?

4 MS GALLAGHER: No questions, thank you, my Lady.

5 LADY JUSTICE HALLETT: Mr Saunders?

6 Questions by MR SAUNDERS

7 MR SAUNDERS: Dr Teasdale, can I just go back? At the time

8 that you were mobilised just after 10.00, did you,

9 Dr Harris and Rob Gates have any idea how many people

10 you were going to be confronted with?

11 A. No, none whatsoever.

12 Q. You've explained to her Ladyship that I think you said

13 you took some 2 litres of fluids?

14 A. No, we took HEMS major incident packs which contain

15 that. So we each had a pack.

16 Q. Right, so that's, what, about 4 litres? Not sure

17 whether Mr Gates had anything as well?

18 A. Yes, we may well have chucked a second -- we have

19 smaller cool bags which contain additional fluid.

20 I cannot remember whether that was in the car as well.

21 Q. I appreciate that it's possibly an impossible question,

22 but how many people would 2 litres of fluids be

23 sufficient for?

24 A. I can't answer that question and I'll tell you why, in

25 the sense that fluid is not the panacea of all evil. So

1 some people need fluids, some people don't. Some
2 people, giving fluid could be dangerous and make it
3 worse, sometimes it may make it better. So it's on an
4 individual patient basis.

5 Q. I mean, is it as simple as, if you have a bag that is
6 attached to a patient, then that stays with the patient
7 however much they use, or can it be then used with
8 another patient?

9 A. No, the bags come in a variety of sizes from, in
10 hospital, 100mls up to a litre. The traditional model
11 that we carry are 500ml bags. But once you break
12 their -- they're sterile inside, so they're irradiated
13 within their packaging and, when you open the packaging
14 and break the seal and attach it to an IV line, that's
15 it. So you use them and, when they're empty, you throw
16 them away and put another one on.

17 Q. It is just one of the issues that her Ladyship will be
18 considering is supplies that were being brought to the
19 scene after the explosion. What we're doing our best to
20 try to work out here at Tavistock Square is what
21 emergency supplies were brought subsequently.

22 We know, for example, at the BMA there was very
23 little, if anything, because obviously it's an
24 administrative building.

25 A. Yes.

1 Q. But you've done your best with that. Can I go then to
2 the timing issue? After the initial introduction from
3 Dr Holden, who's obviously coordinating by 10.20, on
4 your arrival, or a few minutes thereafter, you appear to
5 go to the lady we've all thought is Gladys Wundowa.

6 A. Yes.

7 Q. Is it right that you're with that lady from a few
8 minutes after 10.20 when you've got into the courtyard
9 until you pronounce her dead or life extinct?

10 A. Yes, I can't tell what you time I was at her side, but
11 apart from driving round the corner, taking the
12 handover, the next thing after the handover was moving
13 into the courtyard and the next thing after moving into
14 the courtyard was seeing Gladys Wundowa.

15 Q. That's why I've said it's obviously a few minutes after
16 10.20, but we're talking a few minutes?

17 A. Well, again, the only reason I'm being cautious is that
18 having -- writing, as I do, on lots of these things, the
19 time that you write on scene and the time you actually
20 arrive at the patient can be more than a few minutes.
21 The very fact of handover, dekitting the car, coming
22 together as a group and then approaching the scene
23 together takes time.

24 So five -- within five, six, seven minutes I would
25 say, yes.

1 Q. Thank you. We know that you declare life extinct,
2 because you also used Police Constable Croft --

3 A. Yes.

4 Q. -- who I think you note on your original document is
5 EK430, and he actually makes a note that it's at 10.40?

6 A. Yes, and I made a note of the same.

7 Q. You made a note as well. Can you assist with this:
8 her Ladyship heard evidence last week from -- I can't
9 remember now whether it's Dr or Mr Choudhary, who
10 suggested that it may have been much later life was
11 declared extinct, namely 11.20.

12 A. I find that -- no disrespect to the doctor concerned --
13 hard to believe. As I said, within HEMS, we actually
14 have a standard operating procedure on pronouncing life
15 extinct and it's very clear about noting the time,
16 finding a police officer, noting the badge number and
17 recording that information.

18 So the very fact that I have recorded EK430 and
19 a time and that PC Croft does the same in reverse,
20 I would be more than certain that that was the time that
21 was on my watch, anyway.

22 Q. Thank you. The defibrillator that was being used to
23 monitor the heart rate, you hadn't brought that with
24 you?

