

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

Hearing transcripts - 20 January 2011 - Morning session

1 Thursday, 20 January 2011

2 (10.00 am)

3 LADY JUSTICE HALLETT: Yes, Mr O'Connor?

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

6 LADY JUSTICE HALLETT: Thank you.

7 DR ANTHONY HERBERT EVERINGTON (sworn)

8 Questions by MR ANDREW O'CONNOR

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

10 A. It's Dr Anthony Herbert Everington, but I'm known in the  
11 medical profession as Sam Everington.

12 Q. Thank you. Dr Everington, you are a general  
13 practitioner, I believe?

14 A. Yes.

15 Q. In 2005, you were a GP in Tower Hamlets. Are you still  
16 a GP in Tower Hamlets?

17 A. Yes, still a GP.

18 Q. In 2005, in addition to your general practice, you were  
19 the deputy chair of the British Medical Association?

20 A. That's right.

21 Q. Do you remain involved with the British Medical  
22 Association?

23 A. I'm still on the BMA Council.

24 Q. Your role as deputy chair, in 2005, involved you  
25 spending a day a week approximately at BMA House in

1 Tavistock Square?

2 A. That's right.

3 Q. 7 July 2005 was one of those days, I believe?

4 A. Yes.

5 Q. The statement that you gave to the police a few months  
6 after those events in September 2005 describes how you  
7 arrived at BMA House that morning at about 9.15 in the  
8 morning.

9 A. That's about right, I think, yes.

10 Q. The precise timing isn't perhaps important.

11 A. Okay.

12 Q. How did you travel there that day?

13 A. By Tube.

14 Q. Were you aware, during the course of your journey that  
15 morning, of the developing problems on the Underground  
16 network?

17 A. Not during the journey, but I got a text from my wife to  
18 check that I was okay.

19 Q. After you arrived at 9.15 or so?

20 A. After I arrived, yes.

21 Q. Was that the limit, then, of your understanding of what  
22 was going on, at least until the bus exploded?

23 A. At that time, yes.

24 Q. Where were you precisely when the bus exploded?

25 A. I was in the chairman's office, which is on about the

1 third or fourth floor in the quadrangle of BMA House.

2 Q. You say the quadrangle. We've heard a fair amount of  
3 evidence by now about something we've been describing as  
4 the "courtyard".

5 A. Courtyard, yes.

6 Q. The area that one goes into underneath the archway and  
7 we've heard about the patients being treated there.

8 We're talking about the same place?

9 A. We've talking about the same thing, yes.

10 Q. You say it's on the quadrangle. The office windows  
11 looked out over the quadrangle, did they?

12 A. Yes, it looked on to the courtyard, not on to the  
13 street.

14 Q. So it would follow that, although you could hear the  
15 bomb, you didn't have a sight of the bus immediately?

16 A. No.

17 Q. What was your reaction when you heard the explosion?

18 A. I knew exactly what it was, partly because of the text,  
19 but partly because I'd been in Whitehall a few years  
20 earlier when I think it was a mortar that hit  
21 Downing Street. So I knew exactly what it was  
22 straightaway.

23 Q. What was your reaction, what did you do?

24 A. I just tore downstairs and then straight out the front  
25 entrance of BMA House and saw the bus and everything

1 else.

2 Q. I'll ask you about what you saw in a moment, but we've  
3 heard some evidence that the BMA security were advising  
4 people to stay inside the building or to move -- or  
5 rather, not to go into the square. Did you receive any  
6 advice of that nature?

7 A. No, I certainly didn't, but -- no.

8 Q. How quickly do you think -- and, again, precise timings  
9 are obviously difficult to come to -- but roughly how  
10 soon after the explosion do you think you arrived in the  
11 square?

12 A. Probably something like -- I don't know, about  
13 30 seconds to a minute. It's literally a run down four  
14 flights and straight out.

15 Q. We'll hear from some other doctors who were also in the  
16 BMA that morning, some of whom will be giving evidence  
17 today, that they did very much the same thing; they  
18 heard the explosion and ran out. In particular,  
19 a gentleman called Mr Lodhi and also Mr Choudhary.  
20 Do you recall them also going out at about the same  
21 time as you?

22 A. Yes, I remember seeing a number of doctors. I mean,  
23 it's jolly difficult because you're so busy taking in  
24 lots of things at the time. There was a doctor,  
25 I think, who was taking cash out of one of the machines

1 at the time, too, who I saw there outside. It's very  
2 difficult to recollect who you saw at what times,  
3 although I recollect seeing most of them at some point.

4 Q. There was, I think, as it were, a second group of  
5 doctors who came out really a little time later, maybe  
6 10 or 15 minutes later. Do you remember that?

7 A. Yes, I mean I remember hearing they came out, and it was  
8 great to have them and know that you had more doctors  
9 because, obviously, in the first few minutes, there  
10 wasn't a lot.

11 Q. I think Dr Holden was one of those doctors.

12 A. I think so, yes.

13 Q. Again, appreciating that timing is difficult, do you  
14 have any idea as to how long it was after the explosion  
15 that they came out into the square?

16 A. I've no idea. I mean, I'm told after it was about  
17 10 minutes, but that's hearsay.

18 Q. Yes, it's not your memory of the morning.

19 A. Doing the timing of anything at that time is really,  
20 really difficult.

21 Q. Yes. You came out into the square. What was the scene  
22 that met you?

23 A. It was a very funny mixture of quietness, stillness,  
24 a few sirens in the background, pigeons cooing, really  
25 strange in many ways, and then lots of casualties and

1 clearly lots of people dead, and one straight outside  
2 BMA House that was -- I'm uncomfortable even saying it,  
3 because it's --

4 Q. We've heard some evidence about there being a very  
5 severely mutilated torso on the pavement --

6 A. Exactly, exactly.

7 Q. -- perhaps just to the right on the ground as you came  
8 out?

9 A. In fact, one of the instructions I gave almost  
10 straightaway was to cover -- I think it was one of the  
11 security guards, I can't remember exactly, basically to  
12 cover that body.

13 Q. Was it perhaps a lady whom you gave that instruction to  
14 or don't you remember?

15 A. I can't remember.

16 Q. We may hear some more evidence about that later on  
17 today. The statement that you gave describes how you  
18 were involved in the treatment of some of the patients  
19 in the road and on the bus?

20 A. Yes.

21 Q. But you also took on what you might describe as a sort  
22 of coordinating role in addition.

23 A. Mostly, it was coordinating, because, as deputy chair --  
24 in fact, a lot of the leadership of the BMA had left  
25 about ten minutes before I think to go to the

1 Law Society, and so I felt very quickly that it was  
2 actually quite important, because I knew everybody,  
3 because I knew a lot of the doctors, to actually take on  
4 a coordinating role and, in particular, just make sure  
5 there was a doctor -- and two doctors actually, that was  
6 my aim -- with each of the casualties.

7 Q. Can I ask you, before we go on to that, simply about  
8 some of the patients that you treated that you refer to  
9 in your statement? Could we look, please, at the  
10 photograph that we've used before which is [INQ10345-1 - not for  
publications]?

11 I don't know if you've seen this -- you probably  
12 haven't seen this picture before, Doctor, but you'll  
13 appreciate that it's a photograph that was taken from  
14 one of the hotels, we think, a little bit towards the  
15 Euston Road, and we've had some evidence about the  
16 timing of this photograph and it was probably taken  
17 something like 10 minutes or so after the explosion.

18 A. Yes.

19 Q. Now, in your statement, you refer to the taxi. We can  
20 see the black taxi just over towards the right of the  
21 screen there.

22 A. Yes.

23 Q. Do you recall that?

24 A. Yes, I remember the taxi.

25 Q. We can see, it's in fact been pixelated here, but what

1 is underneath the pixelation is an image of a casualty  
2 underneath the taxi.

3 A. Yes.

4 Q. You refer in your statement to being involved in  
5 treating this casualty. Do you have a memory of that?

6 A. Sort of yes and no. I can remember going over to  
7 that -- over to that casualty. I can remember seeing  
8 somebody here in the front where there's a guy standing.

9 Q. Sorry, let's just talk about the casualty under the taxi  
10 for a moment, if we may.

11 You remember going over there. You describe in your  
12 statement the casualty as being a female, which we  
13 believe is right, but you say she was black. We think  
14 that's probably wrong. It was, in fact, a white lady  
15 who was trapped under that taxi.

16 A. Yes.

17 Q. Do you have -- do you remember any detail about her  
18 condition or what you did?

19 A. I really don't, because quite a lot of the time I was  
20 going backwards and forwards then after that to the  
21 security guards ensuring we had doctors attached to each  
22 casualty.

23 Q. So from what you say, you would have made sure that  
24 there were other doctors treating her?

25 A. Yes.

1 Q. You wouldn't necessarily have taken a direct role in her  
2 treatment?

3 A. What I don't know, just looking there, you can't see it  
4 clearly, is I'm certainly not the one in the blue,  
5 I don't know whether I'm the one behind.

6 Q. Actually kneeling down by this very casualty?

7 A. Yes.

8 Q. What were you wearing that morning?

9 A. A pinstriped suit, but I mean, it looks mainly black,  
10 very thin white stripes.

11 Q. That was that casualty in any event. You refer also to  
12 a casualty you treated who had lost a lower leg. In  
13 fact, in your statement you say you couldn't even  
14 remember whether that was a man or a woman. So perhaps  
15 you can't help us with that any further.

16 Thirdly, you refer to attending to a male casualty  
17 who was stuck on the bus. Do you remember there was an  
18 Oriental gentleman, he was, in fact, Vietnamese or his  
19 parents were Vietnamese?

20 A. I do, I remember him very well, actually. I think  
21 that's the gentleman you see there next to the bus  
22 actually in the coat, I remember that coat well, and he  
23 stayed with that casualty. He was fantastic, actually.

24 Q. A number of witnesses have mentioned this. We haven't,  
25 in fact, been able to trace this gentleman, but a number

1 of witnesses describe a man in a coat, as you did,  
2 assisting and holding Sam and his head.

3 A. He was, he -- yes.

4 Q. What do you remember of Sam Ly's condition?

5 A. Very -- I mean, I remember him in a lot of agony. The  
6 kind of key -- I remember also then he was clearly in  
7 a lot of agony and didn't want to be moved.

8 I remember -- I can't remember the timing of any of  
9 this, but one of the things that happened quite  
10 quickly -- I think it was a police officer who said  
11 there might be a secondary device here, and, therefore,  
12 we needed to move the casualties, because, on the whole,  
13 the principle is, ideally, you don't move people  
14 unnecessarily, but we ended up by having to move people  
15 because of that, and also move -- there were people that  
16 we'd brought into the -- there's a corridor that goes  
17 down from the front entrance, which is about -- I don't  
18 know, about 40, 50 yards, before you get into the  
19 courtyard, so some people we brought just into this  
20 corridor, and then we had to move them further into the  
21 courtyard.

22 Q. I see. I'll come back to that, if I may.

23 A. Yes.

24 Q. Just as far as Sam Ly was concerned, is there anything  
25 you can add to your description of his condition or how

1 he was treated?

2 A. I can't remember because I just -- I was literally  
3 involved in actually helping him off, off the bus and  
4 getting him inside.

5 Q. I see. We've heard that he was, in fact, freed by  
6 a combination of firemen and police officers and moved  
7 on to one of these makeshift stretchers. You were there  
8 at that point, were you?

9 A. Yes, and I was involved in getting the makeshift  
10 stretchers, which was basically tables from the cafe.

11 Q. Do you have a memory as to whether Mr Ly was conscious  
12 at the time he was moved from the bus onto the  
13 stretcher?

14 A. Definitely conscious at that time, yes, because he was  
15 clearly in a lot of pain.

16 Q. Before I ask you a few more general questions, do you  
17 have any other memories about any specific casualties  
18 that you were involved with?

19 A. No, some of them towards the end, we sort of -- the  
20 major casualties were in the courtyard and the sort of  
21 less major casualties, kind of more the walking wounded,  
22 went into one of the rooms at the back of the courtyard,  
23 and I remember seeing a couple of them then. By then,  
24 things had kind of quietened down.

25 Q. Let me ask you, then, about your coordination role.

1 A. Yes.

2 Q. You say that, at the outset, other than the perhaps  
3 fairly brief attention you paid in particular to some of  
4 the casualties that you've told us about, you tried to  
5 coordinate matters and, in particular, to allocate  
6 doctors to patients. Is there anything more you can say  
7 about that role that you took on?

8 A. It was also about -- because obviously a lot of people  
9 came streaming down out of the building.

10 Q. Yes?

11 A. A lot of offers of help, but it was also about ensuring  
12 that, ideally, people who couldn't help were out of the  
13 way so we had lots of space to do what we wanted to do.  
14 It was about making sure that we had any first aid  
15 stuff that we could get, so I sent the security guards  
16 off to find any first aid stuff and, obviously, we  
17 didn't have much, because this is -- I know we were all  
18 doctors there, but fundamentally, it's an office  
19 building. I remember, in the end, actually, we even  
20 used tablecloths from the canteen and cafes.

21 Q. To do what?

22 A. To bandage and, you know, stop the bleeding and ...

23 Q. Yes. Now, you mentioned the move from the road into the  
24 BMA.

25 A. Yes.

1 Q. Again, we've heard a little evidence about this. You  
2 said that it was really on the instructions of the  
3 police.

4 A. Yes. I can't remember who, but that's what I was --  
5 I can't remember whether it was a policeman who came up  
6 to me or whether it's somebody came up to me outside and  
7 said -- but I'm pretty certain it was a police  
8 instruction.

9 Q. Yes, and as you say -- I mean, that's consistent with  
10 other evidence we've heard and the purpose of it was to  
11 move the casualties away from what was feared to be  
12 a possible further explosion?

13 A. A second bomb, yes.

14 Q. Do you have a memory of whether that process, of moving  
15 the casualties from the road, was something that took  
16 place sort of fairly swiftly, all together, over the  
17 course of a fairly short time or was there a longer  
18 period where, one by one, they were moving away from the  
19 road?

20 A. I got a sense it was quite quick, actually, yes.  
21 I mean, that's my sense, but, yes, quite quick. I mean,  
22 apart from anything else, we were clearly -- you know,  
23 in our minds was there was a secondary device, so that  
24 actually we would want to make it as quick as possible  
25 and as careful as possible, actually, because I think

1 with Mr Ly that took a bit of time, I think it was --  
2 from my recollection, it was quite difficult trying to  
3 free him.

4 Q. Can you help us with how long it was after the initial  
5 explosion that that process of moving the casualties  
6 from the road in towards the BMA building took place?

7 A. I would be guessing. Do you know what I mean? I really  
8 would be. But -- because, actually, even afterwards,  
9 when I did my witness statement, to think about time was  
10 really quite difficult. I don't know, maybe within 10,  
11 15 minutes.

12 Q. That's the sort of time that other witnesses have  
13 suggested. Now, as far as where they went, could we  
14 just have a look, please, at [INQ10285-3]?

15 If we could zoom in on photograph 4, please, this is  
16 the central archway into BMA House?

17 A. That's right, that's the corridor I spoke about earlier  
18 on.

19 Q. Yes, and I think what we can see here is, first of all,  
20 as you say, there's a corridor. Beyond that, there's an  
21 open space, which is, I think, what we've been  
22 describing as the courtyard.

23 We see -- blurred, but I think we can see it there,  
24 a sort of wrought-iron, black fence that goes across the  
25 middle of the courtyard, is that right?

1 A. Sorry, are you talking about at the beginning of the --  
2 Q. I'm looking further into the distance.  
3 LADY JUSTICE HALLETT: Railings.  
4 MR ANDREW O'CONNOR: Railings.  
5 A. Yes, this -- those railings you see, those are big doors  
6 and open.  
7 Q. They've got a crest on top.  
8 A. That's right, yes.  
9 Q. Then there's another space beyond that.  
10 A. Yes, so you've got -- this is the corridor going through  
11 the building you see, first of all.  
12 Q. Yes.  
13 A. Then there's about 30, 40 yards which is like a little  
14 road with buildings on either side, and then you come to  
15 the whole courtyard area which has got a fountain in the  
16 middle.  
17 Q. That ends with the further arch that we can see just in  
18 the distance here?  
19 A. The far arch, yes.  
20 Q. Is there another courtyard beyond that --  
21 A. No.  
22 Q. -- or does one simply go out on to -- is that  
23 Burton Street at the back there?  
24 A. Yes, that further corridor at the back is probably,  
25 I don't know, about 30 yards, something like that, long

1 and that goes straight out on to the street. That's  
2 where all the ambulances came in, that's where we took  
3 the casualties.

