

THE TRIBUNAL OF INQUIRY INTO CERTAIN MATTERS RELATING TO  
THE COMPLAINTS PROCESSES IN THE DEFENCE FORCES AND THE  
CULTURE SURROUNDING THE MAKING OF COMPLAINTS AS  
ESTABLISHED ON 20TH DAY OF JUNE 2024 BY S.I. 304/2024

PUBLIC HEARING OF THE TRIBUNAL OF INQUIRY BEFORE  
THE SOLE MEMBER, MS. JUSTICE ANN POWER,  
AT THE INFINITY BUILDING, THIRD FLOOR,  
GEORGE'S COURT, GEORGE'S LANE, SMITHFIELD, DUBLIN 7  
ON THURSDAY, 11TH JUNE 2026 - DAY 6

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I N D E X

WITNESS	PAGE
<u>COL. ANTHONY CORCORAN</u>	
DIRECTLY EXAMINED BY MR. CUSH .....	6
CROSS-EXAMINED BY MR. BRADY .....	23
CROSS-EXAMINED BY MR. MCGUINNESS .....	33
RE-EXAMINED BY MR. CUSH .....	41
QUESTIONED BY THE SOLE MEMBER .....	44
<u>MS. LINDA KINSELLA</u>	
DIRECTLY EXAMINED BY MR. MCGOVERN .....	49
CROSS-EXAMINED BY MR. MARRON .....	56
CROSS-EXAMINED BY MR. LEHANE .....	61
CROSS-EXAMINED BY MR. MCGUINNESS .....	65
<u>MR. MICHAEL LAWLOR</u>	
DIRECTLY EXAMINED BY MR. CUSH .....	69
CROSS-EXAMINED BY MR. MASTERSON, .....	88
CROSS-EXAMINED BY MR. MCCANN .....	91
CROSS-EXAMINED BY MS. MCGRATH .....	107
QUESTIONED BY THE SOLE MEMBER .....	114
<u>MR. AARON WHELEHAN</u>	
DIRECTLY EXAMINED BY MR. MCGOVERN .....	127
CROSS-EXAMINED BY MR. BRADY .....	149
CROSS-EXAMINED BY MR. MCCANN .....	153
QUESTIONED BY THE SOLE MEMBER .....	160

1 THE TRIBUNAL RESUMED ON THURSDAY, 11TH JUNE 2026 AS  
2 FOLLOWS:

3  
4 SOLE MEMBER: Good morning, everybody. Now, Mr. Cush.

5 MR. CUSH: Good morning, Judge. Judge, today, we begin 10:31  
6 with evidence in relation to the taking of Lariam in  
7 the Defence Forces, which, as we know, is an  
8 antimalarial drug. A number of witnesses will be  
9 called in relation to that, beginning with the  
10 Col. Corcoran from the Defence Forces. 10:33

11  
12 But it is important, I think, to reiterate something  
13 that was said in the course of the opening statement.  
14 The Tribunal is not concerned with the rights or wrongs  
15 of the administration of Lariam, either generally or in 10:31  
16 individual cases. It's not concerned with whether it  
17 generated side effects, either through population  
18 generally or for individuals. And it's not concerned  
19 with the merits of litigation brought, whether it be  
20 complete or pending. 10:32

21  
22 The Tribunal is concerned with the complaint processes.  
23 It's aware of the fact that the formal complaint  
24 processes were not invoked in respect of the taking of  
25 Lariam, and seeks to understand why that is so. So, 10:32  
26 that is the limitation of our inquiry.

27  
28 In fairness to the witnesses who come forward to assist  
29 the Tribunal, they would not have known at the time of

1 delivering their statements the precise contours of the  
2 Tribunal's inquiry.

3 SOLE MEMBER: Mm-hmm.

4 MR. CUSH: And it is the fact that their statements go  
5 beyond what is of interest to the Tribunal, and they do 10:32  
6 touch on matters with which the Tribunal is not  
7 concerned. That is no fault of theirs. But the  
8 Tribunal, in leading its evidence from witnesses, will  
9 seek to focus carefully on what is within its remit and  
10 seek to avoid what is outside its remit. And I will 10:33  
11 endeavour to urge everybody to follow that limitation.

12 SOLE MEMBER: That's very helpful. Thank you very  
13 much, Mr. Cush.

14 MR. CUSH: So, Judge, on that basis, the first witness  
15 today is Col. Corcoran. 10:33  
16

17 COL. ANTHONY CORCORAN, HAVING BEEN SWORN, WAS DIRECTLY  
18 EXAMINED BY MR. CUSH, AS FOLLOWS:

19

20 1 Q. MR. CUSH: Good morning, Col. Corcoran. 10:33  
21 A. Good morning.

22 2 Q. Thank you for coming along today and for your statement  
23 and for attending at a previous interview with the  
24 Tribunal. You have heard what I have just said in  
25 relation to the focus of the Tribunal's inquiry? 10:34  
26 A. Yes.

27 3 Q. And you understand that?  
28 A. I do, indeed, yeah.

29 4 Q. And, in fairness to you, that may not have been

1 entirely apparent at the time you furnished your  
2 statement to the Tribunal, is that fair?

3 A. That's fair, yes.

4 5 Q. So, you have a statement on page 658 of the book, which  
5 touches upon matters that are outside of your inquiry, 10:34  
6 do you understand that?

7 A. Yes.

8 6 Q. But I will just identify them, if I may, so as to keep  
9 the sequence of your statement?

10 A. Sure. 10:34

11 7 Q. So, on page 658, you tell us, firstly, that you are the  
12 Director of the Medical Branch of the Defence Forces?

13 A. Correct.

14 8 Q. For how long have you held that role?

15 A. Since November 2023. 10:34

16 9 Q. And how long have you been in the Medical Branch?

17 A. Medical Branch, I was in Medical Branch in 2009 until  
18 2019, and then I returned in -- sorry, it was 2022, not  
19 2023, apologies.

20 10 Q. And how long have you been in the Defence Forces? 10:35

21 A. Since 2000. So, 26 years.

22 11 Q. Thank you. You began by giving us an overview of the  
23 treatment of malaria, isn't that so?

24 A. Correct, yes.

25 12 Q. At a very high level, would you just tell us something 10:35  
26 about that, please? Just tell us a little bit about  
27 that at a very high level.

28 A. So, some of the missions that the Defence Forces  
29 deployed on, particularly the ones in Sub-Saharan

1 Africa, are malaria-endemic regions and so, as part of  
2 the pre-deployment and during deployment measures, we  
3 would prescribe people medication for to prevent  
4 malaria, as well as primary malaria prevention, such as  
5 bed nets, long sleeves, insect repellent etc. 10:35

6 13 Q. Not all of the overseas missions, obviously, were to  
7 countries with a malaria problem?

8 A. No, so the likes of Lebanon and Syria wouldn't be,  
9 yeah.

10 14 Q. And I think in paragraph 7, you gave us details of the 10:36  
11 countries where overseas missions were had and where  
12 there was a malaria issue, isn't that so?

13 A. Correct, yeah.

14 15 Q. You say:  
15  
16 "Approximately 5,000 to 7,000 Defence Forces Tours of  
17 Duties have occurred in these mission areas."  
18  
19 How is that number calculated?

20 A. So by totting up the number of appointments on each of 10:36  
21 those missions. And the reason it's difficult to give  
22 an extract figure of the number of personnel is because  
23 some personnel were on multiple trips. So, for  
24 example, I was on three of those trips so... But a tour  
25 of duty counting for each one, yeah. 10:36

26 16 Q. You then have a section in your statement about how it  
27 was administered to Defence Forces personnel and there  
28 may or may not be controversy about this, but could you  
29 just give your general understanding of it?

1 A. Yes, so before deploying overseas, all personnel  
2 undergo a pre-deployment medical and they are screened  
3 for their suitability and found fit or not for the  
4 overseas mission. And, at that, for the missions that  
5 required malaria chemoprophylaxis, people would be 10:37  
6 given a prescription at that point for the malaria  
7 treatment that they would need.

8 17 Q. And, as I say, there may or may not be agreement on  
9 that --

10 A. Sure, yeah. 10:37

11 18 Q. But I'm not inviting anyone to cross-examine you on  
12 that. That's just your position on that.

13 A. Okay.

14 19 Q. You have a section, Section D, in your statement, and  
15 this is an area in which the Tribunal is interested, 10:37  
16 and it's entitled:  
17  
18 "An overview of how complaints regarding prescriptions  
19 of antimalarial medication were dealt with."  
20 10:37

21 So, this is the dealing of complaints?

22 A. Yeah.

23 20 Q. And, the first thing to say to you is that we are aware  
24 of a significant number -- over 200 Defence Forces  
25 personnel have chosen to litigate in relation to 10:37  
26 malaria, isn't that so?

27 A. That's my understanding, yeah.

28 21 Q. Yeah, and Lariam. And based on what we have been told  
29 by the Defence Forces, none of those people invoked the

1 formal complaints process, do you understand?

2 A. That's my understanding as well.

3 22 Q. That's your understanding as well. So the Tribunal is  
4 interested to understand why that might be so, why it  
5 is that somebody would see fit to litigate, very often 10:38  
6 years after the event, but not choose to complain. So  
7 that's what we're interested in.

8 A. Okay.

9 23 Q. Do you have yourself any insight into why that might be  
10 so? 10:38

11 A. Well, I reflected on this and when we use the word  
12 "complaint" in the medical sphere, there's, I suppose,  
13 two types of complaint that we could be talking about  
14 here. One is a complaint about the fact of having to  
15 take Lariam and why was Lariam the prescribed 10:38  
16 medication, and then the other type of complaint that,  
17 as clinicians, we have, is medical complaints, people  
18 telling us about their symptoms.

19

20 With regards to complaints about why Lariam was chosen, 10:38  
21 why it had to be taken, I honestly have, I have no idea  
22 why people wouldn't have complained if they had an  
23 issue with that at the time. The complaint process  
24 would have been open to them, so I honestly have no  
25 idea because -- I know some people would say that it 10:39  
26 might have affected their career, but a complaint like  
27 that would not have affected their medical  
28 classification code, would not have had an impact on  
29 their medical status from that perspective.

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In terms of symptoms complaints, again I can't understand why people wouldn't have come forward because, when we look at the figures of people that do present to us with complaints, we have, each year, approximately 30,000 attendances at our primary care clinics where patients come to us with their complaints, with their symptoms, and present them to us. Like, they trust us to return them to good health, to return them to duty, and that's what we deal with.

10:39  
10:39

So, I can accept that some people might have been reluctant, might have had a worry, but the overall figures, as I said, we have 30,000 presentations every year with regards to primary care -- again, that's patient-driven, patient-initiated attendances at our service.

10:40

So, yes, some people would have had a concern that -- the nature of their condition or the nature of their symptom, but that's -- that's human nature there that people would be worried, yes.

10:40

24 Q. All right. So, let's just break this down a little bit.

A. Okay.

10:40

25 Q. Let's assume that a member of the Defence Forces is unlikely to complain at all about Lariam being prescribed, if they haven't suffered from side effects, let's just assume that --

1 A. Right, yeah.

2 26 Q. But let's assume that a member has suffered side  
3 effects --

4 A. Okay.

5 27 Q. So there is a medical or, perhaps, a psychological side 10:40  
6 effect so far as the member is concerned and they may  
7 or may not, in their own mind, link it to the taking of  
8 Lariam --

9 A. Yes.

10 28 Q. So, if that's the situation, do you think they're more 10:40  
11 likely - and they want to make this known - are they  
12 more likely to go to a doctor or to a complaints  
13 process, just in that scenario?

14 A. More likely to come to the doctor.

15 29 Q. You would think? 10:41

16 A. And my experience was that they did. I had some  
17 patients come to me complaining of symptoms during  
18 deployments. Small numbers, but that would be more  
19 likely that people will present to our service. Our  
20 Medical Service is a readily accessible service 10:41  
21 throughout all barracks. We conduct clinics every  
22 working day in all barracks. People don't need to take  
23 time off work to attend the Medical Service. They  
24 don't even need an appointment. So we have a very  
25 accessible service, and that's both here in Ireland and 10:41  
26 on overseas deployment.

27

28 So certainly my experience was that I did actually have  
29 some patients, a limited number, would -- did come to

1 me complaining of symptoms, and we would, you know,  
2 discuss that and deal -- you know, come up with a  
3 clinical plan, depending on how they were.

4 30 Q. Okay. So, unlike, say, bullying or assault or sexual  
5 assault, we're here talking about a medical or a 10:42  
6 psychological side effect.

7 A. Yeah.

8 31 Q. And is it your view - and I'm asking you for your view  
9 - is it your view that the nature of what's being  
10 complained about lends itself more readily to a medical 10:42  
11 avenue than a complaints process avenue?

12 A. Yeah, I think in this context, we're talking about  
13 medical complaints, as in medical symptoms, something a  
14 -- a symptom that a patient is complaining of to a  
15 doctor, and it would be far more common that they would 10:42  
16 have said that to the doctor, yeah.

17 32 Q. Yes, logically, one might think that to be true, but I  
18 think, in fact, you have looked at whether or not the  
19 litigants generally did, in fact, bring medical  
20 complaints forward, isn't that so? 10:42

21 A. Well, certainly I have been involved in a number of  
22 cases -- I'm conscious I'm not saying anything about a  
23 current case --

24 33 Q. Yes.