25 A. No.

1 Q. So that was obviously there beforehand.

2 A. HEMS don't carry defibrillators. We carry monitors. We
3 have a Propaq monitor.

4 Q. We understand that this was a defibrillator being used
5 as a monitor.

6 A. Yes.

7 Q. Could you tell or help us as to where it would have come
8 from? Is it something that London Ambulance would carry
9 or can you simply not help with that?

10 A. I think I remember the fact that it was a grey-fronted,
11 within a green canvas -- well, a sort of polyester outer
12 cover, which, at that time, as I recall, is what London
13 Ambulance Service defibrillators looked like.

14 Q. So in advance of your attendance, that equipment had
15 been provided?

16 A. Yes, because, as I've noted, I remember arriving on
17 scene and in my head being very clear this patient was
18 in established cardiac arrest in terms of not breathing,
19 not having had a pulse and that the monitor is showing
20 asystole.

21 Q. Exactly, because that's what I was just about to draw
22 your attention to, you've mentioned it being a portable
23 defibrillator and, in fact, confirming, as you've just
24 described, no reading.

25 A. Yes, I remember -- I clearly remember thinking there's

1 not much I can do and then working through in my head
2 about what could be the likely causes as a result of
3 that kind of mechanism of injury and thinking, "Okay,
4 well, actually we probably should just think about
5 a tension pneumothorax as a reversible cause of that
6 case/state".

7 MR SAUNDERS: Thank you very much indeed, Dr Teasdale.

8 MS SHEFF: No, thank you.

9 LADY JUSTICE HALLETT: Any other questions?

10 Dr Teasdale, I've said it before and I'll say it
11 again. From everything I've heard, HEMS is an excellent
12 organisation and I very much hope that your
13 sub-specialty, as it's called, gets the necessary
14 approval. By the sounds of it, it can only do good.
15 We haven't gone into the detail of all the patients
16 that you helped, but it's absolutely clear, from my
17 reading of your statement and the statement of other
18 doctors at HEMS, that you and your colleagues at HEMS
19 made a considerable difference. Thank you very much.
20 A. Thank you.

21 LADY JUSTICE HALLETT: Mr Hay?

22 MR HAY: My Lady, may I read the statement of Andrew Croft
23 dated 15 July 2005, which has the usual declaration of
24 truth?

25

1 Statement of PC ANDREW CROFT read

2 "I am PC Andrew Croft 430EK from the sector team at
3 Kentish Town police station. On Thursday, 7 July 2005,
4 I was on duty in uniform. Upon arriving at Kentish Town
5 police station at about 9.00, I was informed of an
6 incident that occurred at King's Cross station.

7 "I left Kentish Town at about 9.45 en route in
8 company of Inspector Sheppard and Inspector Daly and
9 PC Large ... We made our way to Upper Woburn Place to
10 the scene of the bus explosion outside the British
11 Medical Association in Tavistock Place. We arrived at
12 about 10.00.

13 "Initially, I assisted in moving people up to the
14 Euston Road where a cordon was being put in place.
15 I then, in company with a female doctor, walked down to
16 the bus which had exploded. There were several other
17 officers present, some of them were from the Camden
18 response team 2 and the Albany Street Sector Team. The
19 doctor then assisted with the casualties that had been
20 taken into the courtyard of the BMA. I then assisted
21 several other officers, helping the remainder of the
22 casualties off of the bus.

23 "I could see around the bus several bits of body
24 parts, including organs and decapitated torsos. Along
25 with the LFB we managed to retrieve a white male from

1 the bottom deck of the back of the bus. He had a very
2 severe injury to his right leg and right arm. We
3 carried this man on a table top about 40 yards north up
4 Woburn Place where two doctors assisted with this male.
5 "I then returned to the BMA courtyard where there
6 were approximately 20 people being treated by various
7 people, including the doctors from the BMA and
8 passers-by. During the course of this, several LAS
9 crews arrived and the HEMS doctors. The majority of the
10 casualties in the courtyard had severe injuries and
11 their particulars could not be ascertained. At the rear
12 of the BMA, near the entrance to Burton Street, there
13 was a room being used to treat more casualties from the
14 bus. In this room there were approximately 10 people.
15 Various members of medical staff were also treating
16 them.
17 "Whilst in the courtyard of the BMA near the
18 entrance to Tavistock Square, I was assisting a HEMS
19 doctor who was aiding a black female, approximately
20 30 years of age. She was pronounced dead at 10.40 by
21 Dr Teasdale of the HEMS crew. A white female,
22 approximately 40 years of age, who had severe bleeding
23 to the face, also died in the courtyard. I did not
24 ascertain any of her details. Both of these bodies were
25 covered with blankets.