4 Q. Yes. The reason I'm asking you in particular about  
5 this, Dr Everington, is that the evidence we've heard is  
6 that casualties were initially on the road, as we've  
7 seen, as we know.

8 A. Yes.

9 Q. There was a time when, because of a fear of a further  
10 blast, they were moved to one position, and then there  
11 was -- later, there was another request from the police  
12 to move them further back still.

13 A. That's right.

14 Q. Because there was, at that point, going to be  
15 a controlled explosion and there was a concern that they  
16 might be injured.

17 A. That's right. I remember very well having to move  
18 twice, actually.

19 Q. Yes. So can you help us with where they were moved to  
20 in the first instance and where they were moved after  
21 that?

22 A. Very much into the -- I don't remember anyone being in  
23 this first bit here. Apart from anything else, there  
24 was quite a lot of glass and things there.

25 Q. When you say the first bit, do you mean the entirety of

1 this tunnel or just the front of it?

2 A. This front bit here, this front few yards.

3 Q. I see.

4 A. I think it was mainly moving the -- the first move was

5 into the area just behind.

6 Q. The open area?

7 A. The open area, yes.

8 Q. It may help if we were to briefly look at another

9 photograph, [INQ10348-1]. This is, I think, the open area

10 you're describing, then?

11 A. That's right. This was, I think, where most of the

12 casualties were, here and around the courtyard.

13 Q. So the first move, the casualties were brought through

14 that corridor, as you've described it --

15 A. Yes.

16 Q. -- into this open area here?

17 A. Yes, I'm trying to remember whether there was any -- any

18 in that first area and I just -- I just can't remember,

19 but I am pretty certain we wouldn't have kept them right

20 close to the entrance because, as I say, there was glass

21 that was blown in there too, so ...

22 Q. Then the second move, where were they taken?

23 A. Further into the courtyard and into this area here.

24 Q. On to the other side of the railings?

25 A. Yes, most on to the other side of the railings.

1 Q. Okay. You mentioned that that further archway that we  
2 can see here leads on to Burton Street.

3 A. Yes.

4 Q. I think it's right to say that it was, in fact, there  
5 that the majority of the ambulances came to take the  
6 casualties away to hospital.

7 A. Yes, we had ambulances actually backing into this --  
8 into that archway that you see there.

9 Q. Is it right that you took a role coordinating with the  
10 London Ambulance Service about the arrival of ambulances  
11 and what they should be doing?

12 A. Some coordination, but I think the key coordinator then  
13 was Peter Holden and he's got fantastic BASIC's  
14 experience, so he did a fantastic coordinating job  
15 particularly in terms of defining who should go first.

16 Q. We're going to hear more evidence about the later stages  
17 of what happened and the ambulances in due course, but  
18 can I ask you this: is it fair to say that it took some  
19 time before ambulances arrived in sufficient number to  
20 take away even those severely injured patients who  
21 really needed to get to hospital urgently?

22 A. Yes, certainly longer than you would expect at a normal  
23 accident, but I think all of us were aware, anyway, that  
24 there were other bombs that had gone off, so there  
25 wasn't a sense that -- we knew we probably were going to

1 have to spend a lot longer looking after -- looking  
2 after people before there were ambulances that came.

3 Q. Was it something that you were involved in discussions  
4 with the LAS about on the day, making repeated requests  
5 for ambulances to come?

6 A. No, I can't remember doing that at all. As I say,  
7 I think our expectation was that it would take some  
8 time, and what we had to do was just get on with looking  
9 after the casualties. I know at one point we got  
10 something like drips and things like that through and  
11 they were put up, certainly before people were put on  
12 the ambulance.

13 Q. Yes, I wanted to come on and ask you about that. You  
14 mentioned in answer to some of my earlier questions the  
15 fact that, although you were all doctors in the  
16 building, really it was little more than first aid kits  
17 that you had to treat the patients with.

18 A. Yes.

19 Q. Were there any particular items of equipment that you  
20 really would have needed and regretted not having?

21 A. It's really difficult. I was trying to think afterwards  
22 whether we had a defib or not. I'm not sure. I didn't  
23 have anyone request it -- do you know what I mean? --  
24 and in those days, I was trying to -- I mean, it's  
25 pretty normal now for big public buildings to have it,

1 but it wasn't necessarily a normal thing in those days.  
2 Certainly, we made requests for things like drips  
3 and fluids at a quite early stage.

4 Q. Tell us a bit more about that. There are a number of  
5 pieces of evidence about the fluids. What was it that  
6 you needed the fluids for?

7 A. Just for saline, it was mainly because people were  
8 obviously -- had lost a lot of fluid.

9 Q. More a sort of preserving-type treatment than any  
10 particular treatment focused on a particular injury?

11 A. Yes.

12 Q. Just a question of keeping them going?

13 A. Yes.

14 Q. Did you already have some fluid in the building?

15 A. I can't remember that we did, no.

16 Q. We've heard, as you say, that -- we read a statement  
17 yesterday from a police officer who described, I think  
18 it was another police officer arriving with his -- on  
19 a motorcycle with his panniers sort of full of fluids  
20 and them being very gratefully received.

21 A. Yes.

22 Q. Was it the case that you, as the treating doctors,  
23 didn't have enough fluids and felt that the patients  
24 were suffering as a result or was it the case that you  
25 were running out of fluids when these other fluids

1 arrived?

2 A. I don't think we felt the first thing that you said, do  
3 you know what I mean? I think we just got on and did  
4 what we did with what we had and were grateful for the  
5 fluids when they came, and, yes, in retrospect, clearly  
6 it would have been helpful to have all sorts of things  
7 much earlier on, but I think we were also very aware  
8 that they were -- I mean, at the time, we -- I can  
9 remember in the afternoon we thought we were going to  
10 have to stay there the night. We had a great sense that  
11 was -- I mean, lots of bombs and absolute chaos out  
12 there. That's all we knew, because, you know, we were  
13 too busy treating casualties to find out exactly what  
14 was happening. So there was just the sense of getting  
15 on and doing what you could with what you had.

16 LADY JUSTICE HALLETT: Did you have any feeling at any stage  
17 that any patient in particular deteriorated because of  
18 lack of any particular piece of medical equipment or  
19 lack of fluids or bandages or anything of that kind?

20 A. I don't get a sense of that, but then, actually, I was  
21 more coordinating, do you know what I mean? I think if  
22 you ask the individual doctors dealing with individual  
23 casualties, particularly at the latter stage when they  
24 were in the courtyard, I think they might give you  
25 a clearer idea of that.

1 LADY JUSTICE HALLETT: For example, you said you didn't have  
2 available basic things like bandages and you had to  
3 improvise, getting tablecloths. Was your improvisation  
4 successful in the sense that you did have things to stem  
5 the bleeding and to act as tourniquets or whatever?

6 A. I think so, yes. I think most of us have learnt as --  
7 I mean, in a sense, it was jolly lucky we had all those  
8 doctors there and, you know, we're used to doing that  
9 sort of thing over the years and kind of using what we  
10 can to deal with a situation. I didn't get a sense  
11 that -- I mean, obviously, when people called for  
12 bandages and I ended up by having to get tablecloths,  
13 you know that's not ideal, but you use what you've got,  
14 whether it's ties, jackets, whatever it is, in those  
15 situations.

16 MR ANDREW O'CONNOR: Dr Everington, thank you, those are all  
17 the questions I have for you. It may be that some of my  
18 colleagues have questions for you now.

19 LADY JUSTICE HALLETT: Mr Saunders?

20 Questions by MR SAUNDERS

21 MR SAUNDERS: Mr Everington, may I just follow up what  
22 her Ladyship has just been asking. We've heard a lot of  
23 evidence, as you're aware, I'm sure, over the last few  
24 months and, when there's a major incident, in each of  
25 the other sites there has been somebody put in

1 a position of coordination that we've referred to as  
2 a Silver medic.

3 As a result of your experience, were you aware of  
4 that as a term of art or --

5 A. I wasn't aware of that, but I'm not necessarily aware of  
6 that sort of thing. I mean, I'm a GP, do you know what  
7 I mean, so actually doing things like this is very  
8 different to my normal everyday work.

9 Q. The reason I ask is because of your deputy chairmanship  
10 at the time and whether you were aware because of that?

11 A. No.

12 Q. All right. Then it seems -- and it's obviously a matter  
13 for her Ladyship -- that you obviously took on that  
14 role, the coordination in terms of who should go where  
15 and tend to the patients and casualties that required  
16 it.

17 A. Yes.

18 Q. Did there come a stage -- we know that the bomb goes off  
19 at about 9.47 and you're down there, you've told  
20 her Ladyship, within minutes --

21 A. Yes.

22 Q. -- within a minute. When was it that somebody from  
23 either London Ambulance actually came up to you and said  
24 "Right, I'll now take control of coordinating what's  
25 going on"?

1 A. I didn't get the sense that anyone did that, but there  
2 was a guy from HEMS I think from the London Hospital who  
3 started taking -- very much taking control, and then  
4 I think Peter Holden in particular, he was very much in  
5 control actually of -- of casualties and going round  
6 each of them, seeing how severely they were injured, and  
7 that was about triaging and making decisions about --  
8 MS SIMCOCK: Your Ladyship, I'm sorry to interrupt, but just  
9 so that there's no confusion in the questioning, given  
10 this doctor's answer about being unaware of the role of  
11 Silver medic, Silver medic is the ambulance liaison  
12 Silver role, a doctor is different. Silver doctor is  
13 the doctor's role and, when talking about Dr Holden,  
14 I think he was Silver doctor, and an ambulance personnel  
15 would be Silver medic, and I think it was put that  
16 Dr Holden perhaps took over Silver medic role. That's  
17 not right. I'm very grateful.  
18 LADY JUSTICE HALLETT: Thank you.  
19 MR SAUNDERS: I don't really mind what we call the actual  
20 name, trying to help you, as I am, the witness. But  
21 you've told us about Dr Holden who was with you in the  
22 BMA building.  
23 A. Yes.  
24 Q. But was there anybody from outside the BMA, whatever  
25 their title may be, who actually came forward and said,

1 "I will take over the coordination"?

2 A. I don't remember anyone doing that, no.

3 Q. You've told us that one of the reasons that you took on  
4 that role is because of your experience and the fact  
5 that you knew most people who were there.

6 A. Yes.

7 Q. Is the opposite right, that anybody that you were  
8 directing to deal with a casualty would have known that  
9 you were, as it were, trying to coordinate as best as  
10 you could?

11 A. Well, most people would have known me. Most of the  
12 doctors would have known me. There were about --  
13 definitely -- there were definitely two doctors from  
14 elsewhere, whom I got to know afterwards, who clearly  
15 didn't know me. There was also a nurse that had come  
16 from across the road, whom I remember speaking to. She  
17 was the one who did the -- I think she's a Reverend or  
18 something --

19 Q. She did a service just after.

20 A. -- yes, so she did the service afterwards. But most of  
21 the others would have known me, yes, and most of the  
22 others knew Peter Holden. Most of the others would --  
23 most of the doctors who were in the House would have  
24 known all the other doctors in the House, do you see  
25 what I mean? And there were a few doctors who came from

1 outside, I think two of them just happened to be in the  
2 streets at the time.

3 Q. Her Ladyship is going to hear from Dr Holden next week,  
4 so he will be able to tell us at what point it was, but  
5 what is your recollection of when he, as it were, takes  
6 over from you?

7 A. Very, very quickly afterwards, and then I kind of  
8 performed a different role, do you know what I mean?  
9 So he was much more -- he was then taking over the  
10 role very much of ensuring -- of going round all the  
11 casualties.

12 Q. I think you described it earlier to her Ladyship as  
13 triaging?

14 A. Yes.

15 Q. Organising who should go in the first ambulance?

16 A. Yes.

17 Q. But can you help us with a time as to when he would have  
18 become more involved?

19 A. It's very difficult to say, very difficult to say. But  
20 certainly within 10, 15 minutes at least.

21 Q. The gentleman you've described --

22 A. That's when I was aware of it, do you see what I mean?  
23 I mean, the chaos of things. I've no idea whether he  
24 started straightaway at the back of the building,  
25 because I was much more at the front.

1 Q. I was just about to come on to that. You're at the  
2 front and you've described various of the people, you're  
3 not sure whether, in fact, we see you beside the taxi.  
4 You've described a number of people, including the  
5 gentleman that's holding the head of Mr Ly, Sam Ly. You  
6 said that he was a passer-by, he wasn't anybody that had  
7 come out of BMA.

8 A. No.

9 Q. You say you remember him quite clearly, because -- and  
10 you remembered his coat, I think you described it as  
11 a very smart overcoat he was wearing?

12 A. Yes.

13 Q. But he stayed with Mr Ly throughout that time.

14 A. Yes, he was amazing, actually, he was just completely  
15 calm, talking to him, consoling him.

16 Q. Help us: you I think make the -- or give the instruction  
17 that the back gate should be open for ambulances to  
18 come?

19 A. I think so, yes.

20 Q. How were you aware that they were there?

21 A. I can't remember, sorry.

22 Q. That's all right.

23 A. Yes.

24 Q. Can you help us as to when that would have been that  
25 you're aware that ambulances are now on the scene, as

1 opposed to the very initial ambulance we know about?

2 A. I would be making a real guess, do you know what I mean?

3 I don't know, within half an hour. But it's a big

4 guess, that. Peter would be much more able, I think,

5 probably, to be more accurate about that, because he was

6 doing -- at that point, he was doing a lot of the

7 liaising, I think, with the ambulances about who went

8 first.

9 Q. You've also been asked about the equipment --

10 A. Yes.

11 Q. -- and, as it were, makeshift tables out of the canteen

12 to be used as stretchers.

13 Were you ever aware of a time where proper

14 stretchers were being used or was the movement from the

15 square into the building all done by makeshift --

16 A. I get the sense that that was all done by makeshift, at

17 that early stage. The movement from there, then, into

18 the ambulances would have been -- that was definitely

19 stretchers. I can remember stretchers and trollies on

20 wheels in the courtyard.

21 Q. You've said you can't remember what equipment you would

22 have had there. Were you ever responsible for any call

23 being put out to ask for equipment?

24 A. No. The -- I think -- the guy from HEMS, I think he did

25 that, he was very -- I think he was reasonably quickly

1 on-site.

2 Q. You've also explained one slightly discrete subject.

3 You said that it wouldn't have been normal in those days

4 for a building, such as BMA House, to have had a --

5 A. I'm not sure, I'm not sure of the timing on that. Now

6 it would be probably the norm, yes.

7 Q. That's what I want to deal with. One of the things that

8 her Ladyship is looking at is what has happened since,

9 in the five years that's passed since. But you now say

10 that it may well be buildings such as that would have

11 a defibrillator on-site?

12 A. More generally, and I know the -- I wasn't involved in

13 it, I know the BMA did look again at what sort of

14 equipment should be on-site.

15 Q. For them individually or generally for large buildings?

16 A. For them, I mean, for BMA House itself.

17 Q. Because presumably there was no equipment there in terms

18 of fluids, bandages?

19 A. No. I know it's a building full of doctors, but it's

20 very much an office building, it's the trade union and

21 professional organisation for doctors. The only good

22 thing was that there were doctors on -- doctors there

23 but there wasn't much else that you would expect

24 normally to find in a hospital.

25 MR SAUNDERS: For those who survived and for those who

1 didn't, I'm sure everybody is very grateful for all the  
2 efforts that were made by you and your colleagues.

3 Thank you very much, Dr Everington.

4 LADY JUSTICE HALLETT: Dr Everington, you went out the front  
5 and your aim, as you said, was to try to ensure that  
6 every casualty had one, preferably two doctors.