25 A. -- but, you know, previous cases, cases that are 10:43  
26 concluded, and certainly from looking at the records in  
27 -- I don't want to say almost all, but certainly it  
28 appears to be almost all cases, there doesn't appear to  
29 be a reference to symptoms being complained about at

1 the time, or even in the following years. In many  
2 cases, it's quite a significant length of time later  
3 that the complaints, the medical complaint, the  
4 symptom, is being presented to the Medical Corps.

5 34 Q. So when you say there don't appear to have been 10:43  
6 complaints, by that you mean complaints to doctors?  
7 A. Yeah, exactly.

8 35 Q. Yeah, just to be clear.  
9 A. So, at medical reviews, there was no mention of  
10 symptoms, both during the deployment, at the 10:43  
11 repatriation medical that we do on all personnel before  
12 they come back -- and this would have varied from case  
13 to case, but some people would have had an annual  
14 medical the following year or a medical to go on  
15 another overseas deployment or a medical for a course 10:43  
16 and, again, when you look at the records there, there's  
17 no mention of any symptoms --

18 36 Q. Okay.  
19 A. -- by the patient.

20 37 Q. So, does it follow, in your view, that the nature of 10:44  
21 the complaint and lending itself more readily to a  
22 medical avenue, that that can't be the complete  
23 explanation for the absence of the complaint? Does  
24 that seem to follow, if they weren't, in fact, made to  
25 doctors either? 10:44  
26 A. I've no idea why, if someone had a symptom, why they  
27 wouldn't have been complaining.

28 38 Q. All right. We've spoken up to this point without  
29 distinction between medical and psychological side

1 effects --

2 A. Sure.

3 39 Q. Do you think there's a greater reluctance to identify  
4 psychological side effects on the part of members of  
5 the Forces?

10:44

6 A. Not on the part of the members of the Defence Forces.  
7 I think, nationally, there is and there has been for  
8 many years a campaign to remove the stigma of mental  
9 health. Again, the figures that we have, we have  
10 approximately -- so we have our own mental health team,  
11 psychiatrists and clinical psychologists, and we're  
12 getting approximately 100 to 150 referrals -- or,  
13 sorry, we're making 150 referrals to that team each  
14 year. And, again, I would make the point that these  
15 are our patients coming to us with their symptoms,  
16 telling us about their symptoms, and then we refer on  
17 to the mental health team, if appropriate. Some cases  
18 would be managed at the GP level.

10:45

19  
20 So, again, we can see that our patients do trust us to  
21 come forward with their symptoms and we make the  
22 referral to the mental health team, if it's required.

10:45

23 40 Q. Okay. Well, I just need to understand that. Are you  
24 suggesting to the Tribunal that, actually, Defence  
25 Forces personnel are more willing than the general  
26 population to identify psychological complaints?

10:45

27 A. I don't say that they're more or less willing. All I  
28 know is that we do have Defence Forces people that come  
29 to us with their complaints. I can accept that some

1 people will be reluctant to present with their  
2 complaints because they will have a concern that it may  
3 adversely affect their career. But we do have a  
4 significant number of people that do present to us. As  
5 I said, our Medical Service is very accessible to 10:46  
6 personnel and, you know, whereas some people in - and  
7 I've seen this before in civilian practice where people  
8 are having to take time off work to go to appointments  
9 - that doesn't apply. So, we have a very readily  
10 accessible service for our people, and we have 10:46  
11 significant numbers avail of that service.

12 41 Q. I do understand your point about accessibility; I  
13 suppose I'm more interested in the availing of the  
14 service, and I would just refer you to something that  
15 you said in interview -- 10:46

16 A. Okay.

17 42 Q. And you said:

18  
19 "Yeah, I think -- sorry..."

20  
21 -- and I'll give you the page reference in a moment, if  
22 you like, but you might just listen to this. 10:46

23 A. Okay, yeah.

24 43 Q. You said:

25  
26 "COL. CORCORAN: Yeah, I think -- sorry, regardless of  
27 the clinical condition, I think the reluctance is more  
28 prevalent for soldiers because the military is one of  
29 the few employments where your medical status has an

1 impact like that. So certainly the reluctance to come  
2 forward maybe and disclose a condition is more for a  
3 soldier than someone who works in a supermarket or in a  
4 bank or wherever. But, as I said, there is nothing,  
5 the reluctance about -- there can be that reluctance  
6 about any medical condition."  
7

8 A. Yeah, okay, on reflection, I think more so than that  
9 I'm saying that there is a definite increased  
10 reluctance, there are definitely increased consequences 10:47  
11 for members of the Defence Forces --

12 44 Q. Exactly.

13 A. -- as opposed to... But I don't know if -- I don't  
14 know if the percentage of personnel in the Defence  
15 Forces is higher or lower than the percentage of 10:47  
16 personnel in the civilian population that present.

17 45 Q. You may not have the data, but if the consequences are  
18 greater for somebody in that working environment than  
19 for the general population in their working  
20 environment, it's likely, is it not, that the 10:47  
21 reluctance is greater?

22 A. It's likely that there definitely is a reluctance. I  
23 don't know if it's greater, and the reason, like, I say  
24 that is because we do have significant numbers of  
25 people present to us every single working day with 10:48  
26 their various symptoms and we have significant numbers  
27 that do present to us with mental health complaints.

28 46 Q. You did tell us in interview that you had personal  
29 experience of some patients reporting symptoms to you,

1            isn't that so?

2            A.    Yes, correct.

3    47    Q.    And you took what were the appropriate measures?

4            A.    Correct, yeah.

5    48    Q.    For some, you took them off Lariam and, for others, you 10:48

6            took other --

7            A.    You would monitor, yeah.

8    49    Q.    So there was reporting of side effects?

9            A.    Absolutely.

10   50    Q.    To you personally? 10:48

11            A.    Yeah.

12   51    Q.    And, presumably, to others?

13            A.    Yes, yeah.

14   52    Q.    But of the people who chose to litigate, few examples

15            of any reporting? 10:48

16            A.    Again --

17   53    Q.    No complaint process invoked, and few --

18            A.    Yeah.

19   54    Q.    -- to doctors?

20            A.    I've been involved in a number of file reviews for 10:48

21            those cases, and certainly in -- and I will say in the

22            vast majority, I've not seen symptoms being complained

23            about at the time or even in the early subsequent

24            years.

25   55    Q.    And at the end of a tour of duty -- 10:49

26            A.    Yeah.

27   56    Q.    -- there is, as I understand, what's called a

28            repatriation medical, is that so?

29            A.    Yes, yeah.

1 57 Q. I think you told the Tribunal, and correct me if I'm  
2 wrong, that that is conducted by interviewing each  
3 member of the Force on tour individually?  
4 A. Yes. You attend a Medical Officer for that. The only  
5 exceptions are the missions where you have a small 10:49  
6 number of personnel, where we don't have our own  
7 medical service, they get that repatriation medical  
8 done when they return to Ireland. And, again, it's  
9 attending a Medical Officer for that medical.  
10 58 Q. On an individual basis? 10:49  
11 A. On an individual basis, yes.  
12 59 Q. I see. And that's an occasion when, if the person was  
13 suffering from medical side effects, they could  
14 identify them to a medical person?  
15 A. Yes, so at the repatriation medical, you do a review of 10:50  
16 the medical file from during the deployment, and also  
17 you give the patient the opportunity to disclose any  
18 signs or symptoms that they have, that they have had,  
19 or are new at that time.  
20 60 Q. Okay. I'm sure there's nothing inappropriate about 10:50  
21 this, but if somebody were to report symptoms, it is  
22 possible, is it, that they would be required to be  
23 medically downgraded? That's a possibility?  
24 A. It is possible. Again, for all medical conditions,  
25 depending on the nature of the condition, the extent of 10:50  
26 it, that might require a review of the person's medical  
27 grade and it might require their grade to be changed.  
28 61 Q. Okay. Could you just explain to the Tribunal how that  
29 medical grading is, first of all, performed, and then

1           communicated?

2       A.    So we have a numerical grading system.  It's a  
3           seven-digit code.  The first two digits are your year  
4           of birth.  The next digit is your medical constitution  
5           grade, which is your overall medical health.  The           10:51  
6           second digit is your military fitness grade.  And then  
7           we have your visual acuity, colour vision and keenness  
8           of hearing grades.

9

10           And the purpose of having people with a medical --           10:51  
11           awarding a medical grade is it's a non-confidential way  
12           for the unit to be aware of whether or not there are  
13           any restrictions on a person's duty.  So, for example,  
14           if someone has a Constitution Grade 3, the unit knows  
15           that they cannot nominate them for overseas service           10:51  
16           automatically.  But they don't know what's wrong with  
17           the person, they don't know what the condition is, but  
18           they know that, from an administrative perspective,  
19           they can't do that.  And it also then serves to protect  
20           the person themselves because then they can't be made           10:51  
21           do something that is contrary to their medical  
22           condition.

23   62   Q.    Overseas trips are generally viewed as attractive, I  
24           think?

25           A.    Well, they would be, yes.           10:52

26   63   Q.    And do they carry extra remuneration?

27           A.    They do, yes, there's overseas allowance, yes.

28   64   Q.    Okay.  And then the confidentiality surrounding that  
29           grading system, what do you say about that?

1 A. It's purely confidential. The non-clinical elements of  
2 the Defence Forces do not get to know about the actual  
3 nature of the condition or anything, like, and that's  
4 why it is a purely numerical code. There is no  
5 clinical information shared with the unit or with any 10:52  
6 other non-clinical -- outside the Medical Corps,  
7 basically.

8 65 Q. So that's how the system works?

9 A. Yeah.

10 66 Q. And I suppose, like many systems, there may be 10:52  
11 imperfections in how it actually operates?

12 A. Eh, no. Well, certainly, like, every member of the  
13 Medical Corps is bound by an external regulatory  
14 authority and, for the case of doctors, are our Medical  
15 Council ethics and professional practice guidelines. 10:53  
16 We are very aware of our obligations not to disclose  
17 confidential information. And the same is true for our  
18 medics, who are all bound by the Pre-Hospital Emergency  
19 Care Council; our dentists in the Dental Council; our  
20 nurses in the Nursing and Midwifery Board. All our 10:53  
21 personnel are part of a regulatory authority, so we  
22 don't -- and, again, there's no need to share  
23 confidential information because we have this  
24 non-confidential system in place -- it allows the unit  
25 to know whether or not there is a limitation on 10:53  
26 someone's duty status.

27 67 Q. And are you aware of any examples of people outside of  
28 those who ought to know becoming aware of the medical  
29 status of a member of the Defence Forces?



1 COL. ANTHONY CORCORAN WAS CROSS-EXAMINED BY MR. BRADY,  
2 AS FOLLOWS:

- 3
- 4 68 Q. MR. BRADY: I just have a number of questions for you, 10:55  
5 Col. Corcoran. You said in your report, and it's  
6 page 666 of the Tribunal -- and I'm not interested  
7 really about the merits of prescribing Larium or not,  
8 but you say in your report that and I think you  
9 probably accept that, prior to deployment, soldiers are  
10 informed that there are side effects and that if they 10:55  
11 become aware of any side effects, they should --  
12 they're advised to report them --
- 13 A. Yes.
- 14 69 Q. -- to the military?
- 15 A. Yeah. 10:55
- 16 70 Q. To the Medical Officers?
- 17 A. To the Medical Officers, exactly.
- 18 71 Q. You'd accept that?
- 19 A. Yes.
- 20 72 Q. And I think you'd accept that during the course of the 10:55  
21 deployment, that's regularly reinforced with them?  
22 A. Yeah.
- 23 73 Q. And, then, as you said, prior to going home, or maybe  
24 on the stage where the trip is coming to the end,  
25 they're reminded of that as well? 10:55  
26 A. At the repatriation medical.
- 27 74 Q. At the repatriation. And I presume reminded that,  
28 going forward in time, that symptoms may arise later on  
29 and to bring that to the consequences of the medical

1 authorities?

2 A. Yes, yeah.

3 75 Q. And I presume that's very important for the likes of  
4 the environments that soldiers are working in in  
5 overseas. They're very stressful, hostile 10:56  
6 environments, and the Army probably want to be aware if  
7 there's any issues with the ability of soldiers to  
8 perform in those conditions, would you agree?

9 A. Well, as clinicians, first of all, it's for the  
10 patient's health. We want people to report symptoms 10:56  
11 promptly, regardless of what the symptom is. Within a  
12 military, prevention is better than the cure is a real  
13 strong principle. So there's the patient's health,  
14 first of all, and then there's also the operational  
15 effectiveness of people as well. 10:56

16 76 Q. You've accepted and I think both in your direct  
17 examination today and possibly in your previous  
18 interviews -- and I can bring you through the specific  
19 points, but I might just ask you the question first and  
20 you can agree or disagree with me, but you have 10:57  
21 accepted that overseas deployments are attractive for  
22 soldiers?

23 A. Yeah.

24 77 Q. For their career progression, and finances as well?