1 "I assisted the LAS crew, which arrived in
2 Burton Street, in getting injured people into the
3 ambulances. Once all the injured people were taken from
4 the courtyard and the room at the rear of the BMA,
5 I then walked back past the bus, north up Woburn Place
6 to get some crime scene tape. I returned to the BMA
7 courtyard and, on advice of S013 officers nearby, sealed
8 off the entire courtyard of the BMA and the room at the
9 rear where people were treated.

10 "I started the crime scene log and incident
11 management book, in which I drew a diagram of the
12 courtyard and entered details of the persons entering
13 the cordon. I later started an official crime scene log
14 when one became available.

15 "During the time I was in control of this cordon,
16 two members of the LAS and two S013 officers entered the
17 cordon. The two dead bodies remained inside the
18 courtyard. There were also several table-tops and
19 medical supplies left inside the courtyard. I was later
20 relieved from this cordon by an officer from Camden and
21 made my way in company with the Albany Street Sector
22 officers to the debrief for the event at a hotel in
23 Holborn."

24 LADY JUSTICE HALLETT: Mr O'Connor?
25

1 Submissions re photograph

2 MR ANDREW O'CONNOR: My Lady that concludes the evidence for
3 this morning. We only, in fact, have one live evidence
4 remaining today. That's Dr Tovey, who will be here this
5 afternoon. My Lady, in the time remaining before 1.00,
6 may I raise a housekeeping matter? That is the question
7 of the publication of the photograph. You will recall
8 we've been using it and it is described as the hotel
9 photograph.

10 Perhaps we could have it on the screen, it's
11 INQ10345 [not for publication].

12 My Lady, you'll recall the position being that this
13 was one of the photographs that you considered at the
14 outset of these proceedings as to whether it should be
15 made available on the website for general publication
16 and it was one of the photographs that you ruled, at
17 that time, should not be published in that way.

18 Having started to use the photograph in evidence in
19 the Tavistock Square scene, some members of the press
20 invited you to reconsider that ruling. They did wish to
21 publish it, if you were minded to allow them to. That
22 was raised last week and you invited those representing
23 the families of the deceased to take further
24 instructions so that you could revisit the direction
25 that you made last year.

1 My Lady, I know that those instructions have been
2 taken, that my learned friends are in a position to
3 address you on that. Before they do so, could I raise
4 with you two further matters, which I indicated, when
5 the matter was raised last week, you may well wish to
6 consider when you do review your decision?
7 Those two further matters beyond, that is, the
8 wishes of the families of the deceased are these.
9 First of all, the impact that publication of the
10 photograph might have on members of the public and the
11 injured who are shown in the photograph, in respect of
12 whom we don't know their names. So one has, for
13 example, the man, about whom we've heard evidence,
14 holding Sam Ly's head, which is clearly visible in the
15 photograph. Also, other people lying injured on the
16 road in respect of whom we simply don't know their names
17 and, therefore, aren't able to contact them and ask for
18 their views.
19 My Lady, clearly that is a factor which remains and
20 which we haven't been able to address in the time since
21 last week.
22 The other factor that I raise, my Lady, is the
23 wishes of the people who are visible in the photograph
24 who we do know about and who we could in principle ask.
25 Two people clearly fall into that category:

1 Emma Plunkett, whose evidence you heard this morning;
2 and Camille Scott, who we heard from the week before
3 last.

4 My Lady, the position with regards to those two
5 ladies is that we have not yet asked them for their
6 views about the publication of this photograph, partly
7 the reason for that being simply pressure of work at the
8 Inquest offices but, more importantly than that, the
9 view was that simply asking them whether they wished for
10 the photograph to be published or minded the photograph
11 being published may well in itself cause them distress
12 and, my Lady, with respect, the view was that, if you
13 were, having heard submissions from the families, to
14 take the view that you would simply confirm the decision
15 you made previously not to publish the photo, then it
16 would be unnecessary to risk causing distress to
17 Ms Plunkett and Ms Scott by raising this matter with
18 them.