7 Did there come a time when, to the best of your  
8 knowledge, every casualty did have a doctor tending  
9 them?

10 A. Definitely, because particularly after the initial  
11 phase, if I felt there hadn't, I would have stayed very  
12 specifically with one of the casualties. I was very  
13 clear, actually, by then. That enabled me to coordinate  
14 things like the tables and moving people in, that  
15 actually every casualty did have at least two doctors.

16 LADY JUSTICE HALLETT: I know how reluctant you've been to  
17 give any estimate of timing and I do understand how  
18 difficult, but could you give your best estimate of how  
19 long after the explosion it was that you felt satisfied  
20 that each casualty had at least one, if not two doctors,  
21 tending to them?

22 A. I think very quickly, actually. I don't -- I don't at  
23 any moment have a sense of being worried that there  
24 weren't enough doctors, do you know what I mean? It was  
25 actually more about allocation than anything else.

1 I don't ever remember thinking, actually, there wasn't  
2 a casualty with a doctor, except in the very initial  
3 stage. Do you know what I mean? I mean, you know, when  
4 I went out, it was kind of -- that was a moment of  
5 thinking "Oh, my God, where do you start?".

6 LADY JUSTICE HALLETT: So if I were to try to press you,  
7 much as I know you don't want to be, within ten minutes  
8 you felt that every casualty would have had a doctor?

9 A. I would have -- yes, I would have thought so, yes.  
10 I mean, everyone was offering to help, do you know what  
11 I mean, and, you know, there were people like the --  
12 Fiona Godlee, the editor of the BMJ, that was -- I mean,  
13 everyone was there offering to help. And in fact,  
14 actually, one of the things was to keep some people  
15 away, or get some people --

16 LADY JUSTICE HALLETT: Indeed.

17 A. I mean, I had a sense firstly, actually, of wanting to  
18 protect some people, actually, from the site and,  
19 secondly, something around actually ensuring that you  
20 had the right people there too, because everyone's  
21 offering, in a situation like this, to help. Actually,  
22 what's really important is you've got the doctors doing  
23 the helping and somebody clearly in charge of each  
24 casualty.

25 And one of the clear instructions was to get people

1 out the back of the building and not for people to  
2 come -- you know, for non-medics, or whatever, working  
3 in the building not to be coming out the front of the  
4 building, but actually to be going out the back of the  
5 building out of the way.

6 MR SAUNDERS: May I just ask a supplementary to that,  
7 my Lady?

8 LADY JUSTICE HALLETT: Of course.

9 Further questions by MR SAUNDERS

10 MR SAUNDERS: When her Ladyship asked you about  
11 casualties -- I represent the family of the lady that  
12 was behind Sam Ly on the bus, so she's facing the  
13 opposite way, and all the evidence is that  
14 Shyanu Parathasangary dies instantaneously.

15 A. Yes.

16 Q. When you're answering her Ladyship's questions, do we  
17 take it that it's people that are clearly still alive  
18 that you're directing doctors towards?

19 A. Definitely.

20 Q. And that those whom it's believed life extinct or there  
21 are no signs of life, there is very little that can be  
22 done at that stage?

23 A. Yes, sadly.

24 Q. Sadly, and we understand that. But you're obviously  
25 close to Mr Ly. I mean, if you'd thought for a moment

1 there was anything of the lady immediately behind, again  
2 your direction would have been for somebody to have  
3 assisted her?

4 A. Oh yes, yes.

5 Q. I think what we've seen on the photographs, the few that  
6 we've seen, is that most of those people who were being  
7 tended, as her Ladyship has just asked, had people with  
8 them, one if not more, whilst medical attention is being  
9 given and directed.

10 A. Yes.

11 MR SAUNDERS: Thank you, my Lady. Thank you very much,  
12 doctor.

13 LADY JUSTICE HALLETT: Ms Sheff?

14 Questions by MS SHEFF

15 MS SHEFF: One matter, Doctor, in addition to those  
16 questions. Presumably, it was part of your assessment  
17 process to determine which of the casualties were beyond  
18 any medical help and which weren't. Can I just ask you  
19 this, whether you arranged for a doctor, a medically  
20 trained person, to make that assessment if you didn't  
21 make it yourself?

22 A. I can't say I did it in that way, actually. It was such  
23 chaos, the key thing was to get doctors to everybody and  
24 leave them to make that assessment.

25 I think Peter was much more -- you'll hear from

1 him -- was much more involved in the assessment of the  
2 seriousness. I think mine was much more about making  
3 sure you got doctors to people and for them to make  
4 assessments.

5 Q. So in summary, if you saw a casualty lying on the  
6 ground, you would allocate a doctor and allow a doctor  
7 to make that assessment as to whether they could help  
8 that person?

9 A. Although most of the time, actually, the doctors had  
10 just gone to where they saw there was nobody, actually.  
11 So quite a lot of it happened quite naturally without me  
12 having to do anything in particular.

13 Q. So in that process, both your overall coordination and  
14 the doctors' own initiative in finding the casualties,  
15 it would be most unlikely, if not impossible, for  
16 anybody to be left without any medical care or for  
17 somebody not to have been properly assessed as having  
18 died at the scene effectively?

19 A. It's very difficult to answer that, very difficult,  
20 because you just don't know -- you don't know for  
21 certain. I can't say I went round every single  
22 casualty, do you know what I mean? So I'm not sure  
23 I can answer that clearly.

24 Q. But in her Ladyship pressing you as to the timings,  
25 certainly by ten minutes after the explosion there would

1 have been nobody left without any medical care?

2 A. By then, I would have been very surprised if anyone was  
3 left, who was alive, without medical care. I couldn't  
4 guarantee it 100 per cent, do you know what I mean?

5 I think particularly in relation to the bus, because  
6 the bus was so crushed -- do you know what I mean --  
7 I couldn't say there wasn't somebody actually in there  
8 who wasn't being looked after, but I don't get a sense  
9 of it. And I certainly -- none of the feedback I got  
10 afterwards from the doctors gave me a sense that anyone  
11 wasn't attended to rapidly.

12 Q. As far as those on the bus were concerned, they were  
13 perhaps less accessible, but those who were on the  
14 ground outside the BMA building would have been seen  
15 much more swiftly, wouldn't they?

16 A. Oh yes, yes.

17 Q. Well within that ten-minute timeframe?

18 A. I think so, yes.

19 MS SHEFF: Thank you very much indeed, Doctor.

20 LADY JUSTICE HALLETT: Thank you. Just pursuing that line  
21 of questioning, of course throughout this period we've  
22 got the -- as you describe him -- the amazing man in the  
23 coat standing by the bus helping Mr Ly, so presumably  
24 he, had he heard or seen any kind of signs of life  
25 within the bus other than Mr Ly, could have alerted

1 people and --

2 A. Yes, he would have said something, I'm sure.

3 LADY JUSTICE HALLETT: Any other questions? Ms Simcock?

4 Questions by MS SIMCOCK

5 MS SIMCOCK: Thank you, my Lady.

6 Doctor, the control role that you initially took on  
7 that you've described to us today, I think you've said  
8 that you did for a very short period of time. Is that  
9 right?

10 A. It's kind of yes and no, because I was kind of in  
11 a control role for most of the day until the senior  
12 members of the BMA came back. I led the meetings later  
13 on with the doctors when we had to make -- because, in  
14 the afternoon, we thought we were going to have to stay  
15 the night there. As I say, we had this great sense that  
16 there was chaos outside.

17 Q. But the control role that you described to us in  
18 evidence earlier on that you took on initially,  
19 immediately you go out to the scene, the immediate scene  
20 around the bus, was taken over from you by Dr Holden in  
21 a very short period of time, essentially as soon as he  
22 arrived?

23 A. Yes, and so my role was -- I think was much more  
24 actually ensuring, then, that people had the right  
25 equipment and kind of supporting them and --

1 Q. Yes, your focus, as you've described, was on getting --

2 A. Working with the security team.

3 Q. -- a number of doctors to patients and then coordinating  
4 behind the scenes, as it were?

5 A. Yes.

6 Q. Then the formal, if I can put it like that, Command and  
7 Control role as Silver doctor or medical incident  
8 officer was carried out by Dr Holden during that time?

9 A. Yes.

10 Q. Your liaison with the LAS then, once Dr Holden has  
11 arrived, I think you've described was essentially  
12 limited to arranging for equipment, as you've said, to  
13 be distributed and also arranging for ambulances at the  
14 back at Burton Street to evacuate casualties, is that  
15 right?

16 A. Yes, some of that, yes.

17 Q. We'll hear about Dr Holden's experience of the LAS major  
18 incident plan and the terms of Silver doctor or medical  
19 incident officer, but were you aware of Dr Holden  
20 liaising with a senior person or people from the LAS in  
21 the Silver medic or ambulance incident officer role, as  
22 it were, or were you concentrating on other things?

23 A. I was aware of him coordinating everything. I mean,  
24 I knew -- I've known Peter for ages and known that  
25 he's -- you know, he's been a -- a BASICS doctor,

1 I think and he's done these things for years.

2 Q. He's familiar with the LAS major incident plan?

3 A. I mean, I knew he knew all about this. As I say, it was  
4 a massive relief to see him take on that role.

5 Q. Yes, my question really was, though, were you aware of  
6 him specifically liaising with a senior person from the  
7 LAS or were you just aware of him generally coordinating  
8 things?

9 A. Generally coordinating, I think.

10 MS SIMCOCK: We'll ask him about that, then. Thank you very  
11 much, Doctor.

12 LADY JUSTICE HALLETT: Any other questions for the doctor?

13 Dr Everington, thank you very much. Those are all  
14 the questions we have. I think we all are conscious of  
15 how incredibly fortunate the survivors were that so many  
16 doctors and staff from the BMA rushed out to help and,  
17 in doing so, put their own lives at risk. So thank you  
18 for everything you did during that day.

19 Yes, Mr O'Connor?

20 MR ANDREW O'CONNOR: My Lady, the first witness this morning  
21 we had intended to be Mr Lodhi, who's giving video  
22 evidence from, I think, Cardiff. He wasn't ready to  
23 give evidence at 10.00. I believe that the link is now  
24 established and he's here, in which case, may we call  
25 him now?

1 LADY JUSTICE HALLETT: Certainly.

2 MR ANDREW O'CONNOR: Mr Lodhi, can you hear me? Mr Lodhi,  
3 I think you probably can hear me, but we can't hear you  
4 at the moment. I'm sure that someone will turn the  
5 volume up at our end in a moment.

6 Can you say something now? No, we still can't hear  
7 you.

8 Can you say something now Mr Lodhi?

9 THE WITNESS: Hello, can you hear me now?

10 MR ANDREW O'CONNOR: That's much better, Mr Lodhi, we can  
11 hear you very well, thank you.

12 THE WITNESS: Thank you.

13 MR ANDREW O'CONNOR: Mr Lodhi, my name is  
14 Mr Andrew O'Connor, I'm one of the Counsel to the  
15 Inquests, I'm going to be asking you some questions in  
16 a moment. The court is in session. The coroner,  
17 Lady Justice Hallett, is here. You probably can't see  
18 her on the screen.

19 THE WITNESS: No.

20 MR ANDREW O'CONNOR: Mr Lodhi, could I ask, please, that you  
21 either take the oath or affirm?

22 MR JIT LODHI (affirmed)

23 (Evidence given by videolink)

24 Questions by MR ANDREW O'CONNOR

25 MR ANDREW O'CONNOR: Thank you, could you give your full

1 name, please?

2 A. My name is Jit Singh Lodhi.

3 Q. Mr Lodhi, you're a general surgeon, I believe.

4 A. Yes.

5 Q. In 2005, you were employed as a general surgeon by the

6 North Glamorgan NHS Trust?

7 A. That's true.

8 Q. Is that still a position that you hold?

9 A. Yes.

10 Q. Also, in 2005, you were a member of one of the

11 negotiation committees at the BMA?

12 A. That's true.

13 Q. What exactly was your committee negotiating at that

14 time, Mr Lodhi?

15 A. This is the staff and associate specialist group, which

16 was negotiating the general terms and conditions, with

17 the Government obviously, for their, you know, future

18 employments.

19 Q. I see. The chairman of that committee I believe was

20 another surgeon called Mr Choudhary?

21 A. Yes, Awani Choudhary, that's true.

22 Q. He will be giving evidence later today.

23 A. Yes.

24 Q. The committee meetings required you to come to London to

25 the BMA House at Tavistock Square. Is that right?

1 A. That's true.

2 Q. One of those meetings took place on the morning of  
3 7 July 2005?

4 A. Yes --

5 Q. I think it's right --

6 A. -- that's true.

7 Q. I think it's right that the meeting commenced, or at  
8 least was due to commence, at 9.30 that morning?

9 A. That is true.

10 Q. Did you travel to London that morning or were you  
11 already in London?

12 A. I was already in London.

13 Q. Were you on time for the meeting?

14 A. Unfortunately, that particular day, I was 10, 15 minutes  
15 late.

16 Q. Was that because of the traffic problems that were  
17 caused, as we now know, by the incidents on the  
18 Underground that morning?

19 A. Not really, no.

20 Q. May I ask you this: when you were sitting in  
21 Tavistock -- or the BMA building, having arrived at the  
22 meeting, were you aware of the developing problems  
23 outside the building?

24 A. No. At that time, I did not know anything about it.

25 Q. The meeting had started when the bomb on the bus

1 exploded, I think.

2 A. No, no, that is not true.

3 Q. Please tell us what the position was.

4 A. I arrived -- sure. I arrived at Tavistock Square

5 BMA House around about 9.45-ish and, within a couple of

6 minutes, I heard a thud sound. It sounded fairly

7 nearby. Later on, it transpired that -- sorry?

8 Q. Let me ask you this, then, Mr Lodhi, you heard the thud

9 sound and I assume that was the sound of the bomb

10 exploding. Where were you --

11 A. That is true.

12 Q. Where were you when you heard that sound?

13 A. I was in the meeting at that time.

14 Q. Was the meeting room at the front of the building

15 overlooking Tavistock Square or not?

16 A. No, it is -- on that particular day, it was on the back

17 side.

18 Q. What did you do when you heard the sound?

19 A. After this, we heard some commotion in the courtyard and

20 quite a few of us came out, and then we realised,

21 hearing from people, that there was a bomb which has

22 exploded outside.

23 Q. I think you were -- you say quite a few of you or a few

24 of you went outside. You were with Mr Choudhary at this

25 point?

1 A. That is true.

2 Q. And others?

3 A. There was one more gentleman, Mr Mohib Khan, who came  
4 out as well.

5 Q. Thank you. Roughly speaking, Mr Lodhi -- we do  
6 understand that remembering timings is very difficult --  
7 but, roughly speaking, how long after the sound of the  
8 blast did you arrive in Tavistock Square?

9 A. I think it was about a couple of minutes only before the  
10 thud sound I heard.

11 Q. I'm sorry, you mean the time from when you heard the  
12 thud sound to when you got into the square was a couple  
13 of minutes?

14 A. That's it.

15 Q. Thank you. What did you see when you came out into  
16 Tavistock Square?

17 A. Well, as soon as we came out, I saw quite everything  
18 there. There was a red bus whose -- is -- the top has  
19 blown off. There was a black taxi standing in front of  
20 the Tavistock Square itself, and there were a lot of  
21 casualties lying around on the road.

22 Q. Now, Mr Lodhi, you have given two statements to the  
23 police. In those statements, you have described how you  
24 dealt with a number of different casualties in the  
25 minutes following the explosion.

1 A. Sure.

2 Q. I want to ask you about three of those casualties and  
3 I'll take them one by one, if I may.

4 A. Sure.

5 Q. First of all, could I ask that we have up on the screen,  
6 please, [INQ10345-1 - not for publication].

7 Mr Lodhi, we're looking at a photograph and I know  
8 you've got a copy of that photograph with you. It's the  
9 photograph that was taken from a height behind the bus  
10 looking down on the scene of the explosion. I can see  
11 that you've got a photograph in front of you, is that  
12 the one you're looking at?

13 A. That is the one, yes.

14 Q. In your statement, Mr Lodhi, the first casualty you  
15 describe attending to was a gentleman in his 20s, you  
16 describe him having a leg wound and being near a taxi.