25 A. Yeah. 10:57

26 78 Q. I think part of, in terms of the career progression of  
27 soldiers, once they hit various milestones -- say, if  
28 they're going from, maybe, eight-year contract to a  
29 twelve-year, part of their signing-on requirements is



1 wouldn't affect their future career. So, essentially,  
2 people were being given a Grade 3 initially because  
3 that was the only grade that was available within the  
4 Regulations in the DFRs, but then there was a grade --  
5 the introduction of an alpha, which was that they had a 10:59  
6 sensitivity to a particular medication, but it was  
7 deemed that that shouldn't be something that would  
8 warrant affecting the rest of their career or having  
9 implications.

10 83 Q. And when did that actually take place? 10:59  
11 A. I can't recall exactly now. It might have been  
12 2012/2013. Now, I'm not exactly sure. I'm not exactly  
13 sure.

14 84 Q. So it's probably around, maybe, I think - and correct  
15 me if I'm wrong - I think, maybe, Eritrea was the first 10:59  
16 trip where --  
17 A. Eritrea was '02 to '03.

18 85 Q. About ten years after that. So maybe coming to the end  
19 of all those missions?  
20 A. Yeah, I'm not sure on my dates exactly. 11:00

21 86 Q. And, obviously, that was a decision taken at the higher  
22 levels of the Defence Forces between, maybe, the  
23 Medical Corps and senior management?  
24 A. Yeah.

25 87 Q. You'd agree with that? 11:00  
26 A. Yeah.

27 88 Q. I mean, was that then communicated to the military as a  
28 whole, that --  
29 A. Oh, yeah, absolutely.

1 89 Q. Yeah, it would have been, in or around 2012/2013?  
2 A. Yes.

3 90 Q. But not before that?  
4 A. Again, I don't know exactly when, so I don't want to  
5 commit to a year there. 11:00

6 91 Q. But in the period from 2002 to 2012, if a soldier came  
7 forward with reporting side effects, they would know  
8 that this would have the potential to medically  
9 downgrade them to Category 3 and affect them  
10 potentially going forward? 11:00

11 A. Not necessarily. Again, depending on the degree of the  
12 symptomatology. The same for someone presenting with  
13 any other medical condition, if the extent of it was  
14 sufficient that it warranted a change to their medical  
15 grade, then we would do that. 11:01

16 92 Q. But it was a risk that maybe the soldier themselves  
17 couldn't determine before they made the report, that  
18 that may be the outcome of it. It might be something  
19 minor, but it might be something that could lead to  
20 that classification, would you agree with that? 11:01

21 A. I accept that.

22 93 Q. You were asked about the -- I think you said, actually,  
23 that there was -- you were aware of very few reports of  
24 side effects of complaints or anything like that?

25 A. Correct. 11:01

26 94 Q. But it was put to you again that there was a number,  
27 over 200, of private litigation that members of the  
28 Defence Forces brought from the effects of Larium?

29 A. Yeah.

1 95 Q. Would you agree, then, that just because the Defence  
2 Forces weren't told about any potential side effects or  
3 complaints, that doesn't mean that those complaints  
4 weren't apparent; it's just that they weren't told to  
5 the Defence Forces by the soldiers? 11:01

6 A. Well, there's a number of factors there. I mean,  
7 certainly they don't appear to have been told to us.  
8 However, a lot of the symptoms that people are  
9 complaining about are quite nonspecific and attributing  
10 those to a particular medication many years later is 11:02  
11 difficult.

12 96 Q. But they would have been the side effects that,  
13 potentially, would have been known from the use of that  
14 drugs and the side effects that would have been  
15 specifically told to the soldiers to look out for -- 11:02

16 A. Yeah.

17 97 Q. -- and report to the military at the various stages  
18 where you said, at the beginning of the mission, during  
19 the mission and the repatriation?

20 A. Yeah, but, again, the most common side effects of 11:02  
21 Lariam would be - it's in the literature - nausea,  
22 gastrointestinal, tiredness, things like that. The  
23 neuropsychiatric side effects, I think the literature  
24 has those at, like, 1 in 1,000 or maybe even, you know,  
25 less common than that. So when I look at the 5,000, 11:03  
26 approximately, personnel that we had serving overseas,  
27 you know, statistically, one could expect maybe five or  
28 six cases of neuropsychiatric side effects occurring.  
29 So, again, the number of litigants that there are, I

1 have no explanation as to why they weren't coming  
2 forward with symptoms at the time, given the fact that  
3 we did have patients come forward with symptoms at the  
4 time, and given the fact that every year we have  
5 significant numbers of people present to us with their 11:03  
6 medical symptoms, including mental health symptoms, and  
7 we manage those cases with those patients.

8 98 Q. So it doesn't appear that access is the problem for  
9 them not coming forward?

10 A. Access is in no way a problem. As I said, there's very 11:03  
11 few employments where someone can walk out of their  
12 office across a barracks square and into the Medical  
13 Aid Post and be seen by a doctor that day. So, there's  
14 no limitation on access to treatment in the Defence  
15 Forces. 11:04

16 99 Q. But one of the issues might be the culture in that  
17 soldiers might be fearful that if they did make a  
18 complaint, that it would have -- it could affect their  
19 career in the Defence Forces?

20 A. Again, I'll accept that there would be some people that 11:04  
21 would be fearful. But I'm 26 years in now and I was  
22 frontline for the first ten of years of that -- I can't  
23 accept that there's a culture of people being afraid  
24 and the numbers -- you know, I did sick parade in  
25 Athlone for nine years. I know the numbers that come 11:04  
26 in. And the range of presentations was everything, and  
27 it wasn't just people complaining about minor things.  
28 Patients present to us, they trust our Medical Service.  
29 It's there for them every single working day, and we

1 have dealt with all types of cases. So, again, I fully  
2 accept that some people will be reluctant, absolutely,  
3 but certainly not a culture of that across the Defence  
4 Forces. And I think the numbers back that up.

5 100 Q. So, can I put it to you that there seem to be really 11:05  
6 only two explanations for the near total absence of  
7 reporting. I suppose, one is that either soldiers did  
8 not know they could or should report a side effect, or  
9 they knew or believed that reporting would harm their  
10 career. I suppose, on your own evidence, every soldier 11:05  
11 was advised at the pre-deployment medical during the  
12 deployment repatriation report that they were to report  
13 any adverse side effects, no matter how minor. So, I  
14 suppose, the only explanation -- so that's excluded  
15 from the reasoning. So the only explanation that's 11:05  
16 left, the only conclusion that anybody can reach is  
17 that it was the culture that deterred people from  
18 making complaints?

19 A. I disagree. I think there's a third potential 11:05  
20 explanation in that patients can attribute the symptom  
21 to a particular cause and that's -- that's not a proof  
22 of causality or actual association. I don't want to  
23 get controversial but we have seen this with the  
24 vaccinations and autism where there have been people  
25 attributing conditions to vaccinations. And certainly 11:06  
26 when we see cases where someone is five/ten/fifteen  
27 years after ever receiving a particular medication now  
28 saying that the symptoms were caused by that  
29 medication, that is the patient attributing that. So,

1 as I said, I don't, I certainly don't accept that there  
2 was a culture of not coming forward. Human nature -  
3 and we see this in civilian practice - is that  
4 patients, some patients will not present -- in fact,  
5 there was a study or a survey that's just been released 11:06  
6 today that 47% of males have said that they would be  
7 reluctant to tell their doctor about symptoms, even  
8 though they would advise a friend to tell the doctor  
9 about the same symptoms. That's human nature right  
10 across. So I don't accept that there was a culture of 11:07  
11 that. And, again, I would point to the culture we have  
12 is that patients present to us and the numbers bear  
13 that out. We provide a and we have significant numbers  
14 of patients present to us with full range of symptoms,  
15 from the very minor to the very severe. 11:07

16 101 Q. Just one final point I just want to pick up on. You've  
17 said that, in the civilian world, people will go to  
18 their doctors and they will report or will not report  
19 --

20 A. Yeah. 11:07

21 102 Q. And that obviously may have an affect on their career?

22 A. Mm-hmm.

23 103 Q. What's different between the civilian world and the  
24 military world is that if the civilian goes to their  
25 doctor, that will not be made known to their employer 11:07  
26 unless they give permission to do that, whereas in the  
27 military, it's automatically known that there is some  
28 problem -- it's not known what that problem is, but  
29 it's automatically made aware to the military. So, if

1 I could put it to you, that's a flawed analogy because  
2 the circumstances are totally different?

3 A. I disagree. For example, if a GP is aware that a  
4 patient has epilepsy, that GP will be obliged to make  
5 that known to the Road Safety Authority, or be obliged 11:08  
6 to, when filling out the person's application for a  
7 driving licence, to make that known.

8  
9 we are a safety critical employment. We have a duty of  
10 care to the patients, to their colleagues, to the 11:08  
11 organisation, and to the public. We are finding people  
12 fit to safely have access to a loaded weapon and  
13 undergo extreme exertion in the nature of some of their  
14 duties. So, I make no apology about making the  
15 analogy. We do have an obligation. We have an 11:08  
16 obligation to treat people, to look after their health,  
17 return them to operational fitness.

18  
19 we have an obligation to their colleagues, to make sure  
20 that the epileptic is not driving a truck with 40 other 11:09  
21 of our patients in the back of that truck. And we have  
22 an obligation to the organisation to make sure that the  
23 organisation is protected as well, and that also is an  
24 obligation to the public in terms of Aid to the Civil  
25 Authority/Aid to the Civil Power duties that we have 11:09  
26 our people doing.

27 104 Q. I think you would be assisted by a system that  
28 encouraged soldiers to come forward confidentially to  
29 make those reports to assist you in your --

1 A. I believe we have that system, a very accessible  
2 system.

3 MR. BRADY: Thank you, Col. Corcoran.

4 SOLE MEMBER: Thank you, Mr. Brady. Is there an  
5 application on behalf of any other party to put a  
6 question to the Colonel? 11:09

7 MR. McCANN: I have no questions on behalf of the  
8 Defence Forces, thank you, Chair.

9 SOLE MEMBER: Thank you, Mr. McCann. Mr. McGuinness?

10 MR. McGUI NNESS: If I may, Chair.

11 SOLE MEMBER: Is your microphone on?

12 MR. McGUI NNESS: Yes, it is.

13 SOLE MEMBER: Thank you.

14

15 COL. ANTHONY CORCORAN WAS CROSS-EXAMINED BY

16 MR. McGUI NNESS, AS FOLLOWS:

17

18 105 Q. MR. McGUI NNESS: Col. Corcoran, I appear on behalf of  
19 the Minister for Defence in this matter and I would  
20 like your assistance with a couple of issues, both 11:10  
21 general and specific. You were asked about overseas  
22 allowance and it's a significant feature that attracts  
23 people to apply for such duty, isn't that correct?

24 A. Correct, yes.

25 106 Q. It obviously goes hand in hand with the nature of the 11:10  
26 deployment and the prospects that it can engender for  
27 somebody's career?

28 A. Correct, yeah.

29 107 Q. And quite a number of soldiers - the statistics may be

1 of interest to the Tribunal at some stage - repeatedly  
2 are deployed for overseas service and they are sent on  
3 different missions to different parts --

4 A. Yes.

5 108 Q. -- of the globe. 11:10

6 A. Yeah.

7 109 Q. You've gone on a number of missions yourself over the  
8 years?

9 A. Yeah, six tours of duty.

10 110 Q. Six tours of duty. And were you required to take 11:10  
11 Lariam yourself in those --

12 A. For three of those, Eritrea, Liberia and Chad.

13 111 Q. Yes. And, as I understand it, the overseas allowance  
14 doesn't change whether you are being sent to a  
15 Sub-Saharan area or not? 11:11

16 A. No, it's a fixed amount.

17 112 Q. Now, I think you were asked originally about the number  
18 of deployments and I think you said it was 5 to 7,000?

19 A. Approximately, yeah.

20 113 Q. And the issue of why members didn't complain at the 11:11  
21 time and the initiation of the litigation, I'm not  
22 concerned with the litigation, but obviously some  
23 people may not have believed that they had symptoms to  
24 report at the time?

25 A. Correct. I mean, one of the points that we also make 11:11  
26 was that, particularly in the Sub-Saharan African  
27 missions, you're on a mission where it's 32 degrees at  
28 night-time. The humidity is 90%. You're on a  
29 different tempo in terms of the nature of the duties

1 that you're doing. You're away from home. So people  
2 can feel tired, people can feel restless or not  
3 sleeping well, and they just attribute that to the  
4 mission, and that is part and parcel of any mission,  
5 regardless of whether it's a mission where people are 11:12  
6 taking Larium or not taking Larium.

7 114 Q. And, obviously, there are a range of other stressors  
8 inherent in such deployments in terms of danger and  
9 risk?

10 A. Yeah, just look at the current UNIFIL mission in 11:12  
11 Lebanon.

12 115 Q. Yes, duty is not performed before in those  
13 circumstances, and obviously in a country and terrain  
14 that may be completely unfamiliar?

15 A. Correct. An overseas environment can be a stressful 11:12  
16 environment, absolutely. It's an austere environment.

17 116 Q. But just linking it with complaints procedures, I mean,  
18 if a member comes at any stage of their deployment and  
19 informs the doctor of their symptoms, there's no  
20 linkage to any complaints procedure being initiated by 11:13  
21 the doctor, isn't that correct?