19 Clearly, if, after you've heard submissions on
20 behalf of the families, the matter is still unresolved
21 in your mind, then we can, if necessary, approach
22 Ms Plunkett and Ms Scott and ask them for their view
23 about publication.

24 LADY JUSTICE HALLETT: Thank you, Mr O'Connor.

25 Ms Gallagher?

1 MS GALLAGHER: My Lady, as you will recall we made general
2 submissions in October at the outset of these
3 proceedings regarding publication of a number of
4 photographs at this scene and elsewhere, and I'm not
5 going to repeat those.

6 We represent two families at Tavistock Square who
7 are affected directly or indirectly by this photograph:
8 the family of Anthony Fatayi-Williams, we represent his
9 parents; and Miriam Hyman, we represent her family.

10 My Lady, we have starkly contrasting views from
11 those two families regarding this question and I have
12 instructions from both families to put both views to
13 you.

14 Firstly, Anthony Fatayi-Williams' family, their very
15 strong view is that this image is deeply distressing and
16 they would consider it intrusive if it were to be
17 published. They recognise that it doesn't show
18 Anthony's body but, of course, it shows the scene of his
19 death. As we know, he died on the bus. The evidence
20 shows that he was killed outright. They have expressed
21 concern, both at the nature of the photograph, but also
22 the level of detail in the photograph. I think there
23 may be some concern about potentially zooming in on
24 detail in the photograph.

25 They've also asked us to express concern at the

1 coverage so far. You will be aware of press coverage of
2 another photograph, my Lady, which was released
3 recently, which was of the side of the BMA building, and
4 in some coverage individual items on that photograph
5 were labelled, including blood splatters on the building
6 and so on.

7 LADY JUSTICE HALLETT: Labelled in somewhat graphic terms.

8 MS GALLAGHER: Yes. So the Fatayi-Williams family feel that
9 the coverage so far has been distressing and intrusive
10 and they feel that publication of this photograph,
11 despite the fact that it doesn't show Anthony
12 specifically, would be deeply distressing and they
13 object to it in the strongest terms and have asked me to
14 make that clear.

15 In contrast, my Lady, the Hyman family have very
16 different views and, of course, Miriam Hyman is visible
17 in this photograph. She is under the brown blanket, the
18 evidence suggests, on the left of the photograph just
19 above the torso of the bomber, but despite that, they do
20 not object to the release of this photograph.

21 With regards to previous press coverage, including
22 the article I've just referred to, my Lady, where labels
23 were attached to items in the previous photograph, they
24 consider that that's legitimate reporting. They agree
25 that the level of detail in the coverage was

1 distressing, but their view is that the evidence has
2 been distressing, simply another means of reporting the
3 evidence which has been before you.

4 So their view, with regards to the hotel photograph,
5 is that they do not object. They recognise the
6 publication of the image would involve the blanketed
7 body of Miriam being shown, possibly labelled as such,
8 thus identifying her. But their view is: well, it is
9 her, it's material which has been before the court and
10 which has been shown to the public in court, and they
11 don't object to it.

12 My Lady, I'm sure those two very contrasting views
13 may not assist greatly, but they are the views which
14 I've been asked to put forward on behalf of the
15 Fatayi-Williams and the Hymans. Unless I can assist
16 further?

17 LADY JUSTICE HALLETT: No, thank you very much,
18 Ms Gallagher. Mr Saunders?

19 MR SAUNDERS: As your Ladyship knows,
20 Shyanu Parathasangary's parents have been here every day
21 throughout and they have found, obviously, the detail
22 very distressing, as one can imagine. It's additionally
23 troubling that Shyanu's mother hasn't been well
24 throughout this but has been determined to attend on
25 each and every day.

1 May I say that their view is a united one, in that,
2 when the reporting began, with Mr Keith's opening, and
3 following that, they have found it to be fair and
4 balanced throughout your proceedings.
5 However, they were concerned. As I explained to
6 your Ladyship on Thursday of last week, we had taken
7 a decision not to, as it were, show them, as
8 your Ladyship described it to Ms Gallagher, the most
9 graphic of photographs and descriptions that appeared in
10 one particular publication enlarged and in colour,
11 clearly for the effect that was intended.
12 They are obviously anxious. As your Ladyship knows,
13 in the course of this particular exhibit being used, we
14 have, for all the right reasons, on occasion, enlarged
15 certain parts to see if it assists the witness who is
16 giving evidence.
17 What concerns us is that the gentleman who is
18 unidentified, but clearly assisting Sam Ly, who is still
19 alive, is very close to Shyanu, who is obviously
20 immediately behind, and that one of the concerns we
21 would have is if, in fact, there was what -- one knows
22 not what certain publications may be seeking, but, if it
23 is to identify deliberately the gentleman there, to see
24 whether or not that particular area would be blown up,
25 and obviously the additional distress if it was to be

1 commented upon, the two victims who were in that
2 vicinity.