17 A. That's true.

18 Q. First of all, is the taxi that you're describing there  
19 the black taxi that we can see in the photograph?

20 A. That is the one, yes.

21 Q. Can you tell us any more about this particular casualty  
22 or what condition he was in?

23 A. He was semi-comatosed at that particular time. He  
24 was -- there was a quite big wound on his leg, I don't  
25 remember which side it was at the time, and it was

1 bleeding quite heavily. We just dressed it, stopped the  
2 bleeding, and, by that time, I think he was coming  
3 around to certain extent.

4 This was the gentleman which was transferred from  
5 that particular place near the taxi, later on, towards  
6 this Tavistock Square and Woburn Street area.

7 Q. Thank you. We've heard evidence, Mr Lodhi, that  
8 somewhere in that area quite close to the taxi --  
9 probably just a little bit in front of the taxi at this  
10 time -- was another casualty, a man. I don't think it  
11 is one of the casualties that you describe in your  
12 statements, but a gentleman lying face down on the road,  
13 who had received very severe injuries, including one of  
14 his legs being amputated up at the thigh.

15 Do you remember seeing that casualty, Mr Lodhi?

16 A. I don't remember a man. I do remember a woman which  
17 I described in my statement.

18 Q. I'm going to ask you about that lady in a moment.  
19 I just wanted to ask whether you saw this other  
20 gentleman and you don't remember seeing him?

21 A. No.

22 Q. The second casualty I want to ask you about, Mr Lodhi,  
23 is a female casualty whom you describe dealing with  
24 briefly with Mr Choudhary.

25 A. That's true.

1 Q. You've been shown a photograph by the police of this  
2 casualty. Sadly, we know this was a casualty who died,  
3 a lady called Marie Hartley, and you were shown  
4 a photograph of her and recognised her as the person  
5 that you remembered dealing with.

6 A. That is true.

7 Q. We believe, looking back at the photograph that you've  
8 got in front of you, that this lady -- do you see,  
9 Mr Lodhi, a man with a bright yellow cap on in your  
10 photograph?

11 A. Yes, I do see that.

12 Q. Just between him and the photographer we see someone  
13 wearing a high visibility jacket crouching down. Do you  
14 see that?

15 A. Yes.

16 Q. We believe that Marie Hartley was lying in the road  
17 somewhere in that area.

18 A. That is true.

19 Q. That's your memory as well?

20 A. That's true, yes.

21 Q. When was it that you attended to her?

22 A. I think it was probably the second patient I saw. The  
23 first one was the gentleman with the leg wound, and the  
24 second one was this lady. When we saw her lying down on  
25 the road, I could -- it was quite bad -- badly injured

1 person. Do I describe her condition now or ...?

2 Q. Yes, please tell us what you remember.

3 A. Yes. What I remember was that the lower part of her  
4 body was missing, waist down. I know that is not what  
5 the police have shown me in the photograph. They said  
6 that it was just the one part of the leg which was  
7 missing. My recollection was that the -- her entrails  
8 or the intestines were dangling outside the abdominal  
9 cavity.

10 Q. Mr Lodhi, you were shown another picture of a different  
11 casualty who did have injuries much closer to those that  
12 you've just described. Are you possibly confusing two  
13 different casualties? Do you remember two different  
14 female casualties or just one?

15 A. Well, only one. The lady I remember is the lady whose  
16 lower part of the body was missing below umbilicus.  
17 Most of the intestines were outside the body. She was  
18 still alive at that time because she was blinking her  
19 eyes, but it was just -- she was on her last breaths, it  
20 appeared.

21 Q. Mr Lodhi, you were shown two photographs by the police,  
22 I think. Do you remember that?

23 A. No, at that time, she -- the constable showed me only  
24 one photograph with the leg missing.

25 Q. In your statement, at any rate, you describe being shown

1 two different photographs. Do you remember seeing those  
2 two different photographs or only one?

3 A. The constable told me at the time that there was this  
4 only one lady whose leg was missing, not the lower part  
5 of the body. Unfortunately, she did not show me the  
6 lady which I was referring to whose lower part of the  
7 body was missing.

8 Q. Mr Lodhi, can I just ask you this -- let's not talk any  
9 more about the photographs, then, but let me just ask  
10 you this: you have a memory, do you, of a female  
11 casualty with those very serious wounds that you  
12 describe --

13 A. Yes.

14 Q. -- with, as you thought, both her legs missing, but in  
15 any event, very serious injuries to the middle of her  
16 body?

17 A. That's true.

18 Q. Was she a young woman or a middle-aged woman?

19 A. She was young.

20 Q. Do you remember whether she was -- had coloured skin or  
21 whether she was white?

22 A. Well, there was another -- some confusion. As far as  
23 I remember, it was a white lady. Now, the police  
24 officer told me differently, and I was a bit surprised  
25 with that. It is possible that my memory may have

1 confused over the time, but when I gave the first  
2 statement, I remember it was a white lady.

3 Q. You have a memory, then, of a lady you believe to be  
4 white, but would you agree it's possible that she had  
5 some colouring in her skin?

6 A. That is true. At that time, the -- sorry, the body  
7 colour have changed because of the blood loss, and it is  
8 possible that, if a light-coloured person loses body --  
9 loses the blood, then the colour may change obviously.

10 Q. A young lady, then, with those injuries that you've  
11 described. You remember, I think, going to see this  
12 lady with another doctor. I think you mention that he  
13 was a psychiatrist.

14 A. There was a psychiatrist there as well, yes.

15 Q. Do you remember the name of that doctor?

16 A. I'm sorry, I can't remember.

17 Q. Roughly speaking, how long after the blast do you think  
18 that you were standing by this casualty whom you've  
19 described?

20 A. I would have thought it would be within 10 minutes or  
21 so.

22 Q. Your memory --

23 A. 10, 15 minutes at the most.

24 Q. Your memory is that she was still alive, but I think  
25 only just?

1 A. That's true.

2 Q. Did she, in fact, die while you were standing with her?

3 A. Well, she blinked her eyes a couple of times and, while  
4 I was standing nearby, she died at that time.

5 MR ANDREW O'CONNOR: Thank you very much, Dr Lodhi, those  
6 are all the questions I have for you. It may be that  
7 some others in the room have questions for you now.  
8 Thank you.

9 LADY JUSTICE HALLETT: Mr Saunders?

10 Questions by MR SAUNDERS

11 MR SAUNDERS: Dr Choudhary, just one matter, please --  
12 forgive me, Dr Lodhi. Just one matter. You've  
13 described that you were outside attending to a number of  
14 casualties. When were you first aware of additional  
15 help coming from outside the BMA, as it were?

16 A. There was some ambulance people soon after, I would say  
17 10, 15 minutes probably, 20 minutes at the most,  
18 available outside.

19 Now, the proper doctors, when they started coming  
20 out, I would have thought it started happening when we  
21 were inside in the courtyard of the BMA, and that would  
22 have been 45 minutes to an hour afterwards. But  
23 I cannot be sure about these things, because we were --  
24 from treating these two, three patients, I took one of  
25 the patients towards the Woburn Street area and there

1 was another lady which I was treating, and that took  
2 some time for me to -- she had a lot of burns of her  
3 body, so I don't know exactly how much time was spent at  
4 that time in that area.

5 From there, we came into the courtyard. So the  
6 time -- I would not be able to give you exact timings,  
7 but my recollection is probably it would have been  
8 45 minutes to an hour after.

9 Q. In the time that you were dealing with the casualties  
10 you were tending to, did you have any medical equipment  
11 brought to you?

12 A. There were just bandages available at that time. You  
13 just have to use bandages and use your own -- own skill  
14 how to stop the bleeding. I think that was it at that  
15 time, when we were working outside.

16 When we started working inside, in the courtyard,  
17 then the instruments and other things were available,  
18 the fluid also was available. That was at a much later  
19 time.

20 Q. Can you help her Ladyship as to when that would be?

21 A. I -- it's very difficult to ascertain the time, because  
22 you don't look at the time, you know, when you're  
23 dealing with these sort of casualties.

24 I probably would have been with the other lady who  
25 was burnt from -- on the chest down, and there were some

1 burns on the face as well, in the Tavistock Square gate  
2 itself, the park gate. I really cannot tell you exact  
3 timings, but I would have thought 10, 15 minutes. But  
4 it looked like as if I was there for an hour or so. But  
5 I think it probably was -- yes, sorry?

6 Q. No, forgive me, I was interrupting you, Doctor, you  
7 carry on.

8 A. Sorry, as far as I think, it probably would have been  
9 15, 20 minutes' time with that particular lady. So  
10 overall, it would have been half an hour, 45 minutes  
11 before we started going -- I started going into the  
12 Tavistock Square BMA building courtyard.

13 Q. The lady that you've just described by the park with all  
14 the burns, did you make any request for burns dressings  
15 or a burns pack?

16 A. There was nobody available at that time. I was alone in  
17 that area. There were only few bandages. I don't know  
18 where they come from. The public might have brought it  
19 from the road where the taxi was standing, but we tried  
20 to -- well, really, I just comforted her and there was  
21 a lot of bleeding from the head, where the -- you could  
22 see the -- a lot of bleeding already has happened, and  
23 we put a dressing on the head to stop the bleeding.

24 There was --

25 LADY JUSTICE HALLETT: I'm not sure this is going to help me

1 much, Mr Saunders.

2 MR SAUNDERS: Rather than interrupt the witness, I was going  
3 to allow him to finish and then -- I think, Doctor,  
4 we've understood that, so that's very helpful. Thank  
5 you very much.

6 LADY JUSTICE HALLETT: Any other questions for Mr Lodhi?  
7 Mr Lodhi, can you hear me? I'm Lady Justice Hallett,  
8 I'm conducting the inquests into the bombings. Thank  
9 you for taking the time to give evidence and thank you  
10 for all you did to help the survivors and, sadly, some  
11 of deceased on that dreadful day, so thank you very  
12 much.

13 A. Thank you, your Ladyship, thank you.

14 MR ANDREW O'CONNOR: My Lady, would that be a convenient  
15 moment?

16 LADY JUSTICE HALLETT: Have we not had Mr Choudhary waiting  
17 this morning?

18 MR ANDREW O'CONNOR: I believe he is in court.

19 LADY JUSTICE HALLETT: I think if we have a doctor waiting,  
20 I think I'd rather let him get back to his other duties.

21 MR ANDREW O'CONNOR: Certainly, my Lady. Then may I invite  
22 you to call him?

23 MR AWANI CHOUDHARY (sworn)

24 Questions by MR ANDREW O'CONNOR

25 A. My Lady, if I may just say something before the

1 evidence? I had a retinal detachment and I was operated  
2 about 7 weeks ago, and at this moment I have got three  
3 glasses, well, actually, four glasses, one for the near  
4 vision, one for the distance vision, one for the middle  
5 region vision and the fourth is to find the other three.  
6 So if I am changing the glass frequently -- because my  
7 eyesight is very distorted at the moment.

8 LADY JUSTICE HALLETT: Don't worry, we'll understand,  
9 Mr Choudhary.

10 A. And I have got nothing else to do all afternoon today,  
11 so I'm here all day.

12 MR ANDREW O'CONNOR: I hope that we won't need to keep you  
13 here all day, even if you haven't got anything to go off  
14 to do, Mr Choudhary.

15 Mr Choudhary, could you start by giving us your full  
16 name, please?

17 A. My name is Mr Awani Kumar Choudhary, I'm a fellow of the  
18 Royal College of Surgeons of Edinburgh by competitive  
19 exam, I'm Master of Surgery by competitive exam, I work  
20 as associate specialist and frequently I do locum  
21 consultant in Bassetlaw and Doncaster District General  
22 Hospital and I have been doing so for nearly 20 years.

23 Q. Thank you. You're a fellow of the Royal College of  
24 Surgeons, you are, I think, an orthopaedic surgeon?

25 A. I'm an orthopaedic surgeon.

1 Q. As well as working at Bassetlaw Hospital, as you said,  
2 in 2005, you were also on the committee, indeed the  
3 chairman of a committee at the British Medical  
4 Association?

5 A. That's correct.

6 Q. That was the negotiation committee that Mr Lodhi was  
7 also a member of, and you were in court when you heard  
8 him describe the function of that committee?

9 A. That's correct.

10 Q. You also heard him describe how that committee had  
11 a meeting on the morning of 7 July. Is that right?  
12 7 July 2005, I should say.

13 A. Yes.

14 Q. And that the meeting had either just commenced or was  
15 about to commence at the time that the bomb exploded  
16 outside in Tavistock Square?

17 A. That's correct.

18 Q. Had you, Mr Choudhary, travelled in to London that  
19 morning?

20 A. No, no, I was in London the night before.

21 Q. Had you become aware, prior to hearing the explosion, of  
22 the developing problems outside?

23 A. No, you see, because I came fairly early. Being the  
24 chair, you have to do all the preparatory work before  
25 other people come in. So I was there around about 9.00.

1 But I did become aware, because people were coming late,  
2 and when -- as I said in my statement, when one of other  
3 colleagues came, he said there was a lot of people on the  
4 King's Cross railway station, and then we heard that  
5 Mala Viswalingham can't come because the Tubes were not  
6 working, and we became aware that something is happening  
7 but we had no clue what is happening.

8 Q. I see. You were in the room, the meeting room?

9 A. Correct.

10 Q. We've heard from Mr Lodhi that it wasn't one of the  
11 rooms in that building that looked out over  
12 Tavistock Square, it looked the other way, the back of  
13 the building?

14 A. Well, you see, that building, that room we were in, was  
15 in the ground floor, but it looks at the courtyard of  
16 the BMA, but not out of the courtyard.

17 Q. As Mr Lodhi described, you heard the blast, but you  
18 couldn't see into the road from the room you were in?

19 A. That's right.

20 Q. When you heard the blast, what did you think had  
21 happened?

22 A. Well, when we heard the blast, I thought it was just  
23 a very loud blast. But there was a lady called Lucy,  
24 who actually is a solicitor, she said that it probably  
25 is a bomb, and she became very emotional because her

1 then boyfriend was travelling underground, so she went  
2 out of the room, left the room open and we could then  
3 hear all the sounds, you know, coming out through there.  
4 So we then came out of the room and, as we came in the  
5 courtyard, we could see the commotion going on.

6 Q. Did you stay in the courtyard or did you move straight  
7 through the archway into the square?

8 A. We moved straight through. The four of us initially  
9 moved. One came back, he returned back very, very  
10 quickly. I took my jacket off, gave it to one of the  
11 officers of the BMA, and we came to the road, the three  
12 of us: Mr Lodhi, me and Mohib Khan.

13 Q. We've heard from some other witnesses that the security  
14 guards at the front of the building were encouraging  
15 people not to go into the square. Did you receive that  
16 sort of advice or not?

17 A. There are more than one entrance in the front of the  
18 BMA. Normally, the central entrance will be closed, and  
19 people will come through the side entrance, which is  
20 a narrow passage, through the security people. We went  
21 through the centre, the central entrance was open, so  
22 I didn't see or met the security officers.

23 Q. I see. You've been in court and you've heard the  
24 questions about timing that we've all been asking, and,  
25 as I've said to other witnesses, we do understand how

1 difficult it is to give that sort of information,  
2 particularly this long after the event, but can you try  
3 to help us with how long it was after you heard the  
4 blast that you came out into Tavistock Square?

5 A. My Lady, I must say that, when -- it will be making  
6 a guess, because I gave the statement some -- some  
7 months after, and I never thought that I will be called  
8 to give the evidence. I thought that I did a very  
9 little job and there are other people who will be coming  
10 and giving you the evidence, you see.

11 LADY JUSTICE HALLETT: Don't worry about -- sorry to  
12 interrupt you. Don't worry about that, just think back  
13 as to -- you know the distances better than I do.  
14 You've essentially heard the explosion and come out, and  
15 all you've done is take your jacket off. So knowing how  
16 quickly you moved, how long do you think?

17 A. Probably within five minutes of the blast that we were  
18 on the road.

19 MR ANDREW O'CONNOR: Yes. We've been hearing evidence about  
20 this explosion now for some time and we've heard the  
21 evidence about the bodies in the street outside, and we  
22 know from your statement that you treated several  
23 casualties in the, in fact, hours that followed that  
24 blast.

25 A. Correct.

1 Q. I particularly want to ask you about two of the  
2 casualties whom you treated, both of whom sadly died  
3 that morning, and I believe you were aware that they'd  
4 died at the time that they died.