22 A. Correct. I mean, we have patients presenting to us  
23 complaining of symptoms all the time for various  
24 conditions, and you wouldn't normally be considering  
25 the complaints process for that. These are medical 11:13  
26 complaints being made by a patient to their doctor.

27 117 Q. And if, before the member presents to a doctor at some  
28 stage, if they have initiated some complaints  
29 procedure, whether A7 or Redress of Wrongs, that

1 doesn't lead to a medical downgrading?

2 A. No, the complaints process is separate to that.

3 Medical, your medical grading is solely based on your

4 actual medical status.

5 118 Q. Yes. 11:14

6 A. -- and your medical condition and the nature of it.

7 119 Q. Yes. I was just going to ask you about the number of

8 sort of medical reviews that a member would have in a

9 given year. Obviously, it's dependent upon the state

10 of health in the first instance. If the member is 11:14

11 healthy and suffers no injury or strain or illness or

12 infection, they won't be seeking treatment from the

13 Army doctor in the normal course of that year. But

14 what does service require in terms of medical grading

15 during the course of a year? It may vary depending on 11:14

16 where they are and what duties they're performing, of

17 course?

18 A. So, like, we conduct approximately 8,000 occupational

19 medicals every year and, given that there's a Defence

20 Forces strength currently of approximately 7,500, we 11:14

21 actually have an annual medical system in place in our

22 regulations. People will also present for a medical if

23 they're due to go on a particular course, or

24 specifically if they're going overseas. So, on

25 average, and it will vary, but, on average, most people 11:15

26 undergo a medical each year. Now, there will be some

27 people that won't, and it'll be the following year.

28 There will be some people who might have had to attend

29 for two medicals in a given year because of things that

1           they were specifically doing. But I think, on average,  
2           people would undergo an occupational medical each year.

3 120 Q.     Yeah.

4           A.     And, again, it's -- the way our system is set up is  
5           even if the person is not being called for a medical, 11:15  
6           patients can seek an occupational medical as well.  
7           That's open to them.

8 121 Q.     Yes. So, obviously in terms of a member initiating a  
9           contact with a doctor, the duty of care kicks into hear  
10          the complaint made by the patient and give appropriate 11:15  
11          medical care?

12          A.     Yeah, yes.

13 122 Q.     -- whatever that may --

14          A.     Yes. At an occupational medical, you review what the  
15          patient's medical history has been, their primary care 11:16  
16          attendances. You do a full systems review examination  
17          -- and obviously the opportunity for the patient to  
18          present any new or existing condition that they want to  
19          discuss, or symptoms that they have at that time.

20 123 Q.     I mean, as I understand the thrust of your evidence, 11:16  
21          any medical occasion where you are required to examine  
22          a member and report on his status, the outcome is  
23          dependent upon his medical condition as found and as  
24          treated, or to be treated?

25          A.     Yes, your medical classification code is based on your 11:16  
26          medical condition, your medical status.

27 124 Q.     And the grading is intended to convey what duties the  
28          member may be fit for or could be possibly deployed  
29          for?

- 1 A. Yes. So, for example, in the Keeness of Hearing  
2 grade, if the unit sees that the person has a Grade 4  
3 in that grade, they know automatically that that person  
4 can't be on a support weapons use. So they can't be at  
5 the front line of an artillery shoot. Whereas if they 11:17  
6 see the person has Grade 1, they know that they can  
7 deploy them on that so...
- 8 125 Q. In terms of members, you wouldn't expect or want any  
9 members to conceal any symptoms that they ought to get  
10 treatment for? 11:17
- 11 A. No, absolutely, we don't want -- first of all, for the  
12 sake of their own health, to get the appropriate  
13 treatment for that condition. And, secondly, we don't  
14 want people being exposed to something that they  
15 shouldn't be exposed to. So, for example, we don't 11:17  
16 want an asthmatic to be exposed to training in the gas  
17 chamber where they have to, you know, inhale -- or be  
18 exposed to as part of their training. So we don't want  
19 people, first of all, to let anything go untreated with  
20 their own health, and, secondly, we don't want them to 11:18  
21 be exposed to anything that might exacerbate that  
22 condition.
- 23 126 Q. Yes. And the grading system is designed not to convey  
24 any indication of the symptoms that a member has  
25 presented with? 11:18
- 26 A. Correct.
- 27 127 Q. Nor any examination or tests that may have been  
28 conducted, or the results of any such tests?
- 29 A. Correct.

1 128 Q. And nor is it meant to convey any diagnosis of a  
2 medical nature?  
3 A. Absolutely.

4 129 Q. -- other than those necessarily required for a working  
5 Army, trained to be fit to a very high degree. You 11:18  
6 have to be able to see fairly well and have all your  
7 other faculties intact to do the jobs that you're meant  
8 to be doing and the duty that you're assigned to?  
9 A. Yes, I mean, there are certain duties that the unit  
10 does require knowledge of the person's status with 11:18  
11 regard to their vision or their hearing. Again, you  
12 know, the unit is not aware of what the problem is with  
13 the person's eyesight or hearing, but they're aware of  
14 what grade they're at.

15 130 Q. Yes. And in terms of medical downgrading, if you were 11:19  
16 not to convey the overall findings of the examination  
17 of the member, you'd be concealing from the rest of the  
18 Army whether somebody was fit for any particular duty,  
19 with potentially devastating consequences?  
20 A. Yes, we would be placing that person at risk. We 11:19  
21 would.

22 131 Q. Mr. Brady was suggesting to you there were perhaps only  
23 two reasons why a soldier would be reluctant to report,  
24 was that he hadn't been properly informed or didn't  
25 understand that he should present the symptoms, or that 11:19  
26 he was in fear that his career might be damaged. Now,  
27 the purpose of all the medical attention that is  
28 available to soldiers is not to damage their career; is  
29 it not to protect them in their health, in the first

1 instance?

2 A. It's to protect them, it is to protect their health.  
3 And our secondary aim is to return them to full  
4 operational fitness.

5 132 Q. Yes. And you may not be able to answer this question, 11:20  
6 but is the attraction of an overseas allowance perhaps  
7 a feature by some persons, if they suspected they had  
8 symptoms, might not have reported them?

9 A. Again, I can fully accept that some individuals might  
10 not report. My experience - and I've done many 11:20  
11 hundreds, if not thousands, of pre-deployment medicals  
12 - is that patients do present their symptoms when  
13 you're doing the medical, and then you make a judgement  
14 on whether or not they are fit or not for that  
15 deployment. 11:21

16 133 Q. But in terms of a soldier then who is either having a  
17 normal medical or a pre-deployment or a post-deployment  
18 medical, they may not associate any symptoms with what  
19 has occurred, and perhaps may not associate it in their  
20 own minds or attribute it for a period of years, is 11:21  
21 that your experience?

22 A. I can't speak for what they're thinking or what they're  
23 attributing, but certainly in the cases that I've seen,  
24 if you're referring to the litigation cases, I haven't  
25 seen cases where there's been symptoms referred to, 11:21  
26 either contemporaneous or shortly after the  
27 administration. The first reference to symptoms in the  
28 majority of cases that I've seen is many years later.

29 134 Q. Yes. But would you agree with this question, that if

1 the medical downgrading isn't brought about as a result  
2 of a complaint made by the soldier or if there's no  
3 complaint process invoked by the soldier prior to the  
4 medical, the downgrading has nothing to do with any  
5 complaints process available or used? 11:22

6 A. Oh, the complaints process, no, the medical downgrading  
7 has nothing to do with the complaints process.

8 MR. MCGUINNESS: Thank you.

9 SOLE MEMBER: Thank you, Mr. McGuinness.

10 MR. CUSH: Just if I may, Chair -- 11:22

11 SOLE MEMBER: Mr. Cush, you want to clarify something?

12

13 COL. ANTHONY CORCORAN WAS RE-EXAMINED BY MR. CUSH, AS  
14 FOLLOWS:

15 11:22

16 135 Q. MR. CUSH: Col. Corcoran, in the course of questioning  
17 from Mr. Brady, there was some discussion about an  
18 analogy with a civilian visiting his or her GP and a  
19 Defence Force member visiting a Medical Branch doctor.  
20 And, in that course of that discussion, there was some 11:22  
21 reference to this idea of culture within the Defence  
22 Forces, do you recall that?

23 A. Yes, yeah.

24 136 Q. And culture may or may not have some pejorative  
25 connotation at the moment, and I just want to leave 11:23  
26 that aside completely for the moment, do you  
27 understand?

28 A. Okay.

29 137 Q. I just want to suggest to you that there are, in fact,



1           pejorative thing, I suggest to you?

2           A.    Yes.  I suppose, depending on the use of the word  
3           "culture", the system or the environment that a medical  
4           service within our Defence Forces is that we are always  
5           considering the patient, their colleagues and the           11:24  
6           organisation at the same time.  But I accept that there  
7           are -- there may be implications for a patient's career  
8           that would be different from if they were in civilian  
9           practice, absolutely.  Absolutely.

10   147   Q.    Absolutely.  So one other small point; we spoke about           11:24  
11           overseas trips and their attraction, both financially  
12           and perhaps otherwise, career progression.  But I think  
13           you did make a point, in interview especially, that  
14           there were many overseas trips which had no malarial  
15           risks, isn't that so?           11:25

16           A.    True, yes.  I mean, the mission in South Lebanon, which  
17           was going up to 2001 and then there was a gap in that,  
18           but then it restarted in 2006, that's non-malaria.  
19           We've had over 200 people in Kosovo for periods,  
20           non-malaria; 50 people in Bosnia; the UNDOF mission in           11:25  
21           Syria, non-malaria.  So there are many missions -- I  
22           don't have the exact dates for those.

23   148   Q.    So, it would have been possible -- some of them were  
24           concurrent with --

25           A.    They would have been, yes.           11:25

26   149   Q.    -- with missions to malarial hotspots?

27           A.    They would have been, yeah.

28   150   Q.    So for some Defence Force personnel, it may have been  
29           possible to be assigned to a non-malarial option?

1 A. Another option, yes.

2 MR. CUSH: Thank you very much.

3 SOLE MEMBER: Thank you.

4

5 COL. ANTHONY CORCORAN WAS QUESTIONED BY THE SOLE  
6 MEMBER, AS FOLLOWS:

11:26

7

8 151 Q. SOLE MEMBER: Col. Corcoran, I have one or two  
9 questions to put to you, and I'm asking you this  
10 question as a member of the Defence Forces, first and  
11 foremost, and thereafter bearing in mind your  
12 professional obligations to adhere to the Medical  
13 Council Guidelines and so forth. Has anybody ever  
14 asked you why a particular individual was downgraded?

11:26

15 A. Yes.

11:26

16 152 Q. And what would your response be?

17 A. Our response is that we don't tell them. And that is  
18 something that we advise all new Medical Officers that  
19 join, that there can be that clash between military  
20 orders and medical ethics, and medical ethics will  
21 trump.

11:26

22 153 Q. Thank you. And the shift from a numerical grade to an  
23 alpha grade indicating that the individual was not just  
24 medically unfit, but was medically unfit for a Lariam  
25 mission, can you help me understand why that shift took  
26 place, the context in which that shift took place and  
27 the reasons for it?

11:26

28 A. Well, first of all, actually, the alpha grade is not  
29 just specific to Lariam.

1 154 Q. Okay.

2 A. So what we appreciated was that there would be some  
3 people that might be, for example, sensitive to nuts or  
4 have a penicillin allergy, who, while that is, you  
5 know, something that should be noted in their record 11:27  
6 and should be reflected, at the same time, we didn't  
7 regard that as being a sufficient reason to be blocking  
8 them from, you know, potentially all overseas trips or  
9 from their career progression or whatever. So the  
10 alpha was introduced to flag so that when someone is 11:27  
11 seen -- for example, when a Medical Officer is looking  
12 at someone and sees that there's an alpha there, they  
13 know, okay, there's a sensitivity there. It's not  
14 something that's affecting their overall health; the  
15 person is perfectly fine otherwise. 11:27  
16

17 So, for example, someone who -- if I had a patient who,  
18 on a Lariam mission, came to me in the early weeks, as  
19 did happen, and we changed their medication and they  
20 conducted -- completed the rest of the trip with no 11:27  
21 issues and they had no other symptoms or anything, we  
22 appreciate that their career should not be affected  
23 purely because they couldn't take one particular  
24 medication. And so it was there, but then we again  
25 appreciated that, actually, that's true of a number of 11:28  
26 different things.

27

28 So, for example, I said nut allergies or a penicillin  
29 allergy -- someone who has a penicillin allergy, at the

1 time, the only option we had was to reflect that in  
2 their constitution grade or in their military fitness  
3 grade, and it was too much to be doing that, so that's  
4 why the alpha is there just as a little marker that  
5 there is a sensitivity to something. And, again, the 11:28  
6 alpha is not specific to Lariam, so the non-clinical  
7 people don't know that it's specific to that. There  
8 are a range of things that that could be for. But it  
9 means that the person is not being medically  
10 downgraded, for want of a better term. 11:28

11 155 Q. So how would the non-clinical, say, Unit Commander or  
12 whoever makes the decision about going overseas, how  
13 would that person know that the alpha indicator was  
14 linked to a Lariam problem?

