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QUESTIONS FROM MIN(DP)

Q1. What if baton round hits you in the eye or throat?

A1. Serious eye injuries are likely and blindness may result. We do not have details of injuries to the neck, but there have been cases of serious injuries to the jaw.

Q2. Has anyone been killed by baton rounds?

A2. The last death from a PBR was in 1989. No-one has been killed by a 1994 PBR. 17 people have been killed by baton rounds since their introduction in 1970. (Believe 3 of these deaths were from rubber bullets, which were last used in 1975.)

Q3. Were 1994 rounds issued to all units? Did the units use them?

A3. 1994 rounds were issued to all Army units at the end of 1994. If those units dealt with incidents of public disorder, the rounds will have been used.

Q4. Any fired at women and children?

A4. Unfortunately, it is not unusual for children to be involved in riots in Northern Ireland and they have sometimes been hit (injured and killed) by baton rounds aimed at adults. Women have also been killed and injured by baton rounds.

Q5. How many 1994 rounds used, and where?

A5. The Army fired 1387 baton rounds in 1996; the vast majority were the 1994 batch. The Army did not fire any rounds in 1995.

Q6. How long have the rounds been in use?

A6. Baton rounds were first deployed to Northern Ireland in 1970; these were made of rubber. Plastic baton rounds were introduced in 1973 and rubber bullets were phased out by 1975. The current round, the L5A5, evolved from the L5A4 which was introduced in 1982.

Q7. Why not tested before in case?

A7. The rounds were tested after manufacture. We had no reason to believe their performance might alter with the passage of time.

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The tests carried out in Summer 1995 were not to check the performance of the rounds, but to see what steps would need to be taken to gain full medical approval.

Q8. How many rounds tested?

A8. After manufacture, a representative sample of 35 rounds per 1,000 round lot were tested.

14 May paper by Mr Davenport

Q9. Who is the 'appropriate medical committee' referred to in paragraph 4?

A9. The medical committee was the Chemical, Biological and Human Technologies Board (CBHTB), which is chaired by an independent medical adviser and includes others, as well as ex-officio MOD members.

Q10. What is the specified velocity of the rounds, and by how much did 10% of the rounds exceed the specification?

A10. The specified muzzle velocity is 70 metres per second. During the tests carried out in Summer 1995, the fastest round was 74.9 m/s, the slowest was 56.1 m/s. Seventy one of the 724 rounds tested exceeded 70 m/s. The majority of the rounds were between 70-72 m/s. In the current trials, the fastest recorded round is 76.05 m/s. An average of 33% of rounds tested have exceeded 70 m/s, the majority being between 70 - 72 m/s.

Q11. Why do the NIO not know more about the claims for injuries they are dealing with?

A11. Claims are not dealt with centrally. The local Crown Solicitor's office deals with them. Efforts are being made to see if there is a way of monitoring claims centrally.

ANNEX A of the 14 May Paper

Q12. What is the standard deviation of the round?

A12. The standard deviation is +/- 2.3 m/s

Paper of 30 May

Q&A

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Q13. Re Question 14: Were all the rounds fired in 1996 from the 1994 batch?

A13. No, but the vast majority were. At Drumcree, most rounds were from 1994 batches.

Q14. RE Question 15: How many injuries over the last 3 years were from pre-1994 rounds?

A14. We do not know precisely how many injuries can be apportioned to each particular type of PBR. The predecessor of the L5A5 was not withdrawn until June 1996. Therefore, it is possible that some injuries for which claims against the NIO are still outstanding, were caused by the 1994 L5A5 rounds.

Q15. RE Question 17: What is the rationale for not revealing the name of the Manufacturer?

A15. The manufacturer did not want to be named because they had received threats from PIRA. We have already agreed to delete their name from the product because of this; to reveal their identity may be a breach of confidence. If we volunteer the name, the firm may have a claim against us.

Additional Question further to meeting on 5 June

Q16. What other forms of research into non-lethal force are you undertaking?

A16. The MOD's involvement is currently confined to research of the biological effects of non-lethal force. We continue to look for effective methods of non-lethal force, but as yet no suitable alternatives have been identified. In the meantime, our efforts are directed at producing a more advanced and accurate PBR.

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