5 The first casualty I want to ask you about is a lady  
6 whose name was Gladys Wundowa. You describe her in your  
7 statement as a woman of African origin.

8 A. That's correct.

9 Q. Do you remember her?

10 A. I remember her very well, very well.

11 Q. You describe her as lying in the road to the rear of the  
12 bus.

13 A. That's correct.

14 Q. Could we just look at the photo, please, [INQ10345 - not for  
publication]?

15 You're in no doubt about who you treated, Mr Choudhary,  
16 but can I just ask you this: we think that  
17 Gladys Wundowa was lying somewhere over to the  
18 right-hand side of this photograph -- do you see where  
19 the taxi cab and the silver car in front of it are?

20 A. Yes.

21 Q. We think that she was probably lying, in fact, as we  
22 look at it, on the right-hand side of those vehicles,  
23 possibly in the road which is just concealed by the  
24 foliage of the tree. Would that accord with your memory  
25 or do you remember going somewhere else?

1 A. No, she was on the road, she was not on the pavement,  
2 she was in the road.

3 Q. In the road?

4 A. Oh, yes, on the road and her head was facing towards the  
5 BMA House, and her leg was facing other way round, and  
6 I saw her. Do you want me to describe what I did?

7 Q. Let me ask you this: was she the first casualty that you  
8 went over to see or not?

9 A. She was the first casualty I put my hand on, but I saw  
10 other people lying around there. She was the first  
11 casualty I put my hand on.

12 Q. You've given us your best evidence as to how long it was  
13 after the blast that you went into the square.

14 A. Yes.

15 Q. Can we take it that it was very shortly after that that  
16 you arrived --

17 A. Of course.

18 Q. -- and started to treat Gladys Wundowa?

19 A. Yes.

20 Q. You've described her lying on the ground. Was she lying  
21 face up or face down?

22 A. Face up.

23 Q. Were her eyes open or closed?

24 A. Her eyes were opened. She was conscious. She was  
25 unable to respond and answer your questions. She was

1 moaning and groaning.

2 Q. Just pause there for a moment, if you will. You say she  
3 was unable to respond. She was unable to speak to you?

4 A. Yes.

5 Q. Was she able to respond in any other way; for example,  
6 by squeezing your hand or moving when you spoke to her?

7 A. She -- we assessed -- I'm not going to go through the  
8 medical term, but we assess on the three basic  
9 fundamental principles: whether the people will open  
10 their eye when you ask them to open their eye; whether  
11 they will follow your command, ie you say "Move your  
12 leg", and they move their leg, and how they move their  
13 leg -- so there are five, six, criteria there how they  
14 move their leg -- then you ask them how they are,  
15 whether they are oriented with time and place.

16 So if I ask her to look at me, she will hold her  
17 gaze and make eye contact. But if you ask her to move  
18 her leg, she is unable to move her leg. Having said  
19 that, every now and then, she will move her hand, but  
20 that was uncontrolled.

21 Q. Of course, it's possible that she could understand your  
22 request to move her leg, she simply wasn't able to do  
23 that.

24 A. Absolutely, maybe, yes.

25 Q. One of the possible injuries that this lady may have

1 suffered, do you agree, is some sort of spinal injury?

2 A. That's correct.

3 Q. Was that something that you thought at the time?

4 A. That's correct. Absolutely.

5 Q. Was there anything -- let me ask you this: we've heard  
6 a lot of evidence about some of the casualties who were  
7 terribly severely injured, visibly. Gladys Wundowa, the  
8 evidence has been rather different. Several witnesses  
9 have described how she didn't appear to have very many  
10 or even any external injuries. What's your recollection  
11 of her?

12 A. Well, there was no external injury which was bleeding,  
13 but there was some blood around her lower abdomen area  
14 which might have come from somebody else. There was no  
15 gush of blood coming out through there. But she was not  
16 fully conscious. She was not able to move her leg or  
17 toes, but she was conscious enough to hold your gaze.  
18 Actually, when I left her a few minutes after --  
19 well, some time after -- and when I came back again, she  
20 put her focus on me, and what I was doing -- because  
21 I knew that she had multiple injuries, but I thought  
22 that she might have had a cervical spine injury, so the  
23 first thing that I did was immobilise her cervical  
24 spine.  
25 I kept her head in my hand for a good five, six

1 minutes, before I had some stuff, maybe a tablecloth,  
2 maybe a part of a broken bus, through which you can  
3 stabilise the head so that she doesn't move the head.  
4 And that is the first thing which you do; you should  
5 immobilise the spine of the patients so that they don't  
6 get further damage. And it took me some time, a good  
7 five, maybe even seven, maybe even ten minutes, before  
8 I had anything of that nature where I could put there to  
9 be happy enough that her neck is now immobile.

10 Q. Just pausing there for a moment, so you've described  
11 going straight to her and then we can take it, can we,  
12 that you stayed with her for that period of five or ten  
13 minutes that you're describing in the first instance  
14 holding her head --

15 A. Correct.

16 Q. -- to stabilise and prevent her moving her head?

17 A. That's correct.

18 Q. After that, you found some way, a makeshift way, of  
19 doing that by means of a tablecloth or some --

20 A. That's correct.

21 Q. The post-mortem examination of Gladys Wundowa found some  
22 blood in her ears. Is that something that you noticed  
23 while you were holding her head or at any other time?

24 A. Well, there was blood everywhere, you see. You didn't  
25 ask me. As soon as I came out of the BMA House, there

1 was a gentleman who handed me a glove, I don't know who  
2 that gentleman was, but he certainly was not  
3 a paramedic. I thought that he was from somewhere. And  
4 when I looked at my gloves, when I left her, there was  
5 blood on my hand. So it is quite possible -- there was  
6 no gush of blood coming out. So it's quite possible  
7 that she was bleeding from her nose or possibly bleeding  
8 from her ear, but she was not bleeding from her mouth at  
9 this stage.

10 Q. Thank you. It may be that we've covered this ground,  
11 Mr Choudhary, but in your statement you describe your  
12 thoughts at this moment that -- the words you used were  
13 you thought that she was in immediate danger.

14 A. That's correct.

15 Q. You've described your concerns about a possible neck  
16 injury. Is that what you meant by feeling that she was  
17 in immediate danger or did you mean something more by  
18 that?

19 A. More, I thought -- you see, I have felt her pulse, and  
20 by feeling the pulse you can have many, many  
21 information, and I thought that she was bleeding from  
22 somewhere, I have not seen the post-mortem report, but  
23 I thought that she was bleeding from somewhere, and  
24 I suspected that she is probably bleeding from either in  
25 her chest or abdomen, because her pulse was going very

1 fast, and it was becoming weaker and weaker and, within  
2 10 minutes, you could not feel her pulse near the wrist,  
3 but you could feel it just about near the elbow.

4 So if the post-mortem says that she was not bleeding  
5 from anywhere, just had a spinal injury, I will be  
6 surprised.

7 Q. Can I ask you this: you've just mentioned bleeding. Do  
8 I take it from what you say that you mean internal  
9 bleeding?

10 A. Internal bleeding, yes.

11 Q. Since you ask about the post-mortem, can I simply inform  
12 you that, as with all the other casualties of the day,  
13 no internal post-mortem was conducted into  
14 Gladys Wundowa, so unfortunately, much as we would like  
15 the answers to the questions that you've asked, they  
16 don't --

17 A. I don't want to go through the medical too much. There  
18 are two types of shock a patient can have. What we call  
19 it, neurogenic, and the other, we call it hypovolemic.  
20 In the neurogenic pulse -- you see, the pulse will be  
21 pretty well, but the blood pressure will be low, you  
22 see, and in the hypovolemic shock, because the blood had  
23 been lost, it will be other way round, and I'm  
24 absolutely sure that she had had internal injury as well  
25 as a spinal injury, and I'm absolutely surprised that

1 a post-mortem has not been done through and through.

2 Q. Well, Mr Choudhary, that isn't a matter to concern you.

3 A. Sorry.

4 Q. I was simply informing you so that we didn't chase any  
5 red herrings, but we don't need to concern ourselves  
6 about that matter.

7 Can I ask you about something else? You've  
8 described going to Gladys Wundowa, being with her for  
9 this period of five to ten minutes while you held her  
10 head. Do you remember other people joining you at that  
11 time?

12 A. There were quite a few people joining me. I left her  
13 and I attended a man who was lying face down on my left  
14 on the other side of bus, and then I came back again to  
15 Gladys and, as soon as I speak, Gladys will look at me  
16 so she recognised me.

17 By this time, there were quite a few people there,  
18 quite a few people there, and there was a gentleman who  
19 I thought is a paramedic, and had a bag, but there was  
20 nothing there, there was nothing of any use, there were  
21 no normal saline, no giving drip, no airway, there was  
22 nothing there.

23 Q. Just pause there.

24 A. Sorry, am I speaking too fast?

25 Q. No, you're not at all. You describe then a gentleman

1 who was with her who was carrying a medical bag, but you  
2 didn't find anything in it of much use. Do you recall  
3 whether he was wearing a paramedic's uniform or was he  
4 simply in, as it were, civilian clothes?

5 A. I can't recall him wearing a paramedic -- but if he was  
6 wearing it, I can't recall it. I was not looking at him  
7 at all.

8 Q. We have had read a statement from a gentleman who, in  
9 fact, lived very close by, who wasn't a paramedic but  
10 had had some first aid training who described picking up  
11 a bag and going to the scene, and one of the people he  
12 described being with was Gladys Wundowa.

13 In fact, he also described shortly afterwards  
14 helping to carry her into the BMA building. So it's  
15 possible, is it, that that is the man who you remember?

16 A. Could be, could be.

17 But when we carried her in, there were about six,  
18 seven people who helped me to carry her in.

19 Q. Let me ask you about that. We've heard evidence about  
20 this move that took place of the casualties from the  
21 street into the BMA. The thrust of the evidence we've  
22 heard is it was about 10 or 15 minutes after the initial  
23 blast. Is that recognising the difficulties of  
24 timing --

25 A. It was later, it was later. You see, it was later.

1 People -- there was a lot of rumour going around there,  
2 another bomb on the bus, and later on, you see, we were  
3 told that there may be another bomb in the bus, and then  
4 we were told -- not by any doctor, I can't recall who  
5 was that. You see, initially, there were only four,  
6 five doctors, you see, no matter what people are  
7 saying -- and it is possible that they may be on the  
8 other side of the bus which I did not see, where there  
9 might have been a whole unit of intensive care with  
10 hundreds of doctors, but I did not see it. I saw only  
11 very few doctors and a lot of bystanders, all other  
12 people attending the casualties.

13 Now, when it became clear that there is a bomb and  
14 they may do a controlled explosion, and that was a good  
15 20, 25 minutes after the -- after my arrival at the  
16 scene, we took Gladys in. We did not take Gladys in  
17 straightaway then.

18 Q. Do you remember other casualties being taken into the  
19 BMA at the same time?

20 A. Yes. When we were taking her -- you know, as you have  
21 seen in my statement, I will leave her for a few minutes  
22 and go and attend some. Some I remember, some I can't  
23 remember at all, you see. I do remember putting  
24 a bandage on somebody's head and I do remember that,  
25 because, again, the person -- and it's a different

1 person who identified himself, that he possibly is from  
2 an ambulance -- did not have a crepe bandage in his bag  
3 and because I was angry -- and I can be very angry --  
4 I remember that incident.

5 So there was a time gap before we took Gladys and  
6 other people in.

7 Q. Just pause there. I'll ask you about the other people  
8 but let's stick with Gladys Wundowa, then.

9 So you've got a period of, say, 20 minutes, you  
10 recall, before she was moved in. Is it fair to say that  
11 you were with her most -- initially, you were with her  
12 for that five to ten minutes without leaving her, and  
13 then afterwards, as you've described, you were with her  
14 but you would go off and treat other people and come  
15 back to her?

16 A. Correct.

17 Q. During that time, you've described how, when you came  
18 back later, she seemed to recognise you?

19 A. Correct.

20 Q. Was there otherwise a noticeable change in her  
21 condition?

22 A. Yes, her blood pressure was going down, her breathing  
23 was becoming irregular and more and more erratic, and by  
24 the time we took her in, she was much more seriously  
25 ill.

1 Q. I see. So this is going back to your concerns about the  
2 internal bleeding, a gradual decline in her condition?

3 A. Correct.

4 Q. We've heard other evidence about her being carried into  
5 the BMA. The evidence that we heard read yesterday was  
6 that the makeshift stretcher in her case, some of the  
7 casualties were taken in on table-tops, but in her case  
8 she was taken in, in fact, on one of the windows, the  
9 wrecked windows from the bus. Is that also your memory?

10 A. That's correct, yes, it was a side of the window or the  
11 door, which was lying just left to me or left to Gladys,  
12 which we picked up. There was some piece of clothes  
13 which I believe Sam Everington brought in, and then we  
14 transferred her. And I remember it very clearly that  
15 I told the people what to do, how to move her to the  
16 right and then how to move her to her left and they  
17 followed it as if they have been trained to do that for  
18 years.

19 Q. With someone in her condition, and your concerns about  
20 her having suffered a neck injury, clearly you would  
21 have wished to move her on a proper orthopaedic  
22 stretcher?

23 A. Correct.

24 Q. Did you try to find out if there was such a stretcher  
25 available before you --

1 A. There was nothing available.

2 Q. Using the makeshift stretcher that you've described, in  
3 fact, did you think that that did a good job or do you  
4 think that it may actually have exacerbated her  
5 condition?

6 A. It did a good job because I was holding her neck and,  
7 from the time we moved her to the right, we moved her to  
8 the left, on the stretcher, until we brought her back,  
9 put her in the courtyard and took the stretcher out,  
10 I was holding her neck in my hand every single second of  
11 the time. We did absolutely log roll.

12 Q. Although you might have wished for an orthopaedic  
13 stretcher, in fact your view was that she was none the  
14 worse for being carried in on the window frame?

15 A. That was the second best alternative available.

16 Q. Did you stay with her when she had been moved into the  
17 courtyard and put down on the ground?

18 A. I stayed with her for a little while. Then I came back  
19 in the front.

20 Q. Sorry, came back to?

21 A. To the front.

22 Q. Into the road?

23 A. On the road.

24 Q. I see.

25 A. And then I went back, you see, because then they said

1 that they are going to do the second blast.

2 Q. Right?

3 A. After the second blast was done, which I believe was  
4 maybe 10.30, or whatever time there was, after that,  
5 I did not go back to the road. I stayed inside the  
6 court.

7 Q. I see. Can I just stay asking you questions about  
8 Gladys Wundowa? We know that, as you've described, she  
9 was moved into the courtyard. We know that sadly she  
10 died not a long time after that. Would you agree maybe  
11 half an hour or so after that?

12 A. She died around about 10.20.

13 Q. In your witness statement, you said 11.20.

14 A. Sorry, 11.20, yes, 11.20, I beg your pardon, I stand  
15 corrected by you, sir.

16 Q. It's your evidence we're interested in, Mr Choudhary.

17 A. 11.20, yes.

18 Q. I was going to come to it, but let's raise it now.

19 In fact, there is other evidence that she died  
20 a little earlier than that, at about 10.40, in fact  
21 around the time of the controlled explosion. Do you  
22 feel clear in your mind that it was a longer time than  
23 that or not?

24 A. She did not die before 11.00, absolutely. Because, when  
25 the proper paramedics came, around about just before

1 11.00, we put a chest lead and it was still showing some  
2 activity in her heart, and I thought -- and the reason  
3 I'm saying that he was a paramedic, I can explain to you  
4 what you may like or not, but I can tell you why  
5 I thought that he was a paramedic and not a doctor --  
6 but he could be a doctor, he could be a consultant,  
7 I don't know, he may be a professor, but I thought that  
8 he was a paramedic -- and we put the lead, and we did  
9 give her some gas, air, you see, with an Ambu bag, and  
10 I thought that her heart is being compressed, but it is  
11 quite possible that her heart was just giving way, you  
12 see. And I think that, shortly after that, maybe two,  
13 three minutes after that, she died.