15 A. So, what they will see is that if the requirement for 11:29  
16 overseas is a Grade 1 and they see they're 1 alpha,  
17 that person will get referred to the Medical Officer.  
18 But even before, when the person presents for their  
19 medical, the Medical Officer will know, well, this  
20 person is deploying to Lebanon and they will say 'Fit 11:29  
21 for Lebanon' because they'll see in the medical record  
22 that the alpha is there -- sorry, they'll see what the  
23 alpha is referring to, so they'll see that the person  
24 is not fit to go on a Lariam mission, but the mission  
25 they're applying for is not a Lariam mission, so they 11:29  
26 will find them fit for that mission.

27 156 Q. I see. And then, finally, you spoke about the  
28 disparity between clinical research on the one hand and  
29 the numbers of complaints on the other. The Tribunal,

1 as you know, is concerned with psychological injury as  
2 a form of abuse and that's why we're looking at the  
3 complaints processes in relation to that?

4 A. Yes.

5 157 Q. And I'm interested in the answer you gave to Mr. Brady 11:29  
6 when he put forward two options to you -- either people  
7 didn't know they could report their symptoms, he said,  
8 or there was a culture. And you said, no, there was a  
9 third option, that patients can attribute symptoms to a  
10 particular cause but there may be no link between those 11:30  
11 symptoms and the taking of Larium.

12

13 The patient attribution of causation differs largely, I  
14 understand, from scientific research. I think you said  
15 1 in 1,000 had neuropsychiatric side effects? 11:30

16 A. Again, I'm open to correction on that, but I think when  
17 you look at the actual Patient Information Leaflet that  
18 the manufacturers will produce, when it refers to  
19 neuropsychiatric symptoms as potential side effects, I  
20 think that's in the category of the 1 in 1,000, or 11:30  
21 possibly even less common than that, but approximately.

22 158 Q. And do you know why, then, there is or can you offer a  
23 view as to why there is this disparity between what the  
24 clinical indicators are in terms of neuropsychiatric  
25 side effects and the numbers that you say come forward 11:30  
26 sometimes many years later?

27 A. I think one of the factors can be -- so, for example,  
28 if I administer penicillin to someone and five minutes  
29 later they have an anaphylactic reaction, I can

1 confidently say the penicillin caused that. And it's a  
2 very specific reaction and the time gap is a clear  
3 association.

4  
5 Symptoms such as anxiety, tiredness, forgetfulness or 11:31  
6 other symptoms, as our psychiatrist would say, they're  
7 very nonspecific and there are many, many potential  
8 reasons why someone could have these symptoms, both  
9 clinical or social reasons for those. And when you're  
10 -- if someone is complaining of symptoms and saying 'I 11:31  
11 believe it was because of Lariam which I took ten years  
12 ago', it may be that they don't see any other reason as  
13 to why they might have these symptoms. But you have to  
14 get inside the mind of the person who is actually, you  
15 know, saying that, as to why they're attributing their 11:32  
16 symptoms to Lariam. As I said, for clinicians, it  
17 would be difficult to attribute a symptom when there's  
18 such a long gap, and also when there doesn't appear to  
19 have been any reference to those symptoms, either at  
20 the time or in the immediate years following that. 11:32

21 SOLE MEMBER: Thank you very much, Col. Corcoran.  
22 Okay, I think we're ready to take the next witness.  
23 Thank you, you're free now to go. Thank you.

24 MR. McGOVERN: Good morning, Judge.

25 SOLE MEMBER: Good morning, Mr. McGovern. 11:32

26 MR. McGOVERN: The next witness is Ms. Linda Kinsella.

27  
28  
29

1 MS. LINDA KINSELLA, HAVING BEEN SWORN, WAS DIRECTLY  
2 EXAMINED BY MR. McGOVERN AS FOLLOWS:

3  
4 159 Q. MR. McGOVERN: Good morning, Ms. Kinsella.

5 A. Morning. 11:33

6 160 Q. Thank you very much for engaging with the Tribunal and  
7 giving your statement and coming for interview.

8  
9 For the record, Judge, could I say that Ms. Kinsella's  
10 statement is at page 746 and the two interviews are at 11:33  
11 page 751 and 3961.

12  
13 Ms. Kinsella, first of all, could I say to you that as  
14 you are aware, the Tribunal is investigating the  
15 effectiveness of complaints processes within the 11:33  
16 Defence Forces in relation to complaints of abuse.  
17 It's not permitted to make findings in relation to the  
18 well-foundedness of complaints, and for those reasons  
19 you're required to refrain from disclosing the names of  
20 any alleged perpetrators in your evidence today. Where 11:34  
21 it is necessary to refer to an individual you may do so  
22 by using their rank or the pseudonym given to them by  
23 the Defence Forces. Are you aware of that?

24 A. Yes.

25 161 Q. Thank you. You heard Mr. Cush, I presume, earlier, 11:34  
26 setting out what the Tribunal is enquiring into and the  
27 Tribunal is specifically, under this module, concerned  
28 with whether complaints were either actively deterred  
29 or there was a culture that would have discouraged the

1 making of complaints. And it is in this context that  
2 we're here today.  
3  
4 In your statements and in your evidence or your  
5 interviews, Ms. Kinsella, you've gone into a number of 11:34  
6 issues, but for the purposes of today I'm going to  
7 confine them to some specific issues, all right?  
8 A. Okay.  
9 162 Q. I think that you had originally enlisted in the Defence  
10 Forces in May of 1998, am I correct? 11:35  
11 A. That's correct.  
12 163 Q. And you did initial training in Gormanston?  
13 A. Correct.  
14 164 Q. In County Meath?  
15 A. Correct. 11:35  
16 165 Q. But I think you left after some five months?  
17 A. That's correct.  
18 166 Q. And then you re-enlisted in May or June of 2000?  
19 A. That's correct also.  
20 167 Q. And you did your training on that occasion in The 11:35  
21 Curragh Camp?  
22 A. Yes.  
23 168 Q. Now, I think in 2002 you went on a trip to Eritrea?  
24 A. Yes.  
25 169 Q. Did you apply for that trip or were you selected for 11:35  
26 it?  
27 A. I applied for it.  
28 170 Q. You applied for it. And before you went did you  
29 undergo a medical examination by the Defence Force

1 doctor?

2 A. Yes.

3 171 Q. And you were prescribed Larium?

4 A. Yes.

5 172 Q. You took that. I think the process is you take it for 11:35  
6 a month before you leave and then for a month after you  
7 come back?

8 A. That's correct.

9 173 Q. And I think you were in Eritrea for six months?

10 A. Yes. 11:36

11 174 Q. And you say that, first of all, you say you had some  
12 symptoms before you left?

13 A. Yes, I did.

14 175 Q. And in relation to that, I think you told us in your  
15 statement and in your interviews that you were nervous 11:36  
16 about going overseas?

17 A. Yes.

18 176 Q. And that you didn't really know what you were walking  
19 yourself into?

20 A. That's correct. 11:36

21 177 Q. So, even though you'd volunteered to go on the trip,  
22 there was a certain apprehension on your part --

23 A. Yeah.

24 178 Q. -- in relation to what you were facing?

25 A. Yes. 11:36

26 179 Q. Which is understandable. When you came home from  
27 Eritrea, the symptoms complained of, did they continue?

28 A. Oh yes, absolutely. They actually worsened my symptoms  
29 of panic, terrors, night terrors, vomiting. The list

1 was huge. Everything, actually, continued to get worse  
2 while I was on that mission.

3 180 Q. So in 2006 you went on a second trip, is that correct?  
4 A. That's correct.

5 181 Q. And this time it was to Bosnia? 11:37  
6 A. Yes.

7 182 Q. And did you take Lariam before you went to Bosnia?  
8 A. No.

9 183 Q. And you were in Bosnia, I think, for two months?  
10 A. No, six months. 11:37

11 184 Q. Six months. And after you came home from Bosnia, you  
12 had a pregnancy, am I correct?  
13 A. Yes.

14 185 Q. And you had symptoms during your pregnancy?  
15 A. Yes. 11:37

16 186 Q. And I think, in fairness to you, you said that the  
17 symptoms you experienced at that time you yourself  
18 attributed to the pregnancy?  
19 A. That's correct.

20 187 Q. You took, you told us, originally paid maternity leave, 11:37  
21 then unpaid maternity leave and then sick leave?  
22 A. Yes.

23 188 Q. In all, I understand that extended over a period of  
24 some two years?  
25 A. That's correct, yes. 11:37

26 189 Q. And during that period of two years, were you being  
27 reviewed by Defence Force doctors?  
28 A. I was, yes.

29 190 Q. I understand the procedure is that even if you attend a

1 civilian doctor for a medical certificate, that you  
2 still have to attend a Defence Force doctor for review  
3 and to be certified to continue on sick leave?  
4 A. That's correct.  
5 191 Q. And, ultimately, I think that in 2008 you had, when you 11:38  
6 were attending the Defence Force Hospital, for a normal  
7 medical review, you had a breakdown?  
8 A. I did, yes.  
9 192 Q. And the doctor that you saw in the Military Hospital,  
10 did she refer you to a Defence Force psychiatrist? 11:38  
11 A. She did, immediately. While was in the office at that  
12 time she made direct contact.  
13 193 Q. So how long did you attend or were you under the care  
14 of the Defence Force psychiatrist?  
15 A. I think almost to the last date of my service in the 11:38  
16 Defence Forces.  
17 194 Q. Which is 2012, I think?  
18 A. Correct.  
19 195 Q. So, are you saying from 2008 up to 2012 you were more  
20 or less continuously under the care of the Defence 11:39  
21 Force psychiatrist?  
22 A. I had a connection there, yes. There would have been  
23 breaks in between when I returned to work. I was  
24 medically upgraded, I came off medication and during  
25 that period of time I wouldn't have met with the 11:39  
26 psychiatrist. But, unfortunately, I had a relapse and  
27 contact was made again and I was taken under his care.  
28 196 Q. I think that when you were attending the psychiatrist,  
29 they asked you various questions about your background

1 and your history and whether you had any traumatic  
2 event in your life?

3 A. Yes.

4 197 Q. And you said that wasn't the case?

5 A. I did, yes. 11:39

6 198 Q. And am I correct that you were diagnosed with suffering  
7 from anxiety but the doctors never found a reason for  
8 that?

9 A. That's correct. Anxiety and depression, yes.

10 199 Q. Indeed. But, specifically, when the doctor or the 11:40  
11 psychiatrist questioned you about your history, they  
12 never found a causal link between your symptoms and a  
13 reason for that?

14 A. No, there was no reason.

15 200 Q. Towards the end of your treatment with the 11:40  
16 psychiatrist, do you recall discovering something  
17 yourself as a result of something you were told?

18 A. Yes, that's correct.

19 201 Q. Can you tell us what that was?

20 A. Yes. I was made aware of the medication, Lariam, and 11:40  
21 how it's a possibility that that actually can affect  
22 your mental health and --

23 202 Q. And can I ask you, how did you become aware of this or  
24 who told you about Lariam and its side effects?

25 A. It was a colleague who serves in Dublin. 11:41

26 203 Q. And this was another member of the Defence Forces?

27 A. Yes, correct.

28 204 Q. I think when you were asked at interview whether this  
29 was a medical person or a non-medical person, you said

1 - this is at page 3996 - you said:  
2  
3 "It would have been somebody from the Defence Forces.  
4  
5 Q. Medical within the Defence Forces or non-medical?" 11:41  
6  
7 And your answer was:  
8  
9 "Definitely non-medical."  
10 11:41  
11 A. Yes, it was non-medical.  
12 205 Q. It was the result of a casual conversation --  
13 A. Yes.  
14 206 Q. -- that you were alerted to Lariam and possible side  
15 effects? 11:41  
16 A. Yes.  
17 207 Q. But none of those had been diagnosed or attributed by  
18 the doctors?  
19 A. No.  
20 208 Q. Ultimately, I think you were medically downgraded by 11:41  
21 the Defence Forces?  
22 A. Yes.  
23 209 Q. And you referred to the fact that you left in 2012?  
24 A. Yes.  
25 210 Q. You had been in Eritrea in 2002? 11:41  
26 A. Yes.  
27 211 Q. So, between 2002 when you were in Eritrea and 2012 when  
28 you left the Defence Forces, did you ever make a  
29 complaint about Lariam?

1 A. No.

2 212 Q. And after you left the Defence Forces, I understand  
3 that in 2019 you issued legal proceedings in relation  
4 to Lariam?

5 A. Yes. 11:42

6 213 Q. And that was some 17 years after the trip to Eritrea?

7 A. Yes.

8 MR. McGOVERN: Thank you very much.

9 SOLE MEMBER: Are there any questions?

10 MR. MARRON: Yes, Judge. Patrick Marron, instructed by 11:42  
11 Coleman Legal.

12

13 MS. LINDA KINSELLA, WAS CROSS-EXAMINED BY MR. MARRON AS  
14 FOLLOWS:

15 11:42

16 214 Q. MR. MARRON: Good morning, Ms. Kinsella, I have a  
17 number of questions just to maybe clarify a number of  
18 things. In relation to your initial visit with the  
19 psychiatrist - and that's in your interview, your  
20 second interview at page 3994, Judge. Actually, it 11:42  
21 probably starts on the previous page. You describe  
22 going down to the, I presume it's the hospital to  
23 collect your LA30 and I think the LA30 is your medical  
24 file, is that correct?

