

A VERY BRITISH KILLING

By

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## PART 1

### IN IRAQ

#### 1.

It was shortly after dawn and already the heat was suffocating. Outside the army field hospital near Shaibah in south-eastern Iraq, fifteen kilometres south-west of Basra, a white tent had been erected on the sand a few yards apart from the main buildings. It was a police-type marquee, similar to those used to preserve crime scenes, large enough for several men to work in comfortably, if that could be possible with the temperatures already rising well above 45° centigrade. Inside the tent there was a wooden table and on the table was a man's body.

The body, solid and broad, was rudely dressed in black cotton trousers pulled down from the waist a little way over the thighs. They were sodden and split at the back. The corpse had been kept in a morgue freezer for five days and had been brought to the tent four hours earlier. It had begun to thaw and ooze fluid in the escalating temperatures inside the tent. Signs of putrefaction were becoming evident.

Next to the torso lay other items of clothing; a white vest and a green shirt. They too were ripped as though having been cut off the body and then discarded by its side. The body was tagged, a white plastic identity bracelet on the left wrist, a black tag on the right ankle. A plastic pipe projected out of the mouth. There were large circular white pads attached to the chest and an intravenous tube was still inserted into the vein in the crook of one arm, the signs of frantic but failed attempts at resuscitation.

Dr Ian Hill entered the tent sometime after dawn on 21 September 2003. He was a stranger to Shaibah and a stranger to Iraq. Five days earlier, he'd been summoned urgently

from London by a Ministry of Defence official. Hill had taken the call on a train on 16 September. The official had told him that he was needed to conduct an autopsy on someone who had died in British Army custody. Although Iraqi pathologists were quite capable of doing the work, most were on strike. One of them had been threatened with death by insurgents for collaborating with the Coalition forces. Until their safety was assured, they weren't prepared to touch another cadaver for the British. But Dr Hill had accepted the commission immediately. He was an experienced pathologist, accredited by the Home Office, a senior member of the Department of Aviation Pathology, a renowned expert on air crash victims, a recipient of the OBE, a scientific advisor on lurid TV crime dramas in his spare time, and available for commissions to conduct difficult autopsies in high-profile criminal cases.

With little preparation, Hill had been flown the 3,000 miles to Basra and taken to Shaibah Army base immediately upon his arrival. When his army transport had reached the camp just after 6am, a large number of Iraqi men and women, gathered by the gates, shouted protests about the death of the man whose body laid waiting in the tent.

Three members of the Royal Military Police had welcomed the doctor to the camp and briefed him on how the man in the tent had died. They'd said to him that he'd been detained by a British Army unit two days before his death. He'd been hooded with sandbags, subjected to persistent beatings over those two days, and finally restrained with his head on the floor of a latrine, a knee in the back and possibly his throat constricted by the rough hem of the hoods over his head as they were tugged backwards in an attempt to control him.

Dr Hill had then been introduced to the father of the dead man, who'd confirmed that his son had been in good health before he'd been taken into custody a week before. With

these preliminaries completed, Dr Hill had been given a moment to prepare himself, to put on his green gown and scrub up.

Two other persons accompanied Hill into the tent: Staff Sergeant Daren Jay, a member of the RMP's Special Investigation Branch who would video the procedure, and a young Iraqi pathologist whom Hill would later describe as looking 'frightened'. With their assistance Dr Hill began his work. He removed the remains of clothing still covering part of the body and, talking into a microphone, described the condition and the injuries he could see.

The nose was swollen. A patch of congealed blood had formed beneath the nostrils, merging into the moustache. The left eye was surrounded by bruising, the right eye too. There were grazes and contusions varying in length and depth across the left and right side of the forehead, about the cheeks, into the eye socket, over the lids, on the ears, over the bridge of the nose and about the chin. Many of the injuries were small, insignificant when measured individually. Others were larger, more brutal.

At the neck, the doctor saw further bruising and skin damage which could never have been interpreted as trivial. There were wide patches of scraped and scuffed flesh on either side of the neck and a grazed horizontal wound beneath the chin, running over the larynx, a rough mark that suggested a string or some other cloth pulled against or across the throat.

Dr Hill then examined the torso. Bruises peppered the chest and back and rib cage in kaleidoscopic hues of blue and black, green, yellow, purple and scarlet. They merged into broader, more insistent abrasions, with one patch of bruise nine inches by six, the size of a football, traversing the body from the middle of the stomach around the left flank. There was something similar on the back, above the buttocks on the right-hand side of the body. The ribs, lower back, stomach, chest, all suffered further wide impressions of trauma rendering

the whole upper body a pallet of discolouration from throat to hips, from neck to coccyx. The same pattern was repeated on all limbs. Shoulders, upper arms, forearms, hands and fingers were blemished with cuts and small contusions. Both hands were swollen too and there were lines of deep grazing around each wrist, the marks of some kind of restraining cuff pulled tight around the bone. Thighs, knees, shins, calves, all bruised.

By the time Dr Hill finished his external examination he'd recorded ninety-three separate injuries. Despite this list there was nothing, apart perhaps from the lateral mark across the throat (and that was hardly conclusive), which would explain why the body was lying on this table, in this tent. However painful they undoubtedly were, these injuries were survivable. Dr Hill had to look further, to open the body, to see for himself, the literal meaning of autopsy.

At this point in any post-mortem, as soon as the incision is made, a transformation takes place. The body becomes a cadaver and its connection with a living personality is stretched beyond natural sympathy. Every sight becomes simply *in*-human, registering only characterless organ and tissue and fat and bone. But with the parting of flesh, the weighing of organs, the extraction of fluids, there's an expectation of revelation. Some pathologists approach this part of the task with a sense of epiphany; there's a natural wonder in the disclosure of what can't be known from merely looking at the outside of the body.

Dr Hill was more prosaic. He recorded a broken nose, a brain slightly swollen, internal bruising about the abdomen, four broken ribs, an empty stomach, a slight amount of faeces in the large bowel, nothing in the small. He concluded that the lack of faeces would argue against claims that the dead man had been fed recently or indeed at all for some time. But nothing else of great moment was discovered, nothing obvious to explain how death had occurred.

When he emerged from the white tent Dr Hill left the young pathologist to talk with the family of the dead man while he reported his findings to the RMP officers. He confirmed that a sustained attack, persistent, intense, cruel, and intentional, had obviously been endured. And during this prolonged violation, the evidence of which he saw registered on the exterior and interior of the body, death had occurred. The word 'torture' wasn't used, at least not by the doctor, nor 'murder'. But the mark about the throat and everything he'd seen and been told led Dr Hill to believe that the man was ultimately the victim of 'positional asphyxia'. It meant that the man, weakened by the unrelenting battering, had been forced into a posture that would have compressed his lungs to the point where he could no longer breathe, suffocating him.

Without any rest Hill was asked to see the dead man's father and explain what he'd discovered. He agreed and sat with him, bluntly describing his findings, the injuries inside and out. The words 'ligature' and 'asphyxia' and 'restraint' were used. According to the dead man's father 'strangulation' was mentioned too. This may have been a misunderstanding, an inaccurate translation, but it remained firmly fixed in the father's mind.

On hearing the clinical details, the father became 'increasingly distressed'. Dr Hill had difficulty finishing his explanation of what he thought had happened. But to hear precisely how one's son had been killed, how he'd suffered prior to his death, to learn of the medical terms that supposedly interpreted the horrific nature of that suffering up to the very moment that his life ended, to learn about 'positional asphyxia' as though that would in some way help explain everything, could hardly have been calming.

Dr Hill left the father soon after, but his assignment wasn't finished. The RMP had another call on his services.