14 Q. Yes. We can we can explore other evidence about the  
15 timing, Mr Choudhary, I don't want to get caught up on  
16 it, but can I just ask you this: when you say that it  
17 was after 11.00, is it because you, for example, looked  
18 at your watch at the time she died and you remember it  
19 being after 11.00, or is that a sort of deduction based  
20 on the fact that you recall when the other emergency  
21 services arrived and you recall the fact that she died  
22 after that?

23 A. We declare her at 10.20, and that was after making  
24 incision in the chest. Not by me. At that time,  
25 I looked at the watch and I said that death -- the time

1 of the death should be 10.20.

2 Q. I'm sorry to pick you up on it again, but in your  
3 statement you said 11.20.

4 A. Sorry, that's what I mean, 11.20, the time of the death  
5 was to be 11.20. So going back from there, when the  
6 help came, where there was some instrument and some  
7 salines -- which was not the right stuff coming in --  
8 I would say that she did not die at 10.40. She  
9 certainly died after 11.00, and we said that -- or  
10 I said that the time of the death should be declared at  
11 11.20, because, when the chap opened her chest with two  
12 stab incisions, the lung was completely flat.

13 LADY JUSTICE HALLETT: Mr O'Connor, this is important  
14 evidence and it's obviously important we get an accurate  
15 transcript. I think the stenographer has had a long  
16 morning. Given that Mr Choudhary isn't in a rush to get  
17 back to the operating theatre, we'll take a break now.

18 (11.40 am)

19 (A short break)

20 (11.55 am)

21 MR ANDREW O'CONNOR: Mr Choudhary, we were discussing the  
22 treatment of Gladys Wundowa after she was moved into the  
23 BMA courtyard and, in particular, we'd gone ahead  
24 a little bit and we were talking about the timing of her  
25 death. I just want to ask you one or two more questions

1 about that, and then, as it were, I'll go back and ask  
2 a little bit more about her treatment in the period just  
3 before she died.

4 But just on that narrow question of the timing of  
5 her death, can I ask you this: do you have a memory of  
6 the -- what we know was a controlled explosion, the  
7 occasion when the police carried out an explosion on the  
8 bus because they thought there might be another bomb  
9 there, and that was around the time that the people in  
10 the courtyard were being asked to move further back into  
11 the courtyard, do you recall that?

12 A. Yes, I do.

13 Q. Are you able to have in your mind or associate that with  
14 the time when Gladys Wundowa died?

15 A. No, Gladys died much later.

16 Q. You think that's right. There is other evidence that  
17 she died just around the time of the controlled  
18 explosion, but that's not your memory?

19 A. That's not my memory, and I'm saying it with so much  
20 confidence, that a patient is not dead unless the  
21 patient is dead, and after the paramedics made the  
22 incision, or whosoever that person was made the  
23 incision --

24 Q. Just pause there, I think he was a doctor.

25 A. Well, that's surprised me even more, but after he made

1 the incision, I looked at my watch, and I said that the  
2 time of the death should be 11.20.

3 Q. All right. Just before we go back and talk more about  
4 the treatment, another timing point. You say in your  
5 statement that it was at 10.40 that you recall fluids  
6 and other -- you don't mention fluids, you simply recall  
7 equipment and supplies arriving. That's quite a precise  
8 timing to give for that. Do you have a particular  
9 memory of that?

10 A. No, it could be 10.45 or 10.30 or 10.35, but it was  
11 after the controlled explosion. Because I did not hear  
12 the second explosion. You see, other people said to me  
13 that they heard, but I did not hear anything, you see.  
14 It was after that. It was after that a lot of doctors  
15 came. It was after that a lot of general practitioners  
16 came. It was after that the whole scene started to  
17 become more organised.

18 Before that, it was completely chaotic.

19 Q. I see. So, in fact, one thing we can be quite confident  
20 of is that the controlled explosion -- you didn't hear,  
21 but you remember the -- what was happening -- was at  
22 about 10.40 or just a few minutes after that. So your  
23 memory is that the supplies and equipment arrived after  
24 that. Is that right?

25 A. That's right.

1 Q. Okay. I want to take you back, then, to the question of  
2 that time between when Gladys Wundowa was moved into the  
3 courtyard and the time when she died.

4 First of all, did you stay with her for all of that  
5 period, some of that period? Give us an idea of that.

6 A. I stayed with -- I stayed with her with most of the  
7 period. I did leave her to go back to put drip up,  
8 because I put two more drips in the BMA House. I also  
9 looked at other people.

10 Q. Yes.

11 A. And a very short -- you see, after the controlled  
12 explosion, I did not go out, but before the controlled  
13 explosion, I just -- I did go out for a very short  
14 period, so I did leave her, I did leave her, yes.

15 Q. Perhaps it was similar to the period before she was  
16 moved into the BMA, in that you were spending most of  
17 your time with her but occasionally going off to spend  
18 short times with other patients?

19 A. That's correct.

20 Q. I think it's right to say that, in this second period  
21 after she had been moved, there were other medically  
22 qualified people who came to help you treat her.

23 A. That's correct.

24 Q. A GP, I think, a lady GP who had been passing and  
25 volunteered her services, do you remember her?

1 A. I don't remember any particular person, you see.

2 I remember there were quite a few, four, five of them  
3 were just standing by her side.

4 Q. Yes.

5 A. But I can't remember any particular person, because  
6 I was not looking at any particular person.

7 Q. Would it be fair to say that, although these other  
8 people came and joined you, it was really you who was  
9 taking control of the treatment of Gladys Wundowa for  
10 that period?

11 A. Apart from putting the drip, until the so-called doctor  
12 arrived there was nothing much you could do.

13 Q. I see.

14 A. There was nothing much you could do.

15 Q. You've mentioned the drip.

16 A. Yes.

17 Q. That was put in after she came into the courtyard, was  
18 it?

19 A. That's correct.

20 Q. Was it a saline drip?

21 A. Well, she had a saline drip, but other had dextrose  
22 saline drip, which is another bone of contention, you  
23 see. We orthopaedic people do not believe that you  
24 should use dextrose saline in a situation of trauma,  
25 because it causes more problems than solves the problem.

1 We believe that you should be -- and that is the -- that  
2 is the principle of the advanced trauma and life support  
3 course, which I have passed twice -- not once, twice --  
4 that you should use either normal saline or Hartmann's  
5 solutions.

6 Q. In Gladys Wundowa's case, you used a saline drip?

7 A. That's correct.

8 Q. Its purpose was simply to keep the fluids going round in  
9 her body?

10 A. The purpose is that, if she is leaving us, because of  
11 the hypovolemic shock, you want to give a bolus of  
12 normal saline to fill the blood vessels, but she did not  
13 respond.

14 Q. She didn't respond?

15 A. No.

16 Q. You described how her condition was gradually worsening  
17 before you moved her into the courtyard.

18 A. Correct.

19 Q. Did it continue to worsen during that period?

20 A. Continued to worsen.

21 Q. Was there any dramatic change or was it simply that --

22 A. She just faded away.

23 Q. You mentioned, before we had a break, that you were  
24 treating her with an airbag towards the end of that  
25 period?

1 A. Towards the end when these people came, they had an  
2 Ambu bag, airbag, and we used that one.

3 Q. So it was something that you used when it became  
4 available?

5 A. That's correct.

6 Q. Would you have used it earlier if it had been available  
7 earlier?

8 A. Yes, certainly. You see, if everything would have been  
9 there, I would have intubated her, put an endotracheal  
10 tube at the place where I saw her first.

11 Q. Who was it that brought the airbag, do you recall?

12 A. It was the people who came, supposed to be the air  
13 ambulance, or paramedics, or doctors, they brought it.

14 Q. Yes. We know that a HEMS -- as we've been describing  
15 it, the Helicopter Emergency Medical Service, I think --  
16 team arrived. There was a particular HEMS doctor, a man  
17 called Dr Teasdale, who has given a statement,  
18 describing assisting in the treatment of Gladys Wundowa.  
19 He brought the airbag, did he?

20 A. Yes.

21 Q. You were using it essentially to help her breathe?

22 A. That's correct.

23 Q. Had she actually stopped breathing or was she simply  
24 finding it very difficult to breathe?

25 A. She was -- we call it laborious breathing, so when

1 they're breathing but not really breathing, there's just  
2 sort of air going in, there is very little effort.

3 Q. Did she improve when you started to use the airbag?

4 A. No.

5 Q. You've also referred in your statement to  
6 a defibrillator being used on Gladys Wundowa?

7 A. No, it was the heart monitor. Defibrillator was not  
8 used on her at all.

9 Q. I may have used a misleading term. Other witnesses call  
10 it a defibrillator. Isn't it right that some of these  
11 machines can be used as defibrillators but also have  
12 a function as heart monitors?

13 A. Yes, can be.

14 Q. It may be difficult to tell the difference --

15 A. Yes, it can be.

16 Q. In her case, as you say, there was never an attempt to  
17 shock her, as it were --

18 A. No.

19 Q. -- it was being used to monitor her heart?

20 A. Yes.

21 Q. Was that another piece of equipment that was brought by  
22 the HEMS team?

23 A. That's correct.

24 Q. And another piece of equipment that you used as soon as  
25 you had it?

1 A. As soon as they brought it in, yes.

2 Q. And that you might have used earlier if you'd had it  
3 earlier?

4 A. Certainly.

5 Q. But it wasn't, as you say, being used to treat her,  
6 merely as a way of monitoring her condition?

7 A. Well, you see, having worked as orthopaedic surgeon for  
8 30 years, and a senior post for nearly 20 years, by this  
9 time we knew that we have lost her, but you don't leave  
10 her, you don't believe in your mind that a patient will  
11 die in your hand.

12 Q. At what point was it in the period we've been discussing  
13 that you took the view that Gladys Wundowa was not going  
14 to survive?

15 A. When we came inside the BMA House.

16 Q. The heart monitor showed, didn't it, her heart gradually  
17 failing?

18 A. Yes.

19 Q. We know that a surgical exercise was carried out on her,  
20 I think its technical name is a thoracostomy?

21 A. A thoracostomy, yes.

22 Q. Was that an exercise that you carried out or  
23 Dr Teasdale?

24 A. Dr Teasdale, that's the name you said, he carried out  
25 that.

1 Q. Yes. The purpose of this operation is to investigate,  
2 isn't it, whether there's a pneumothorax?

3 A. Yes, you see, that's why I say that, you know, with all  
4 due respect to him, if I'm going to do a thoracostomy  
5 I will have three things ready with me. The first, to  
6 control the breathing, I will have an endotracheal tube;  
7 second, to put a chest drain, that if the patient is  
8 alive and had a pneumothorax, and a gust of air --

9 LADY JUSTICE HALLETT: Sorry to interrupt you, Mr Choudhary,  
10 before we go down this path, are you being critical of  
11 the treatment that she received?

12 A. No, no.

13 LADY JUSTICE HALLETT: Well, I think we don't want to raise  
14 any unnecessary complications, if you don't mind.

15 A. The investigation was essentially to see whether she has  
16 gone.

17 MR ANDREW O'CONNOR: I see. It was an exercise that he  
18 performed?

19 A. He performed.

20 Q. Having performed it, did he take the view that nothing  
21 more could be done to save her life?

22 A. That's correct, and I also took the view that nothing  
23 else could be done.

24 Q. I see.

25 So that was the moment -- we talked about the timing

1 of it -- that was the moment the decision was taken to  
2 declare her dead?

3 A. That was the moment I looked at my watch and I said  
4 11.20 should be the time of her death.

5 Q. It may be that no particular individual amongst you took  
6 the decision to declare her dead. Is that right or was  
7 there, at that point, one of the doctors there who did,  
8 himself or herself, take the decision to declare her  
9 dead?

10 A. No, at least two of us were in agreement that she was  
11 gone.

12 Q. You and the HEMS doctor?

13 A. Yes.

14 Q. Thank you, Doctor. Those are the questions I wanted to  
15 ask you about Gladys Wundowa. It's clear from your  
16 evidence that she was the patient, at least until the  
17 time she died, whom you had most to do with. Is that  
18 right?

19 A. I did, yes.

20 Q. There was another casualty who died that morning, having  
21 survived the initial explosion. Her name was  
22 Marie Hartley. You describe, we believe, her in your  
23 statement as someone whom you saw on the road when you  
24 first went out. You describe in your statement a white  
25 lady with fairly large build lying behind the bus. Do

1 you remember her?

2 A. I don't remember her in any great detail. You see, what  
3 I saw is that somebody was already attending to her. If  
4 somebody was attending to that patient, then I would not  
5 stay for too long there. So I just assisted the doctor,  
6 I said to him that she was bleeding from her mouth and  
7 there could be a head injury, plus there could be  
8 a chest or an abdominal injury, and then I moved on,  
9 then I moved on. The same lady was brought in and then  
10 I saw her again.

11 Q. Yes, and then she subsequently died?

12 A. And then I put a drip up on that one, and then she died.  
13 She was put on a left lateral position, and she died,  
14 but I don't know exactly what time she died.

15 Q. I'll ask you a little bit about it, but, just to be  
16 clear, you have in your own mind, you're quite clear,  
17 that this lady, who subsequently died, was the same lady  
18 who you saw at that earlier stage?

19 A. Because I stayed only for less than half a minute with  
20 her outside, I can only make a guess. I can't be as  
21 sure as Gladys, you see, because I saw many people, and  
22 I saw many people outside, you see. Some of them I have  
23 got no recollection at all, you see.

24 Q. In any event, Doctor, your memory is that you think it  
25 probably was the same person?

1 A. Yes.

2 Q. You've described the condition that you thought she was  
3 in at the time. Was she one of the people whom you went  
4 over to see, as it were, while you were treating Gladys?

5 A. No. I saw her once, and that's it, outside. I went to  
6 see other people. If anybody will ask me, you see --  
7 there were only very few doctors at the time, you see --  
8 if anybody would ask me, then I will go and look at  
9 them. But if not, then I will come back to Gladys. So  
10 I distinctly remember seeing this person who was lying  
11 face down with his girlfriend or a lady. The person who  
12 had blood coming out through the head. And then I saw  
13 many people, for very, very short period, then I will  
14 come back to this lady.

15 Q. Just sticking with the lady whom I asked you about, who  
16 you think was the same lady who died subsequently, you  
17 describe her as having blood coming out of her mouth.  
18 Do you know the name of the doctor who was treating her  
19 at the time?

20 A. No, no.

21 Q. Did you recognise him or her to be a doctor, from  
22 someone you knew or --

23 A. Not really, somebody was there. You see, I don't think  
24 it was Jit Lodhi. Mohib Khan didn't do much, you see,  
25 he was shell-shocked, and there was a psychiatrist whose

1 name I can't remember now, and there were one or two  
2 other people, you see, so I did not know the name of  
3 anybody who was not actively involved in the BMA  
4 politics at the time, you see.

5 Q. Do you recall whether it was a male or a female doctor?

6 A. It was a male.

7 Q. In any event, you've given us your evidence about that  
8 period when you went over to see her, and you've said  
9 you didn't see her again until you and she were inside  
10 the BMA courtyard.

11 A. Correct.

12 Q. You've already said that, when you were in the BMA  
13 courtyard, most of your time was spent with  
14 Gladys Wundowa.

15 A. That's correct.

16 Q. But did you, on one of the occasions when you moved away  
17 briefly from Gladys Wundowa, return to this same lady?

18 A. Yes, this lady was lying on the left-hand side. She is  
19 very similar build, she had blood coming out of her  
20 mouth, and her nose and, in spite of the fact that she  
21 was a lost case, I thought that it will still be human  
22 to put a drip up and give her some fluid.

23 Q. Pause there for a minute. Was there a doctor with her  
24 at the time?

25 A. There was a person with her, there was no doubt, and

1 I am not sure who was he.

2 Q. Was it the same person who had been with her in the  
3 street?

4 A. I'm not sure, but it was not a person who I can just  
5 remember the name straightaway.

6 Q. No. Was it someone you recognised from the BMA?

7 A. I'm not 100 per cent sure, because I was not really  
8 involved in there. I just went to put a drip up, you  
9 see, I just looked at her very, very briefly, because  
10 some other people were looking at her, you see. So --

11 Q. Was it -- did you form the impression that there was one  
12 or more people caring for her?

13 A. Yes, yes.

14 Q. All right. You said, when you were answering one of my  
15 earlier questions, that you thought she was a lost case.  
16 Is that what you said?