25 A. That's correct. 11:43

26 215 Q. And you describe how it feels to collect it. You say:  
27  
28 "People, they look down on you. The people in the unit  
29 look down on you. You were never spoken to or anything

1 so it was the hardest thing ever to go down and collect  
2 your LA30 before going down to see the doctor again."  
3  
4 A. Yes, that was extremely stressful.  
5 216 Q. Okay. And am I right in saying that apart from the 11:43  
6 underlying mental health condition, the stress of that  
7 alone prompted the referral, or the, I believe you said  
8 the Chief Medical Officer comes in and saw you in that  
9 state --  
10 A. Yes. 11:43  
11 217 Q. -- and that's what prompted the kind of journey into  
12 the kind of psychiatric referral?  
13 A. Absolutely, yes.  
14 218 Q. Thank you. And, in your opinion, is that a common  
15 thing, the attitude towards medical difficulties? 11:44  
16 A. I can't say it about anybody else in particular. I can  
17 only speak for myself. I definitely felt that that was  
18 a major issue. You were judged on your sickness. Not  
19 actually on your sickness, they don't know what is  
20 wrong with you. 11:44  
21 219 Q. Yeah.  
22 A. But because you are out on sick leave, people do judge  
23 you. There would be comments made, you know, in  
24 passing, not just to me but, yes, I was aware of other  
25 people during my years that would have sniggery remarks 11:44  
26 to make about people that were on sick leave.  
27 220 Q. And would that just be in relation to that incident or  
28 in relation any incident where you either took sick  
29 leave or felt it was an issue?

1 A. No, it was just -- well, sorry, this in particular was  
2 with sick where the ignorance, really, they had no  
3 idea, my peers had no idea, or comrades, what was wrong  
4 with me but they judged me on being out of work and the  
5 behaviours changed from those individuals. They 11:45  
6 stopped speaking to me, they stopped being polite me.  
7 They would walk by me. I would be on a two-week sick  
8 leave, they wouldn't have seen me for two weeks until I  
9 collected my LA30 and nobody was concerned and nobody  
10 spoke to me. So, you don't imagine these things. This 11:45  
11 was completely different and it wasn't a nice  
12 atmosphere.

13 221 Q. Okay. Maybe I'll just move on. A couple of pages  
14 after that you describe your return to work I think it  
15 was 2009 - this is at page 3997 - you describe 11:45  
16 returning to work and you were in the Military Police  
17 at this stage?

18 A. Yes.

19 222 Q. And you describe that rather than going back to your  
20 normal duties, and I think you described putting on 11:46  
21 your stab vest and your baton and going on patrol, you  
22 didn't do that?

23 A. No.

24 223 Q. You did something else?

25 A. Correct, yes. 11:46

26 224 Q. And can you just tell us what that was?

27 A. Yes. I was placed in the Duty Room, the front room,  
28 the front desk where anybody can call in to report an  
29 incident. It's where our patrols come and check in

1 with the Duty Sergeant. It's where all the activity is  
2 on a day-to-day basis. And I was left there to sit, on  
3 a chair with the Duty Sergeant, every day for weeks,  
4 reading up on policies, procedures, things that I had  
5 done years beforehand and this is what I was subjected 11:46  
6 to, while all my colleagues would come in and out,  
7 daily, on their shifts, carrying out their duties and  
8 I'm sitting there in front of them reading all of these  
9 documents.

10 225 Q. Indeed. And did you make a connection, at the time, as 11:47  
11 to why that was happening?

12 A. I had no idea. I can just tell you that it was  
13 humiliating. It was highlighting me as having some  
14 sort of a problem, that I wasn't capable of carrying on  
15 with the regular day-to-day duties. So it wasn't nice. 11:47

16 226 Q. Are you saying you connected that with your period of  
17 sick leave?

18 A. Yes, absolutely. Yes.

19 227 Q. Okay. And just a couple of more brief questions just  
20 in relation to -- and Mr. McGovern didn't deal with 11:47  
21 this issue but it's in relation to it and it's at  
22 page 4002.

23 SOLE MEMBER: And it's connected, the issue you want to  
24 raise is connected with the narrow focus of the  
25 Tribunal on this particular issue? 11:48

26 MR. MARRON: well, it's not so much about the mental  
27 health, but it is related to the culture and it's about  
28 the complaint that was raised about the other Military  
29 Police Officer who was stopping home and complaint was

1 raised and then there was isolation. And it's to do  
2 with confidentiality, is really my main question.  
3 SOLE MEMBER: well, if you keep your question focused  
4 on the Tribunal's focus let's hear it.

5 228 Q. MR. MARRON: If I may say, there was an issue raised in 11:48  
6 the interview in relation to a complaint you made in  
7 relation to a colleague on patrol who was visiting home  
8 and then required you to play along, as it were?  
9 A. Correct, that's right, yes, I did.

10 229 Q. And you raised that? 11:48  
11 A. I did.

12 230 Q. Okay. And what happened after you raised it?  
13 A. I raised this issue confidentially with my Duty  
14 Sergeant in a room on our own and he disclosed this  
15 information to -- 11:49

16 231 Q. And what was the effect of that disclosure?  
17 A. That individual that I had raised the issue about no  
18 longer spoke to me, wouldn't -- not one word. And I  
19 was placed back on patrol -- sorry, I forgot to  
20 mention, I was actually placed back on patrol with that 11:49  
21 individual after asking if it was possible to be  
22 removed so I didn't have to have this pressure. I knew  
23 that there was going to be repercussions of some sort  
24 because normally nobody looks to remove themselves from  
25 a patrol with one person and asks to be moved to 11:49  
26 another person. So, by me being removed, if it was at  
27 all possible, was going to be -- somebody was going to  
28 consider what is her problem. But the information got  
29 back to this individual and this individual did not

1 speak to me for weeks on end. And I was on duty,  
2 24-hour patrol duties with this individual. And he  
3 also resided on the camp so his family were there. We  
4 would do spot checks on vehicles coming in and out  
5 because civilians have access to the camp, and on a 11:50  
6 number of occasions the family vehicle would have been  
7 stopped and I was the one responsible for asking these  
8 people the questions, taking the registration number,  
9 and I was not spoken to by any of his family either.

10 232 Q. Okay. And apart from the individual who you made the 11:50  
11 complaint about and his family, did you believe that  
12 anybody else in the Military Police, your colleagues,  
13 knew about the complaint?

14 A. They did, absolutely. There's no doubt about it,  
15 because their attitude changed towards me also. The 11:50  
16 bit of friendliness that would have been there was  
17 gone, absolutely, in the begin completely. People  
18 dismissed me. They walked by me again. It was an  
19 awful period of time.

20 MR. MARRON: Okay. Thank you. 11:51

21 SOLE MEMBER: Is there any other person who would  
22 like -- yes, Mr. Lehane.

23 MR. LEHANE: Yes, Judge.

24

25 MS. LINDA KINSELLA, WAS CROSS-EXAMINED BY MR. LEHANE AS 11:51  
26 FOLLOWS:

27

28 233 Q. MR. LEHANE: Ms. Kinsella, my name is Darren Lehane and  
29 I'm a barrister acting for the Defence Forces, okay?

1 A. Okay.

2 234 Q. And I'm just going to ask you some questions but,  
3 firstly, I just want to acknowledge that I appreciate  
4 that this is a very stressful experience for you. It's  
5 not pleasant to come into a room full of strangers and 11:51  
6 talk about issues that have happened to you in the  
7 past.

8 A. Thank you.

9 235 Q. I just want to acknowledge that at the start. Just in  
10 terms of my role, I'll explain; because I'm 11:51  
11 representing the Defence Forces and because you're  
12 talking about your time in the Defence Forces, I have  
13 to ask you some questions.

14 A. Yes.

15 236 Q. I'm conscious, and I think you'll agree with me, that 11:52  
16 you can only speak as to things that happened to you?

17 A. Correct.

18 237 Q. Or how you felt as a result of things that happened to  
19 you. And, you know, you'll never know why anyone else  
20 did anything or why they felt anything? 11:52

21 A. Okay, yes.

22 238 Q. And, again, Mr. Cush has explained at the start, and  
23 the Chair has explained as well, what the Tribunal is  
24 looking at here in terms of the complaints process?

25 A. Yes. 11:52

26 239 Q. So I'm not going to ask you any questions about your  
27 mental health issues, I'm not going to ask you any  
28 questions about the incidents that you talk about in  
29 your interviews or your statements, I'm just going to

1           confine myself to two things which arise from the  
2           questions that you've just been asked by your own  
3           barrister, is that okay?

4           A.     That's okay.

5   240   Q.     So, firstly, in relation to the complaint that you were 11:52  
6           asked about there, or the issue that you were asked  
7           about there by your barrister, you described making a  
8           complaint about the workplace behaviour of a colleague?

9           A.     That's correct.

10  241   Q.     And that's what it was; it was that that colleague 11:53  
11          wasn't behaving, as you felt he should be, in the  
12          workplace?

13          A.     That's correct.

14  242   Q.     And you've described to the Judge, and the Judge has  
15          it, how that complained was dealt with? 11:53

16          A.     Yes.

17  243   Q.     You felt you were able to talk to the person about it?

18          A.     Yes, to my Duty Sergeant, I had no problem reporting  
19          that to him.

20  244   Q.     Thank you. And I suppose the second question following 11:53  
21          on from the questions you were asked by your barrister  
22          there just in terms of those kind of complaints; you  
23          were very fortunate to be selected for overseas  
24          service?

25          A.     Yes. 11:53

26  245   Q.     And you described how you applied for that?

27          A.     Yes.

28  246   Q.     And, you know, the privilege of serving your country  
29          overseas is one that's sought after by a lot of people

1 in the Defence Forces?

2 A. I would think so, yes. I certainly was in that  
3 category, yes.

4 247 Q. People have described earlier on, there's a financial  
5 benefit as well but that's just another benefit of 11:54  
6 serving overseas?

7 A. That's another benefit, yes.

8 248 Q. That's another benefit of overseas. And not all people  
9 are fortunate enough to get the benefit of serving  
10 their country overseas and ancillary benefits in the 11:54  
11 Defence Forces?

12 A. That's true.

13 249 Q. And, again, within your experience of, you know, what  
14 you saw and what you witnessed, did people sometimes  
15 not get selected to serve overseas? 11:54

16 A. Yes, I believe so.

17 250 Q. And, again, within your experience, did people complain  
18 about not being selected to serve overseas?

19 A. Not to me, personally, so I can't comment on that. I  
20 never heard anybody complain to me for not getting 11:54  
21 chosen. I am aware that some people weren't chosen,  
22 though, because of fitness tests. That would have been  
23 where I would have heard about it.

24 MR. LEHANE: Again, I'm conscious you can only speak  
25 about what you spoke to and I think the Judge has your 11:55  
26 answer in terms of that. Thank you.

27 SOLE MEMBER: Thank you, Mr. Lehane. Is there any  
28 other party who wishes to make an application to put  
29 questions to the witness?

1 MR. McGUI NNESS: If I may.

2

3

MS. LINDA KINSELLA, WAS CROSS-EXAMINED BY

4

MR. McGUI NNESS AS FOLLOWS:

5

11:55

6 251 Q. MR. McGUI NNESS: Ms. Kinsella, I appear on behalf of  
7 the Minister for Defence in this matter and I've only a  
8 few questions to ask you, if you don't mind.

9

10 You applied for the overseas service and I think you  
11 told Mr. McGovern at an early stage of his examination  
12 of you that you'd symptoms before you went to Eritrea?

11:55

13 A. That's correct.

14 252 Q. And can I ask you then, this is not a criticism of you,  
15 it's simply a factual enquiry, did you report those  
16 symptoms to the doctors at the time?

11:55

17 A. No, I didn't. My -- I was medically passed for this  
18 tour of duty and as far as I was concerned that was it,  
19 I was going. No, I didn't report it to anybody.

20 253 Q. Again, I'm inferring no criticism at all, I'm just  
21 trying to factually see what happened. You were  
22 medically fit to go, then, obviously, having been  
23 medically graded as such?

11:55

24 A. Yes.

25 254 Q. And then did you have a pre-medical repatriation?

11:56

26 A. Yes, I think there was always one that is given.

27 255 Q. Can I ask to recollect; did you report the symptoms at  
28 that time?