3 May I say that, as throughout, they are content with
4 your Ladyship knowing their feelings and their concerns
5 and will obviously accept the decision that you come to.

6 They appreciate that there has to be a balance between
7 proper reporting, but I think it's fair to say that
8 their concern is that they are going to be caused
9 unnecessary further distress should there be
10 publication, including the blowing up or the use of
11 graphic descriptions being used as happened last week.

12 LADY JUSTICE HALLETT: Thank you, Mr Saunders. Ms Sheff, do
13 you have any observations?

14 MS SHEFF: Yes, my Lady. If I can take up that last point
15 that my learned friend Mr Saunders made, that is very
16 much the firm view of one of the families I represent,
17 that is the Hart family. The photograph does not, in
18 fact, show Giles Hart's body, but we know from all the
19 evidence that we've heard that his body is just
20 concealed by the foliage of the tree on the right-hand
21 side of the photograph just by the taxi area.

22 Again, there is the concern that, with decent
23 technology and zooming in of images, some part of his
24 body or, indeed, because we know that he lost a limb and
25 there were various other memorabilia connected with him

1 which were scattered around the scene, that that could
2 be shown and could lead to identification of him, which
3 would, of course, be very distressing for the family.
4 They also take the view that they wouldn't want
5 images to be abused by the use of graphic wording and
6 arrows pointing to distressing parts of the scene which,
7 as your Ladyship knows, has been the case recently in
8 a particular publication, and their view is that the
9 more images that are published, the more the press may
10 well take advantage of the use of this sort of
11 reporting, and that is very distressing for them.
12 On the other hand, we are aware of other images that
13 are available on well-known and well-respected media
14 websites which were taken and published at the time in
15 the aftermath of the shock of 7/7 when particular media
16 organisations requested their viewers and readers to
17 send in images if they were caught up in the aftermath
18 of 7/7. These have not been taken off the internet and
19 they are freely available for download and they are, in
20 some senses, even more graphic and even closer to the
21 event, some of them, indeed, showing images of the scene
22 minutes, if not seconds, afterwards. Therefore, there
23 is perhaps this dichotomy of what is published
24 officially on your Ladyship's website and those
25 available from other sources.

1 However, there is no doubting the strength of
2 feeling of the Hart family when they say that, as far as
3 this inquest is concerned, and upon which the media are
4 now focused, they would not wish to add to any further
5 images that are officially published by the inquest
6 organisation.

7 The other family I represent, the Rosenbergs, have
8 not given me any specific instructions and indeed, as
9 your Ladyship has heard, Anat Rosenberg's body is not
10 shown, she having died on the lower deck of the bus and
11 that having been an instantaneous death, but they do not
12 take any view that they wish to have communicated as far
13 as this issue is concerned. Thank you, my Lady.

14 LADY JUSTICE HALLETT: Thank you very much, Ms Sheff.

15 Mr O'Connor?

16 MR ANDREW O'CONNOR: My Lady, may I raise two other short
17 matters?

18 First, my learned friend Mr Coltart is not here. He
19 acts, amongst others, for the family of Jamie Gordon.
20 You will recall that Jamie Gordon's body was found in
21 the light-well just by the railings next to the BMA
22 building and we are aware that his clients, the Gordon
23 family, have a concern similar to that expressed by some
24 of my learned friends that this photo, if blown up,
25 might either show a part of his body or, at the very

1 least, the close vicinity of the area in which he was
2 found.

3 The second point is, my Lady -- I referred to the
4 gentleman holding Sam Ly's head or appearing to -- we
5 are aware that one media organisation either has already
6 run a story attempting to identify him or at least is
7 proposing or may do so in the future. So there is at
8 least some concern in that direction.

9 LADY JUSTICE HALLETT: Thank you very much, Mr O'Connor.

10 (Draft ruling removed pending approval)

11 LADY JUSTICE HALLETT: 2.00 pm.

12 (1.00 pm)

13 (The short adjournment)

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