17 A. Well, I thought that her injury was such that she would  
18 not be able to -- we would not be able to save her.

19 Q. Was that something you were quite clear about?

20 A. Five years' down the line, as much as I can be sure,  
21 I can be sure about that.

22 Q. At the time --

23 A. At the time, yes.

24 Q. But you put a drip into her?

25 A. I did put a drip into her.

1 Q. Now, this would have been reasonably early, just a few  
2 minutes, perhaps, after she was moved into the  
3 courtyard?

4 A. Maybe five minutes, maybe ten minutes, yes.

5 Q. There were fluids and drips available, were there?

6 A. By that time, the drips were coming, you see. You see,  
7 even before the ambulance, the air ambulance, somebody  
8 brought some drips, but they were not Hartmann's  
9 solutions, they were a mixture of normal saline and  
10 dextrose saline, you see. So we used -- whatsoever was  
11 there, we used that.

12 Q. The position is you put a drip into her?

13 A. Yes.

14 Q. But you didn't think at the time that she was going to  
15 survive?

16 A. That's correct.

17 Q. Did you become involved in her treatment again after  
18 that?

19 A. No, no, after -- immediately after that, she was put on  
20 the left lateral position.

21 Q. I'm sorry, could you repeat that?

22 A. She was put on a left lateral position. So initially,  
23 she was lying supine in the BMA courtyard, then we put  
24 her on the left lateral position, and that is the  
25 position you put the patient so that they don't choke on

1 their own blood, and she was left there on that  
2 position. I did not go back to her at all after that.

3 Q. I think you mention in your statement that around this  
4 time her breathing was slowing.

5 A. Yes.

6 Q. Was that consistent with your view that she wasn't going  
7 to survive?

8 A. That's correct.

9 Q. Were you with her when she died?

10 A. No.

11 Q. How did you become aware that she had died?

12 A. Because she was covered up, she was covered up.

13 Q. Is it right that she died before Gladys Wundowa died?

14 A. I'm not 100 per cent sure. I'm not 100 per cent,  
15 because I did not go back to her, you see, but I saw  
16 from the corner of my eye that she has been now covered,  
17 so I thought that --

18 Q. So it's more that you became aware later that she had  
19 died --

20 A. Yes.

21 Q. -- rather than being able to help us with the moment at  
22 which she died?

23 A. No, no, because there were other people attending to  
24 her.

25 Q. I see. Mr Choudhary, those are all the questions

1 I wanted to ask you about Marie Hartley, the second of  
2 the casualties.

3 Could I just quickly take you back to something you  
4 said earlier? When you were out in the road, you  
5 described another casualty lying face down?

6 A. Yes, a man.

7 Q. A man. Could you give us a little more description of  
8 that casualty?

9 A. He was a man, you see, and he was lying face down. He  
10 could speak, he could move his leg and he was  
11 complaining of pain. I sat with him, I introduced  
12 myself to him and said that help is on the way and do  
13 not move and stay in that position, don't even turn back  
14 to your back.

15 Q. There was a gentleman who had been on the bus who was  
16 found lying down, lying face down in the road, who had  
17 suffered extremely serious injuries to the lower part of  
18 his body, including one of his legs being completely  
19 amputated?

20 A. It was not that.

21 Q. We're not talking about the same person?

22 A. No, no, he had both his legs there and he was moving his  
23 legs.

24 MR ANDREW O'CONNOR: Thank you. Mr Choudhary, thank you,  
25 those are all the questions I have for you.

1 A. Thank you, thank you very much.

2 LADY JUSTICE HALLETT: Mr Saunders?

3 MR SAUNDERS: Nothing, thank you, my Lady. Ms Sheff? Any  
4 other questions for Mr Choudhary. Yes?

5 Questions by MR FURNISS

6 MR FURNISS: Mr Choudhary, I'm representing the HEMS  
7 doctors. I wonder if I could just put to you a sequence  
8 of events and see if you agree with this sequence?

9 The likely evidence of the HEMS doctor, Dr Teasdale,  
10 will be this: first, that it was while he was with you  
11 treating Gladys Wundowa that a police officer approached  
12 and said that they were going to carry out a controlled  
13 explosion. Now, first of all, does that accord with  
14 your memory?

15 A. Well, I don't recall whether he was a police officer,  
16 but there was somebody who said that they are going to  
17 carry out a controlled explosion.

18 Q. All right. Secondly, that then life was pronounced  
19 extinct in Gladys Wundowa, and Dr Teasdale specifically  
20 identifies that it was pronounced extinct to a police  
21 officer collar number EK430.

22 A. No.

23 Q. That doesn't accord with you?

24 A. No.

25 Q. Are you saying that that's wrong or that you don't

1 recollect that happening?

2 A. I think that is absolutely wrong, because -- you see,  
3 just look at it, you see. Why somebody will put a drip  
4 on a dead person? Why somebody will do a thoracostomy  
5 when somebody died 25 minutes ago?

6 LADY JUSTICE HALLETT: Mr Choudhary, again, I'm terribly  
7 sorry to interrupt you, but it is important that I focus  
8 on the issues. Will you just listen to Mr Furniss'  
9 questions and I promise you he'll make sure that you can  
10 deal with the matters that I need to help me. You may  
11 not be particularly conscious of what I'm looking into,  
12 you see.

13 A. I'm sorry.

14 MR FURNISS: I'm very grateful. I think what he's saying is  
15 that, by this time, the heart monitor was there, the  
16 drip was there and, indeed, what you described as the  
17 stab incisions had been made or were being made at about  
18 that time?

19 A. Not at 10.40, no.

20 Q. I'm not putting you to you specific times, but  
21 a sequence of events. First of all, that someone came,  
22 whether it was a police officer or not, and said, "We're  
23 about to do a controlled explosion" or, "There's about  
24 to be a controlled explosion". Then that life was  
25 pronounced extinct, and then, thirdly, that the

1 controlled explosion took place.

2 Are you saying that your recollection is different  
3 from that?

4 A. Yes, I'm saying that my recollection is completely  
5 different from that, yes.

6 Q. Just so we understand what your evidence is, are you  
7 saying that Dr Teasdale's involvement happened  
8 a considerable time after the controlled explosion?

9 A. That's correct.

10 MR FURNISS: All right, I'll leave it there, thank you.

11 LADY JUSTICE HALLETT: Any other questions for Mr Choudhary?

12 Those are all the questions we have for you,

13 Mr Choudhary. You literally and metaphorically rolled  
14 up your sleeves and went to use your skill and expertise  
15 to help the severely injured. Thank you for everything  
16 you did that day. Thank you for coming to assist me and  
17 I hope that your medical colleagues did their best to  
18 help you with your eye and you make a speedy recovery.

19 A. Thank you very much, thank you.

20 LADY JUSTICE HALLETT: Thank you.

21 A. Thank you very much.

22 MR ANDREW O'CONNOR: My Lady, Mr Choudhary's evidence  
23 completes the live evidence for this morning. There are  
24 two statements to be read. Having said that, it's quite  
25 likely we're going to have a gap in proceedings this

1 afternoon. We're calling Mr Dunlop at 2.00. He will  
2 probably be fairly short, and then we have a videolink  
3 at 3.00, so my Lady, I'm in your hands, I'm happy to  
4 read the statements now, but it may be that we will find  
5 that we have some time to use up this afternoon.

6 LADY JUSTICE HALLETT: Let's read the statements now, if we  
7 may, Mr O'Connor, unless there's any reason not to.

8 MR ANDREW O'CONNOR: No.

9 LADY JUSTICE HALLETT: Thank you.

10 MR ANDREW O'CONNOR: My Lady, I'll start with the statement  
11 of Julia Phillips, a statement dated 5 October 2005.

12 Statement of MS JULIA PHILLIPS read

13 "I qualified as a doctor in July 2002 and,

14 since August 2005, have worked as a senior house officer  
15 in the Princess Royal Maternity Hospital which is part  
16 of the Glasgow Royal Infirmary. I am a paediatrician.

17 On 7 July 2005, I was in London, having arrived on  
18 3 July as I was attending an exam preparation course at  
19 Birkbeck College in George Square for a week.

20 "I was staying with my sister who lives in north  
21 Finchley. I intended getting to the college in time for  
22 the first lecture at 9.00 am, but I was delayed as there  
23 were problems on the Northern Line. I got out at  
24 King's Cross and changed on to the Piccadilly Line  
25 intending to travel to Russell Square. When I got onto

1 the platform at about 8.45 am, it was packed and, when  
2 a train pulled in, it, too, was packed.  
3 "I wanted to get into the second carriage but a man  
4 in front of me had already boarded and a woman, who  
5 I assume was his wife, was trying to get on behind me.  
6 I would describe them as in their 60s, white, with  
7 suitcases on wheels. I stepped aside to let the woman  
8 get on to be with the man and then the doors closed,  
9 leaving me on the platform. About 2 minutes later, no  
10 more trains having come through, we were evacuated from  
11 the station. I now realise that the train I had nearly  
12 got on to into the second carriage must have been the  
13 one that exploded after leaving King's Cross.  
14 "However, at the time, I had no idea why we were  
15 being evacuated on to Euston Road, and I spent a while  
16 trying to find out which bus went where. I decided to  
17 get on a bus to Euston station, then walk. I saw fire  
18 engines travelling towards King's Cross, but at this  
19 stage, I was still unaware of what happened.  
20 "When I got to Euston, I got off the bus and walked  
21 along Woburn Place arriving at Birkbeck College at  
22 around 9.40 am. I was late and the lecture I had been  
23 due to attend in the basement had already started.  
24 I did not want to interrupt, so I waited outside.  
25 Between about 9.45 am and 9.50 am I heard a loud bang.

1 It was a quick noise, like a box being dropped to the  
2 ground from a great height. I did not think it was an  
3 explosion, but said to the course organiser [she gives  
4 her name] that I was going to take a look.

5 "I came out of the college, which faces  
6 George Square, and turned right, but could not see  
7 anything. I began to walk towards Woburn Place and got  
8 a sense that something was very wrong. There was no  
9 moving traffic and it was very quiet. I saw several  
10 groups of people standing very still. I carried on  
11 walking into Woburn Place and had a feeling that  
12 something awful had happened and that perhaps someone  
13 might need a doctor, so I started running.

14 "As I passed a gate leading into the square, I saw  
15 a female sitting on the ground, possibly with a blanket  
16 round her. I have drawn a sketch plan and have marked  
17 this woman as 1."

18 I wonder if we might call up [INQ8972-2]? Thank you.

19 My Lady, this is the plan drawn by the witness, and one  
20 can see on the right-hand side Birkbeck College where  
21 she had been and she's marked her route towards  
22 Tavistock -- or rather along the side of  
23 Tavistock Square towards Upper Woburn Place, and one can  
24 see the 1 that she's marked there, this lady, whom I  
25 don't believe we have any other evidence about, whom

1 she's just described.

2 I wonder if we could now focus -- not quite like  
3 that, as it were, vertically, and simply take the  
4 left-hand side of that page, and put next to it, if we  
5 may, [INQ10285-8], and rotate it, and perhaps zoom in on  
6 the right area.

7 My Lady, this witness's statement now describes  
8 a number of casualties and I hope it will assist if we  
9 can have those two plans next to each other as the  
10 statement is read:

11 "As I got to the main road, I saw a bus with no roof  
12 which I initially thought was a tourist bus. I realised  
13 something horrendous had happened. The only sound  
14 I could hear was of the bus's engine running and there  
15 was an overwhelming smell of burning human flesh.

16 I have been present during surgery when cauterisation  
17 has been performed, so I am familiar with what burnt  
18 flesh smells like.

19 "I remember noticing that I could not see many  
20 people on the bus, but as it was by now about 5 minutes  
21 after the blast, the walking wounded must have got off  
22 already. I saw shattered glass everywhere, a black taxi  
23 behind the bus and abandoned cars in the road. There  
24 were polystyrene balls everywhere, which were probably  
25 stuffing from the bus's seats. I saw two obviously dead

1 bodies beside the taxi, but I still went to feel them  
2 for their carotid pulse. I saw a black female covered  
3 in grit with both legs missing from the knees down. She  
4 felt lukewarm and clammy, had no pulse and was not  
5 breathing. I believe I recognise her from subsequent  
6 press photographs as the fatality, Gladys. I have  
7 marked her as 2 on my sketch."  
8 Pausing there, my Lady, you will see where she's  
9 marked 2. She was clearly in error to think that was  
10 Gladys Wundowa, who, as we've heard this morning,  
11 certainly wasn't dead at that time. We believe that  
12 this is a reference to Shahara Islam, who was lying, in  
13 fact, on the other side of the taxi, but not too far  
14 from where this witness has put her mark 2:  
15 "Slightly to her right as I was facing the bus was  
16 another body, face down, who had all his limbs. He was  
17 a balding male with grey hair wearing a tweed jacket.  
18 His fingers were outstretched and looked misshapen. The  
19 bones were possibly shattered. I felt for his pulse but  
20 could not find one. I have marked him on my sketch  
21 as 3."  
22 My Lady, we believe that to be a reference to  
23 Giles Hart. He didn't have all his limbs, but all the  
24 other descriptions meet Mr Hart's description:  
25 "I saw a lady in her 30s who was stuck under the

1 front passenger wheel of the taxi. It looked as though  
2 the taxi had driven over her. I had no equipment but  
3 identified myself to her as a doctor. She was calm and  
4 conscious and was half propping herself up. She had  
5 someone with her and I thought it best to leave her  
6 until paramedics arrived with a cervical collar. I told  
7 the person with her how to protect her cervical spine  
8 and to keep her talking. I also thought that, if the  
9 tyre was helping stem any blood loss, then moving her  
10 may make things worse. I have marked her as 4 on my  
11 sketch."

12 My Lady, that, we believe, is a reference to  
13 Emma Plunkett, who we'll hear evidence from next week:  
14 "I then walked towards the bus to see if there was  
15 anyone hurt on it. I had to walk over a huge chunk of  
16 metal in the road and approached the bus from the BMA  
17 side. I saw that the seats in the rear third of the top  
18 deck were concertinaed together. I did not board the  
19 bus but, as the top deck had dropped, saw an  
20 Eastern-Asian-looking man in his 30s or 40s moaning in  
21 pain. I could only see his head and shoulders and he  
22 appeared trapped amongst the seats.  
23 "Another member of the public was on the street  
24 talking to him and I showed him how to hold his head in  
25 order to stabilise his spine, as the casualty's head and

1 shoulders were leaning out of the bus. The passer-by  
2 was able to reach up and support his head. He is marked  
3 on the sketch as 5."

4 My Lady, a reference to Sam Ly:

5 "A little further towards the front of the bus  
6 I could see two lifeless legs, with their toes pointing  
7 down, sandwiched between the seats. They were at right  
8 angles to the side of the bus and had on trousers and  
9 shoes. I could not see the rest of the body nor tell if  
10 it was male or female. This person I have marked as 6  
11 on the sketch."

12 My Lady, a possible reference to

13 Anthony Fatayi-Williams:

14 "I walked beside the bus for its entire length and  
15 did not see anyone else on either deck. The front of  
16 the bus did not appear to be damaged. I then stepped on  
17 to the kerb by the BMA building and took a moment to  
18 look around and take in what had happened and what I was  
19 seeing. I think it now started to hit me. I walked  
20 back past the BMA and saw a mangled body to the side of  
21 the entrance, which I have marked as 7, and a bit of  
22 flesh nearby, but I did not look too closely.