29 A. No.

1 256 Q. Can I ask you; were you downgraded as a result of your  
2 medical, your pre-medical, in that year or afterwards?  
3 A. I was downgraded later, in a later period.  
4 257 Q. But is that after, after 2006-2008?  
5 A. Yes, I was medically downgraded then. 11:56  
6 258 Q. Can I ask you; did that relate to the reasons for your  
7 absence from duty at that point in time?  
8 A. Yes, and I also I believe that it is to do with the  
9 type of medication that you were on, if it's long-term.  
10 I'm aware that I was on a T grade at one stage for a 11:57  
11 period of time - somebody might be able to correct me  
12 on this if I'm wrong - which is a temporary grading  
13 until the Medical Officer, or whoever is dictating my  
14 next grade or how it's going to work out.  
15 259 Q. And you succeeded in getting your medical grading 11:57  
16 upgraded when you'd recovered from what was besetting  
17 you at that point in time?  
18 A. Yes. In around 2009 I worked hard at that. I was  
19 feeling better and my medical grading changed in 2009.  
20 260 Q. And might I just ask you about the incident where you 11:57  
21 were reporting your colleague. You were a member of  
22 the Military Police at that time?  
23 A. Yes.  
24 261 Q. And he was as well?  
25 A. Yes. 11:57  
26 262 Q. And your complaint, without going into any details  
27 really, but he was skiving off on duty, really, and you  
28 felt you an obligation to bring this to the attention  
29 of your senior?

1 A. Yes, that's correct.

2 263 Q. And he was also a member of the Military Police?

3 A. Yes.

4 264 Q. And, presumably, you did so on the basis that you would  
5 have expected him to take some action and stop? 11:58

6 A. Yes, exactly. And I expected it to be confidential.

7 265 Q. Did you say that to him, just as a matter --

8 A. Absolutely, because I know the environment, information  
9 spreads. They are very easy -- these people were very  
10 easy to fall out with somebody on the basis of hearsay, 11:58  
11 you know, 'I've heard this said about you.' It was  
12 toxic, actually, the unit.

13 SOLE MEMBER: Mr. McGuinness, I'm reluctant to  
14 interrupt you because I know you didn't raise the  
15 issue, it was Mr. Marron that raised it, but this is 11:58  
16 not a complaint of abuse, it's not about the reporting  
17 of complaints abuse and it's really not a matter that  
18 comes within the remit of the Tribunal.

19 MR. MCGUINNESS: I accept that.

20 SOLE MEMBER: And I would ask people to keep their 11:59  
21 questions strictly to matters that will help me answer  
22 the questions I've to answer.

23 MR. MCGUINNESS: Thank you.

24 MR. MARRON: If I could maybe make a very brief  
25 submission. I understood the interaction was that a 11:59  
26 colleague who was more senior in rank was expecting her  
27 to keep shtum and I would have thought that was, in a  
28 sense, certainly towards the kind of bullying --

29 SOLE MEMBER: The question I have to address,

1 Mr. Marron, is whether there was a culture that  
2 discouraged the making of complaints of abuse.  
3 MR. MARRON: Yes. I just thought when a more senior  
4 member expects you to maybe not report something, I  
5 would just submit that that is possibly a form of 11:59  
6 bullying.  
7 SOLE MEMBER: We must stick with the statements that we  
8 have and complaints of abuse are what we're dealing  
9 with. Thank you, Mr. Marron.  
10 MR. LEHANE: I should say, Judge, on that point, the 12:00  
11 only reason I asked questions was because of  
12 Mr. Marron's point and I wanted to make a submission in  
13 a different forum later on, on foot of the answer  
14 given.  
15 SOLE MEMBER: You want to make a submission when? 12:00  
16 MR. LEHANE: No, it wasn't a matter for this witness,  
17 it would have been subsequently in terms of the  
18 relevance of the issue, which is the point that you  
19 made, Judge, I suppose.  
20 SOLE MEMBER: Is there any other person who like to put 12:00  
21 a question to the witness? No.  
22  
23 Ms. Kinsella, you've answered the question that I was  
24 going ask, Mr. McGuinness put to you so you've answered  
25 that question and I don't have any further questions 12:00  
26 for you. So I want to thank you for your engagement  
27 with the Tribunal and for coming forward to share your  
28 experience.  
29 THE WITNESS: Thank you.

1 SOLE MEMBER: Thank you very much. The next witness is  
2 scheduled to give evidence at 2:00 p.m. So I will rise  
3 now and we will meet again at 2:00 p.m. Thank you.

4  
5 THE TRIBUNAL ADJOURNED FOR LUNCH AND CONTINUED AS 12:00  
6 FOLLOWS:

7  
8 SOLE MEMBER: Good afternoon, everybody. Mr. Cush.  
9 MR. CUSH: Good afternoon, Judge. The first witness  
10 this afternoon, Judge, is Mr. Michael Lawlor. 14:01  
11 Mr. Lawlor, please.

12  
13 MR. MICHAEL LAWLOR, HAVING BEEN SWORN, WAS DIRECTLY  
14 EXAMINED BY MR. CUSH, AS FOLLOWS:

15 14:01  
16 266 Q. MR. CUSH: Good afternoon, Mr. Lawlor.

17 A. Good afternoon.

18 267 Q. Mr. Lawlor, as you're aware, the Tribunal's  
19 investigating the effectiveness of the complaints  
20 processes, and the culture within the Defence Forces in 14:02  
21 relation to complaints of abuse. It is not permitted  
22 to make findings in relation to the well-foundedness of  
23 complaints of abuse and, for that reason, you're  
24 required to refrain from disclosing the names of any  
25 alleged perpetrators in your evidence today. 14:02

26 A. Understood.

27 268 Q. Thank you. And where it's necessary to refer to such  
28 individuals, you will do so by referring to their rank,  
29 if it's necessary.

1 A. Understood.

2 269 Q. Thank you, Mr. Lawlor. You joined the Defence Forces,  
3 Mr. Lawlor, in 2002 initially, isn't that correct?

4 A. I did, yes.

5 270 Q. Where did you undergo your recruitment training in that 14:02  
6 first instance?

7 A. The 1st Air Defence Regiment, Plunkett Barracks,  
8 Defence Forces Training Centre, Curragh Camp.

9 271 Q. There were aspects of that training that caused you not  
10 to complete your recruitment, I think, isn't that so? 14:03

11 A. That's true, yeah.

12 272 Q. Could you just briefly describe that for me, please?

13 A. Bullying by one of the instructors, constantly, even  
14 while you were just cleaning the barracks. It just  
15 seemed for no other reason than just to show power, and 14:03  
16 that continued on and I just couldn't deal with that.  
17 Like, the platoon, we lost a lot of recruits in that,  
18 including myself, but I was determined not to let that  
19 stop me.

20 273 Q. Okay. And I think when you say you were determined not 14:03  
21 to let that stop you, you chose to rejoin, isn't that  
22 so?

23 A. I did, yes, the next year, yes.

24 274 Q. If we just take the first phase, you left -- I think  
25 you had to buy yourself out, is that so? 14:03

26 A. I did, yes.

27 275 Q. I take it, therefore, that if you joined in the first  
28 instance and you then had to buy yourself out and you  
29 rejoined, as it were, you had a certain commitment to

1 being a member of the Defence Forces?

2 A. I always wanted to join the Defence Forces.

3 276 Q. But, that, notwithstanding you felt obliged to leave  
4 the first period of --

5 A. The first time, yes. 14:04

6 277 Q. All right. And I think you've made the point that you  
7 agree that recruits should be pushed, is that so?

8 A. You have to be pushed because when you're trained  
9 soldiers, like, more is expected of you than as a  
10 civilian -- and your role, the unique role that the 14:04  
11 Defence Forces fulfils to the State, especially to  
12 deployment overseas, so training has to be robust in  
13 training.

14 278 Q. And notwithstanding that being your view, what happened  
15 to you in that first period of recruitment went beyond 14:04  
16 legitimate pushing, is that fair, in your view?

17 A. Yes.

18 279 Q. All right. You rejoined and your second period of  
19 recruitment, where did that take place?

20 A. The same regiment. 14:04

21 280 Q. But different --

22 A. Different, like, training instructors, yes.

23 281 Q. And I think from your perspective, that was a very  
24 successful period?

25 A. It was. Like, they were robust, they forced you, they 14:05  
26 pushed you, but they knew when to draw the line. If  
27 they were pushing you hard on a run, they'd give praise  
28 where it was due. If the commitment wasn't there from  
29 recruits, they pushed harder. Then if you did well as

1 a group, as your Recruit Platoon, it was acknowledged  
2 and they'd say 'Keep that up, like, that's what we  
3 want.'

4 282 Q. Okay. So in terms of the training that you were  
5 receiving in both periods of recruitment and insofar as 14:05  
6 it dealt with complaints processes, can you tell us  
7 about your training about complaints processes in those  
8 periods?

9 A. Yeah, you were brought in, given a lecture - it wasn't  
10 a very long lecture - and you were told if you had a 14:05  
11 complaint, you could speak to someone in the unit. If  
12 you made a complaint, it would go up the chain of  
13 command and it would be dealt with.

14 283 Q. Okay. When you say it wasn't a very long lecture, how  
15 long, do you think? 14:05

16 A. I would say about a half an hour, maybe. Maybe.

17 284 Q. Okay. And was the A7 process something that your  
18 attention was drawn to?

19 A. That was coming in, my second recruit training, yes.

20 285 Q. Okay. And what did you understand about it? You were 14:06  
21 obviously told of its existence?

22 A. Yeah.

23 286 Q. What did you understand it was to relate to?

24 A. Interpersonal contact with people that were training  
25 you; or when you were assigned to a unit, when you got 14:06  
26 posted to unit, the complaints process. If you had a  
27 grievance or a complaint, instead of letting it get out  
28 of hand, it was brought up the chain of command and it  
29 was dealt with from the top so everyone on both sides

1 would be happy, it would be amicable for both sides.

2 287 Q. So, you were told how to use it, is that right?

3 A. Yes.

4 288 Q. All right. And, you were told about the PSS service?

5 A. Yeah, Personnel Support Service, yes. 14:06

6 289 Q. Yes. And what were you told about that?

7 A. That, if needed, you could talk to PSS about anything

8 and that it wouldn't go beyond them, that that was

9 supposed to be kept between PSS and you. And if

10 something was needed, PSS would bring that forward. 14:07

11 290 Q. So, do you feel that you were given a reasonable

12 description, at least, of the complaints processes?

13 A. A reasonable description, yes.

14 291 Q. And when it came, then, to the possibility of using

15 those complaints processes, what was your impression? 14:07

16 A. My impression was that if you made a complaint, it

17 would go up the chain of command. It would go to PSS,

18 if needed, but, like most things in the military, it's

19 dealt with at a unit level. So the Commanding Officer,

20 maybe the Company Sergeant or Squadron Sergeant, as in 14:07

21 my case, they could talk together and they could deal

22 with the problem. But, in reality, you felt if you did

23 make a complaint, it could come back on you and it

24 could hinder you, it could stop opportunities for

25 courses, for deployment overseas, for other things like 14:08

26 that.

27 292 Q. And why do you say -- I mean, what caused you to have

28 that impression?

29 A. It was just the culture. Like, you felt that if you

1 did make a complaint, that it would be written on  
2 paper, it would be looked at, and that was it because,  
3 when you made the complaint, they fulfilled their side  
4 -- they have the complaint, but you knew and you felt  
5 deep down that nothing was going to be done about it. 14:08  
6 This was just to, as I would say, like, cover  
7 themselves that they actually went through the motions  
8 to actually deal with the problem.

9 293 Q. So I understand you to be saying to the Tribunal that  
10 that was your impression -- 14:08  
11 A. That was my impression.

12 294 Q. -- of the reality. Can you explain to the Tribunal why  
13 you had that impression?  
14 A. Because instructors and things like that, if you made a  
15 complaint, you could get a dirty detail. You could be 14:08  
16 sent to the Glen for weeks at a time. You could be  
17 given menial tasks. You could be held back from doing  
18 things that you wanted to do to advance your career  
19 within the Defence Forces, the likes of overseas, the  
20 likes of a recommendation for a Non-Commissioned 14:09  
21 Officer's course where an enlisted person becomes a  
22 Corporal and, like, career-related.

23 295 Q. Well, first of all, are you saying that that ever  
24 happened to you because you made a complaint?  
25 A. I didn't make a complaint. 14:09

26 296 Q. Okay. And, therefore, are you saying that in your --  
27 to your knowledge, it happened to other people who did  
28 make complaints?  
29 A. I heard stories but I didn't believe anything because I

1 can't prove anything. I just heard stories.

2 297 Q. Okay.

3 A. And seeing and believing are two different things until  
4 you see proof.

5 298 Q. Absolutely. So, accepting for the moment that their 14:09  
6 stories are - maybe put it this way - they're what  
7 other people told you, is that right?

8 A. Told me, and stories I would have heard from different  
9 units around The Curragh Camp.

10 299 Q. Okay. And these tellings and these stories, if I 14:09  
11 understand you correctly, were to the effect that if  
12 you complained, there can be these adverse consequences  
13 for you, is that right?

14 A. Yes.

15 300 Q. So whether those stories or those tellings be true or 14:10  
16 not, am I right in understanding you to say that they  
17 contributed to you having the impression that you had?

18 A. I would have seen that as a deterrent in my career  
19 advancements as for courses, overseas deployments,  
20 things of that nature. 14:10

21 301 Q. Do you want to say anything about the fact that some of  
22 the complaint processes were to senior people within  
23 the unit? Does that have any significance to you?

24 A. It does, because these are people that you would be  
25 dealing with day in and day out. They know you. They 14:10  
26 can decide what details you get sent on, what courses  
27 you go on, because they are your Superior Officers, as  
28 in Commissioned Officers and Senior Non-Commissioned  
29 Officers.