23 "I now know there was blood splattered up the walls  
24 of the BMA but I never noticed it. As I walked towards  
25 the area with the glass and abandoned cars, I came

1 across a young black female, whom I came to know as  
2 Jennifer, lying on the pavement just past the mangled  
3 body. I have marked her position as 8. She was  
4 conscious and talking and had someone with her. I did  
5 an assessment. She had cuts and said her legs hurt.  
6 She seemed fine, although very anxious, and told me she  
7 was asthmatic and that her inhaler was on the bus.  
8 "Someone from the BMA brought out a first aid box  
9 and I looked in it for bandages. I then picked up or  
10 was handed a stethoscope, which was of poor quality and  
11 I could not hear much through it. The BMA doctors came  
12 out from the building at about this time and an Asian  
13 male doctor helped me with Jennifer. The paramedics had  
14 also just arrived, bringing with them drips and saline  
15 so the Asian doctor was able to put a cannula into  
16 Jennifer.  
17 "I said we needed to get a cervical collar on her  
18 before she was moved, and an American or Australian guy  
19 with a big backpack was helping by stabilising her neck.  
20 I was struck by how calm everyone was and how friendly  
21 and helpful people were.  
22 "I was then asked, I think it may have been by  
23 Andrew Deardon, a GP who had come from the BMA building,  
24 to assist with a man further behind the bus on the BMA  
25 side of the road. As I was leaving Jennifer to go to

1 this man, he was being moved back away from the bus.  
2 This was because the police had said there was  
3 a possibility of a second device and asked that all  
4 casualties be moved back. I have marked this man as 9  
5 on my sketch. I came to know him as Mark."  
6 My Lady, Mark Beck it would appear:  
7 "He was in his 30s, wearing a dark suit, with dark  
8 hair and was barely conscious. He had an horrific  
9 injury to his right leg. The lower part of it was  
10 hanging off and the bones were exposed. He also had  
11 a compound fracture to his right wrist with the two  
12 lower arm bones sticking out through his skin. His  
13 clothes were partly ripped. Dr Deardon and some  
14 paramedics were with him. I got a police officer to  
15 squeeze his arm so I could get a needle in a prominent  
16 vein and squeezed 0.9 per cent saline in. We said we  
17 needed to splint his injuries. He had been lain on  
18 a table top and we only had sellotape to strap his leg.  
19 The police officer suggested using Mark's belt, which we  
20 did.  
21 "I asked one of the paramedics for morphine but the  
22 strongest analgesic they are allowed to carry is  
23 tramadol, so I administered this to Mark intravenously.  
24 I spoke to him throughout telling him what I was doing.  
25 I examined his abdomen with the useless stethoscope and

1 found it to be significantly bruised. A lot of force is  
2 needed to bruise the abdomen. It felt tense and  
3 I thought I could feel his liver. This suggested it was  
4 enlarged or lacerated. I also examined his neck for the  
5 trachea position to check for a pneumothorax. This is  
6 where air becomes trapped between the lungs and  
7 surrounding membranes and is potentially fatal because  
8 the lungs become squashed.

9 "I found the trachea to be central. It was a crude  
10 examination under stressful conditions and I was with  
11 Mark for quite a while, although I am unable to estimate  
12 a time.

13 "I was able to find another bag of saline in  
14 a nearby ambulance. In total, I put six bags of  
15 500 millilitres of saline into Mark. I had wanted  
16 colloid or blood, but the ambulances don't carry it.  
17 Colloid is a thicker solution that stays in the vascular  
18 system longer and beefs up the blood pressure.

19 A cervical spine solar was put on Mark by the paramedics  
20 and he was transferred onto a stretcher and into an  
21 ambulance.

22 "I became aware that there were others in the  
23 quadrangle of the BMA being treated. I grabbed  
24 a paramedic's bag and went under the police tape and  
25 into the quadrangle. I had not noticed when the police

1 arrived or when the tape had been put up. I passed some  
2 air ambulance doctors treating a black lady on the  
3 ground, who I have marked as 10, just inside the BMA  
4 entrance. She had just arrested and they were starting  
5 CPR (cardiopulmonary respiration), but she died. There  
6 were sufficient medics helping her and I did not get  
7 involved with her at all."

8 My Lady, that, we believe, is a reference to  
9 Gladys Wundowa:

10 "I saw other people on the far side of the  
11 quadrangle, and there were lots of people with each  
12 patient. I went round each one and established that  
13 each had a doctor with them. I helped treat a casualty  
14 I came to know as Camille [Camille Scott, my Lady], who  
15 was lying on the ground under a foil blanket. I have  
16 marked her position as 11. She said she was feeling  
17 cold - there was already various access and fluids had  
18 already been started into her. I wanted some analgesia  
19 for her and found an Entonox cylinder. This is nitrous  
20 oxide, most commonly known as gas and air, and gave it  
21 to her, which helped her.

22 "Peter from the BMA, who I now know to be  
23 Peter Holden, was working with some of the other doctors  
24 and I was asked to assist in checking vitals, heart  
25 rate, pulse, respiration, et cetera, and I think we put

1 about 2 litres of fluid for her. She was obviously in  
2 shock and we were concerned about a drop in her blood  
3 pressure, although she showed no other signs of a major  
4 bleed. I stayed with Camille until she was put into an  
5 ambulance. She had been tagged as P2 or P3. I am not  
6 sure by whom. The tagging system shows the patient's  
7 priority regarding needing treatment. P4 being dead or  
8 nearly dead, and P1 being urgent, a potentially  
9 life-threatening case. A police officer took my name  
10 and I had a moment to stop and once again take it all in  
11 as I started to comprehend the enormity of what had  
12 happened. By now I had got to hear about the other  
13 bombs and the situation really hit me. I became quite  
14 upset as I was so taken aback by what people had done to  
15 other people."

16 My Lady, the remainder of this witness's statement  
17 describes contacting her family by phone and meeting  
18 with her family and events after the day in question.

19 LADY JUSTICE HALLETT: Had she been called to give evidence,  
20 obviously I would have commended her for everything she  
21 did to assist the seriously injured.

22 MR ANDREW O'CONNOR: My Lady, the next statement I'll read  
23 is a statement of Jonathan Clarke, a Metropolitan Police  
24 explosives officer. My Lady, before I read it, we've  
25 heard evidence about concern about secondary devices

1 and, in particular, we've heard, in a sense, that the  
2 response to the concern, in particular the concern about  
3 the microwave oven, took two forms: first of all,  
4 a sniffer dog and his handler, and inspecting it by that  
5 means; and, second, and later, a controlled explosion.  
6 In fact, Mr Clarke deals with the controlled  
7 explosion. There is a statement from the sniffer dog  
8 handler, whose name is Hesketh, which we'll be reading  
9 next week, but Mr Clarke's statement, as I say, is about  
10 the controlled explosion.  
11 It's a statement dated 6 August 2010.  
12 Statement of MR JONATHAN CLARKE read  
13 "On Friday, 6 August 2010, Detective Constable  
14 Martin Ferguson from the 7 July Inquest team attended my  
15 offices to take a statement. I am an explosives officer  
16 with the Metropolitan Police and have over 30 years'  
17 experience in ammunition and explosives. This statement  
18 refers to my deployment and subsequent actions taken on  
19 7 July 2005. This statement is in addition to two  
20 statements I have previously made."  
21 My Lady, I won't be reading those statements simply  
22 because this statement includes all the detail in those  
23 statements and a little bit more as well:  
24 "I was tasked to Woburn Place WC1 along with my  
25 colleague PC Kubanski. I arrived on scene at

1 10.24 hours. I initially reported to a member of the  
2 traffic police who briefed me as to what had happened."  
3 My Lady, presumably Inspector Perry:  
4 "Also on scene were a number of emergency personnel  
5 from the Metropolitan Police, London Ambulance Service,  
6 London Fire Brigade, as well as members of the public  
7 and persons I later learnt to be from the BMA. The  
8 scene was chaotic on arrival. My main concern was the  
9 preservation of life, securing and preserving the scene  
10 and public safety of persons such as the LAS and BMA  
11 personnel who were assisting with triage on the injured  
12 persons, on receiving information about a possible  
13 secondary device. My main priority was to move people  
14 away from it. I established there were no critical or  
15 injured persons left within the cordon area. The dead  
16 bodies had been covered up. Critically injured persons  
17 had been moved away from the scene and other injured  
18 parties taken to hospital.  
19 "I approached the bus and entered it through the  
20 front doors. On the nearside parcel shelf as I walked  
21 in there was a large cardboard box with wires coming out  
22 of the top. There were a number of emergency personnel  
23 on scene. I cleared the area and established a cordon.  
24 I carried out normal EOD actions (Explosive Ordnance  
25 Disposal). The item was made safe and found to be

1 false, it was a microwave oven. I subsequently examined  
2 all left luggage around the bus and on the bus to  
3 establish if there were any other hazards. After the  
4 controlled explosion, I made an assessment of the bomb  
5 damage on the bus. I then reported to the  
6 Incident Commander and handed the scene over to DC  
7 Chris Davidson."

8 My Lady, there is also a document from this witness.  
9 I wonder if we could, for completeness, very briefly  
10 look at it? It is [INQ10245-3].

11 My Lady you'll see an explosives officers call-out  
12 form. The top right-hand corner we see it's dated  
13 7 July 2005. My Lady, you will see that the time  
14 apparently of the call-out was 09.49, so approximately  
15 two minutes after the explosion. You will recall  
16 various evidence we've heard about the police officers  
17 who were on scene that quickly being concerned about an  
18 explosive device. It would appear that the call for  
19 explosives officers was made at 9.49 and, my Lady,  
20 I think perhaps, if we just look over the page, the next  
21 page [INQ10245-4], simply for the sake of clarification, you'll see  
22 the damage caused. The microwave in the suspect package  
23 was destroyed, so it is clear that that was, as it were,  
24 the focus of the controlled explosion.

25 LADY JUSTICE HALLETT: Thank you very much. The fact that

1 Mr Clarke faces danger or possible danger on a regular  
2 basis, in my view, his courage should not go unremarked.  
3 There was one witness, Mr O'Connor, who thought they  
4 heard two explosions. That was a mistake, was it?

5 MR ANDREW O'CONNOR: My Lady, it may be that we have further  
6 evidence about that. Certainly I think -- it may be  
7 that there was evidence that there was a late, perhaps  
8 much later explosion, but the evidence we've heard is  
9 clear, that this particular explosion was at 10.43.

10 LADY JUSTICE HALLETT: That's the impression I'd had.

11 MR ANDREW O'CONNOR: There was only, I think, one explosion  
12 at that time.

13 LADY JUSTICE HALLETT: Thank you.

14 MR ANDREW O'CONNOR: There's one further statement listed to  
15 be read today, that of Stephen Boyd, dated  
16 22 March 2006.

17 Statement of MR STEPHEN BOYD read

18 "I am currently employed as a security supervisor by  
19 the British Medical Association based at  
20 Tavistock Square, London, and have been so for the past  
21 16 years. My duties include the health and safety of  
22 staff and visitors to the building, management of the  
23 building's fire alarm system and the supervision of our  
24 security staff. I mainly work within the main lodge  
25 area, which is the main entrance to the BMA, and is

1 situated to the front with views on to Tavistock Square.  
2 "During the week, when working, I reside at an  
3 address in the Islington area of London. At  
4 approximately 7.20 am on Thursday, 7 July 2005, I left  
5 that location and travelled by car to the BMA, arriving  
6 at about 7.45 am, when I commenced work.  
7 "I met my colleague, Ross, who was working on the  
8 reception to the main lodge. As staff were arriving,  
9 I became aware that there were difficulties on the  
10 Underground and I was informed that this was caused by  
11 some sort of power surge. Between 9.00 am and 9.10 am  
12 that morning, Ross went for a break to the canteen,  
13 which is located in the basement to the rear of the  
14 building and to the left as you enter the main lodge.  
15 He returned some minutes later and I took that  
16 opportunity to go to the canteen myself.  
17 "I cannot recall the time I did so, but I would  
18 estimate that it was at around 9.30 am. While there,  
19 I spoke with a member of the kitchen staff called Barry  
20 and during this conversation I heard a very loud bang or  
21 shudder as if something heavy had been dropped.  
22 "Initially, I thought that there was a delivery  
23 being made upstairs and this had caused the noise.  
24 I remained there for a few moments longer before another  
25 member of staff, whose name I do not know, approached us

1 saying that there had been an explosion caused by  
2 a bomb. This member of staff appeared quite shaken and  
3 shocked and from his demeanour I felt that he was  
4 serious and that I should leave the canteen and attend  
5 the main lodge.

6 "I reached the main entrance some 3 to 4 minutes  
7 after I had heard the loud noise. I saw Ross, who was  
8 on the reception desk, and he indicated to me that there  
9 had been a bomb explosion directly outside. I walked  
10 through the pedestrian entrance/exit of the main lodge  
11 on to the pavement of Tavistock Square. I was only one  
12 or two steps outside when I touched something on the  
13 floor with my foot. I looked down and to my right and  
14 saw the torso of a human body. There were no legs, arms  
15 or head to this body, and although I cannot be sure,  
16 I felt sure it was a male body. I cannot recall any  
17 clothing, but believe that the skin was grey/white in  
18 colour. I found this very shocking indeed.

19 "I looked to my left and stationary outside the  
20 front of our building was a red London double decker bus  
21 with its rear end facing me. I would estimate that it  
22 was between 15 and 20 feet away from me. I could see  
23 considerable damage to the rear with the roof missing  
24 and the top deck collapsed on to the bottom. I could  
25 hear moans and groans from people who I presumed were on

1 this bus and injured. I could see people on board, but  
2 as I only quickly glanced over, I cannot describe them  
3 in any way. I did not look any longer, as I found the  
4 entire scene so very distressing.

5 "I could smell burning, but could not tell exactly  
6 what it was. I looked almost directly across the road  
7 and saw a uniformed police officer close to  
8 a motorcycle. I believe that he was getting tape out as  
9 if to cordon the area. I also saw in the road a white  
10 Transit-type van and a black London taxi cab and formed  
11 the impression that they were damaged and/or involved in  
12 some sort of collision. I was also aware of people to  
13 my right and across the road, but not to my left being  
14 towards the bus. I remained outside for no longer than  
15 one minute and, on going back in, I informed Ross not to  
16 let anyone go outside.

17 "I felt that this was clearly a serious incident and  
18 that I should assist in any way that I was able. As  
19 I have no medical training, I believed that I should  
20 help using my knowledge and experience as a security  
21 officer and, as such, ensure the safety of those staff  
22 still within the building. I am unclear as to the exact  
23 sequence of the events and I believe this is because,  
24 after seeing the horrific sights at the front of our  
25 building, I seemed to go into what I would call

1 autopilot. I was aware that doctors from the BMA began  
2 to go outside and help and that casualties were being  
3 brought in. I saw two men, known to me as Dr Khan and  
4 Dr Everington, assisting people. I heard a male  
5 casualty screaming in pain saying that his stomach was  
6 hurting. I could also hear that the alarms to our  
7 building had been activated. At the request of the  
8 medical staff, I began to collect tables from the garage  
9 area and take them to the main entrance/main lodge.  
10 I helped with obtaining cloth and facilitating the use  
11 of our telephone systems by the emergency services.  
12 "I was aware that a female casualty who had died as  
13 a result of her injuries was taken by our staff down to  
14 the garage area and I believe that this was at  
15 approximately 10.00 am."  
16 My Lady, pausing there, that would be Marie Hartley  
17 and this is one of the relatively few pieces of evidence  
18 about the time at which she died:  
19 "I am also aware that this body was brought back up  
20 to the main lodge and I believe that this was at around  
21 2.00 pm that afternoon. I did not assist in the moving  
22 of this person.  
23 "Whilst in the courtyard to the BMA, which is  
24 several metres in from the main entrance, I met the head  
25 of our security, Mr Patrick Reid. Whilst in

1 conversation with him, I was approached by a female who  
2 appeared to have an injury to her head, as she was  
3 holding her hand up to it. I would describe this lady  
4 as white, aged in her mid-30s, of slim build, with dark,  
5 short hair and a dark cardigan. She was able to walk  
6 unaided and I directed her to the Hastings room, which  
7 is located to the rear and to the left of the BMA as you  
8 walk into the courtyard from the main entrance. This  
9 room was being used as a treatment area. At some stage,  
10 we had to move casualties away from the front of the  
11 building and further into the courtyard, as it was  
12 believed that there may be a secondary device. I helped  
13 in the organisation of this.

14 "I did not treat or tend to any injured person and  
15 felt that it was not appropriate to do so, as I have no  
16 medical training and there were a number of trained  
17 doctors already in attendance. I continued to help in  
18 any way I could for the remainder of the day."

19 My Lady, the rest of the contents of this statement  
20 are not relevant for present purposes.

21 LADY JUSTICE HALLETT: Thank you very much. 2.00, please.

22 (12.45 pm)

23 (The short adjournment)

24

25