1 302 Q. So, if I understand you correctly you're saying to the  
2 Tribunal that that's not a good process, where you have  
3 to complain to somebody within your unit at a more  
4 senior level?  
5 A. No, it's not. 14:11

6 303 Q. -- as far as you're concerned, all right. Mr. Lawlor,  
7 I know that prior to an overseas deployment to Liberia,  
8 I think, you were prescribed Larium?  
9 A. I was, yes.

10 304 Q. We know from your statements and from your interviews 14:11  
11 that you're convinced that you suffered very severe  
12 side effects as a result, isn't that so?  
13 A. Yes.

14 305 Q. And that they hampered you within your career and in  
15 your personal life very severely? 14:11  
16 A. Yes. And still do.

17 306 Q. And still do. I think, just to be clear, that you have  
18 been diagnosed as having a what's described now as a  
19 bipolar disorder?  
20 A. Bipolar disorder, yes. 14:11

21 307 Q. Formerly, I thin, described as manic depression?  
22 A. Manic depressive, yeah.

23 308 Q. And you also have diabetes, which I believe you think  
24 to be connected to the treatment for bipolar disorder;  
25 is that correct? 14:12  
26 A. That's correct, yes, that's what my psychiatrist said.

27 309 Q. Okay. So, I just want to look at some of that, if  
28 you'd bear with me, Mr. Lawlor.  
29 A. Of course.

1 310 Q. When you went to Liberia, how quickly did you suffer  
2 from side effects?  
3 A. I started getting the mood swings before I went but, to  
4 be honest, I thought that was just nerves, as in going  
5 overseas for the first time, because it's a big thing. 14:12  
6 311 Q. Yes.  
7 A. -- for anyone to go overseas for the first time. So I  
8 put it down to that. But as time went on, things  
9 started to deteriorate.  
10 312 Q. Okay. And then by the time that deployment came to an 14:12  
11 end in Liberia, in what state were you at that point in  
12 time?  
13 A. Anxious, panicky. I couldn't put my finger on it  
14 because the training we were given in Ireland before  
15 deployment would have prepared us for all scenarios we 14:13  
16 would face overseas, as in riot patrol, patrol phasing,  
17 moving into villages, day-time/night-time moving out,  
18 all were coordinated within a company. Everyone knew  
19 which part they were doing when the operations  
20 happened. But feeling the way I felt, like, that's not 14:13  
21 normal and, if you're trained properly, you do --  
22 there's a saying "You train hard to fight easy", and  
23 that's the truth. The more you do something, the more  
24 instinctive it becomes. So by the time you do deploy  
25 overseas, all your training is done in Ireland and 14:13  
26 you're put through every scenario that you could face  
27 so you are prepared.  
28 313 Q. Okay. So, at the end of that deployment, you have a  
29 kind of a medical parading, is that so?

1 A. That's right, yeah.

2 314 Q. And, in your case, did that happen in Liberia?

3 A. That happened in Liberia in a tent, along with a full  
4 company.

5 315 Q. All right. So, how many are in the full company? 14:14

6 A. A company is a strength between 90 and 120.

7 316 Q. So the number was something of that order?

8 A. Yes.

9 317 Q. All right. And what actually happens? First of all,  
10 is the communication on an individual level or on a 14:14  
11 group level or how did it happen in your case?

12 A. It was a group level. We were brought and we were said  
13 by the medic, 'This is the end of your trip. Does  
14 anyone have any problems?' Now, if you're talking  
15 medically, a doctor will talk to an individual person, 14:14  
16 they will not talk to a group of people because nobody  
17 is going to say in front of other people about medical  
18 things. That's between patient and doctor. But we  
19 were brought in and the medic asked 'Any problems?', so  
20 do you think -- no, like, no one was going to put your 14:14  
21 hand up and complain.

22 318 Q. Okay, so I just need to understand this, Mr. Lawlor.  
23 So, as a matter of fact, you're asked the question at a  
24 group level, is that right?

25 A. It was for me, yes. That was 2005. 14:14

26 319 Q. Exactly, in 2005 in your case. And was it indicated to  
27 you that people will be asked individually about  
28 medical issues or was that said at all?

29 A. We were just told to march up to the tent where they

1 kept some of the vehicles. It was a workshop and it  
2 was pretty empty, so we were just brought in there and  
3 we were asked -- it wasn't individually, we were asked  
4 as a group.

5 320 Q. All right. So, are you saying to the Tribunal that 14:15  
6 even if anybody contemplated mentioning that they  
7 thought they might have had symptoms, that it's  
8 unlikely that they would do it in that --

9 A. It is highly unlikely they would have said it in front  
10 of others. 14:15

11 321 Q. Right. And was there an opportunity other than that  
12 group occasion to articulate any concerns about, in  
13 your case, Lariam?

14 A. There wasn't, no, because we were going on patrol.  
15 You'd take, like, Dioralytes to stop you getting 14:15  
16 dehydrated, to keep salts in your system. So they were  
17 readily accessible while you were on patrol because the  
18 heat, as mentioned earlier, in Africa, is quite hot.  
19 So just to keep salts onboard so you don't get  
20 dehydrated. The medics -- the recce troop I was with, 14:16  
21 we would have kept it as part of our medical supplies  
22 so that everyone in every vehicle had access to  
23 Dioralytes so we didn't come down with dehydration.

24 322 Q. If, in fact, the individual members of the deployed  
25 mission had been interviewed individually, do you 14:16  
26 think, in your case, that you might have mentioned your  
27 symptoms?

28 A. I would have if I was asked on my own, yes. But in  
29 front of a group, that feels -- well, to me, that feels

1           like peer pressure, and nobody is going to tell a group  
2           of people, even their best friend, if they've got  
3           things that are worrying them because they'd talk to a  
4           doctor because it's confidential what they say to a  
5           doctor, and that's not confidential. 14:16

6 323 Q.   All right. And then I just want to understand, as a  
7           matter of fact, at this time, at the end of your  
8           deployment in Liberia, were you, yourself, linking your  
9           symptoms to Lariam?

10          A.   I heard stories before going out about getting 14:17  
11           nightmares and stuff like that. But that was it.  
12           Like, I didn't get nightmares when I was there, just  
13           anxious and panicky.

14 324 Q.   So if you had told a doctor, if you'd seen a doctor  
15           individually about your symptoms, you mightn't have 14:17  
16           been linking them to Lariam at that point in time; is  
17           that right?

18          A.   I mightn't have been, no.

19 325 Q.   Okay. When you come back to Ireland, I think there's  
20           approximately a year before you go to Kosovo, is that 14:17  
21           right?

22          A.   That's right, yes.

23 326 Q.   And can you just describe to the Tribunal how you are  
24           feeling in that year, your medical condition?

25          A.   Like I said, anxiety, panicky. It started to go 14:17  
26           downhill slowly but surely. Go home from work in the  
27           evening, fall asleep in the chair, wake up at about  
28           11 o'clock at night, no energy. Things like that. And  
29           that was going on and on and on and I wondered what was

1 going on, and I did report sick with it.

2 327 Q. You were deployed to Kosovo then, is that right?

3 A. I was, 2007/2008.

4 328 Q. Before being deployed to Kosovo, do I take it that you  
5 hadn't made any complaint either to the formal process 14:18  
6 or to the doctor about your condition?

7 A. I had, because I started getting diarrhoea not long  
8 after --

9 329 Q. So you had to the doctor, is that right?

10 A. Yeah, I had complained in The Curragh, yeah. 14:18

11 330 Q. That's before you went to Kosovo?

12 A. That's right, yes.

13 331 Q. All right, I beg your pardon. In the course of that  
14 engagement with the doctor, you reported your symptoms  
15 or your complaints, is that right? 14:18

16 A. Yes, yes.

17 332 Q. And was there any discussion either raised by you or by  
18 the doctor about a possible link to Lariam?

19 A. I mentioned Lariam and it was kind of backed off  
20 straightaway, so they sent me for an endoscopy camera 14:18  
21 test.

22 333 Q. All right, okay. And you go to Kosovo?

23 A. Yes.

24 334 Q. You come back from Kosovo?

25 A. Yes. 14:19

26 335 Q. And do you have further engagement with the Medical  
27 Services?

28 A. Yes, lots.

29 336 Q. And in the context of symptoms and discussion about a

1 possible Lariam connection, can I just ask you did you  
2 raise that as a possibility?

3 A. I did raise that and the answer was backed off. To me,  
4 it kind of felt, like, deflected; it could be anything  
5 other than taking Lariam. 14:19

6 337 Q. Right, but you -- you felt able to raise the question  
7 with medical personnel?

8 A. A civilian employed doctor within the Defence Forces,  
9 not a Commissioned Officer as a doctor.

10 338 Q. Okay. 14:19

11 A. Although I did mention it to a Commissioned Doctor in  
12 the Defence Forces and it was just, basically,  
13 stonewalled, if I'm being honest.

14 339 Q. So, from your perspective, at least, the reaction  
15 wasn't satisfactory? 14:20

16 A. No.

17 340 Q. And at no point in time, I think, have you raised this  
18 question of Lariam and its possible side effects  
19 through a formal complaints process?

20 A. No. 14:20

21 341 Q. But you have mentioned it to a variety of doctors?

22 A. I have, yes.

23 342 Q. All right. And whatever about the formal complaint  
24 processes, did you ever raise it with anybody, even  
25 informally, outside the medical dialogue? 14:20

26 A. I don't think I did because, if a person is having  
27 mental health problems, there's a stigma attached to  
28 that when there shouldn't be. We all get sick. If a  
29 person broke their arm, it would be easier, that's more

1 common to understand. But mental health problems is  
2 something that the HSE keep driving on about, as where,  
3 within the Defence Forces, it makes you look weak, it  
4 makes you look an easy target for bullying and things  
5 like that, and the fact that you probably wouldn't be 14:21  
6 believed or you felt you wouldn't be believed, or you  
7 felt action, proper action with medical action for a  
8 recovery would not be taken.

9 343 Q. Okay. You saw an Army psychiatrist?  
10 A. I did, yes. 14:21

11 344 Q. And did you raise with the psychiatrist the possibility  
12 of a Lariam connection --  
13 A. I did, yes. I did, yes.

14 345 Q. And did you receive, to your mind, a satisfactory  
15 response? 14:21  
16 A. No, I did not. I mentioned Lariam and the same kind of  
17 stonewall answer again, anything except Lariam.

18 346 Q. And your ability to work was being, I think, severely  
19 affected by this time, is that right?  
20 A. It was, yes. 14:21

21 347 Q. And you went AWOL at one stage?  
22 A. I did. I just couldn't handle it because I didn't know  
23 -- I knew I was sick, I didn't know how I was going to  
24 be dealing with it myself. I had gone to doctors, I  
25 had gotten no help, not even from a psychiatrist. So 14:21  
26 if a person that's sick feels like that, they feel  
27 they're on their own, they feel they have nowhere to  
28 turn, even though medical is part of that job, that  
29 wasn't -- it wasn't right.

1 348 Q. So, we're speaking now about a period after your return  
2 from Kosovo, isn't that right?

3 A. Yes.

4 349 Q. -- where you had been AWOL, you had seen a  
5 psychiatrist, and I think there was then some  
6 engagement with fellow soldiers around your state of  
7 mind, is that correct?

14:22

8 A. Not really, I was brought to -- after going AWOL, I was  
9 brought to Naas General Hospital, two troopers with me  
10 -- that's Privates with me. There was no NCO, no  
11 Officer, and they were my guard while I was in Naas  
12 General Hospital talking to a psychiatrist there, and  
13 that did not help.

14:22

14  
15 I did mention that I had taken Lariam and, again, no  
16 proper response. There was no, how would I say, she  
17 wasn't listening, she wasn't willing to take on board  
18 what I was saying. She wasn't prepared to think about  
19 the possibility that it could be that or to look at a  
20 solution to the problem I was going through.

14:22

21 350 Q. Okay. So, you help me here, Mr. Lawlor, with the  
22 sequence of events. There is a period, I think when  
23 you are actually at work, which I had understood to  
24 postdate this, when there is some writing on your  
25 locker, is that right?

14:23

14:23

26 A. That's correct, yes.

27 351 Q. And am I right in thinking it postdates this visit to  
28 the psychiatrist?

29 A. This would have been after the psychiatrist because I

1 had two breakdowns.

2 352 Q. Okay.

3 A. But, yes, on my locker, calling me crazy, having  
4 graffiti put on my locker, things like that. Now, if a  
5 person has a problem, you don't kick them down into the 14:23  
6 ground. And the thing is, if you can't help someone,  
7 at least don't hurt them.

8 353 Q. And is it your evidence or is it your belief that the  
9 people who wrote that knew you had seen a psychiatrist?

10 A. Yeah, of course, they did. The whole unit did. 14:24

11 354 Q. And why do you say that?

12 A. Because they were the ones bringing me up to Bricin's  
13 Hospital in Dublin, so they know where I would have  
14 been going, and for what reason.

15 355 Q. And then when this was done, when this writing went up 14:24  
16 putting you down when you're down, as it were, who knew  
17 about that?

18 A. The whole squadron.

19 356 Q. Was anything done about it by nobody?

20 A. No. There was nothing formally done at all, not even 14:24  
21 with NCOs, officers, nothing.

22 357 Q. And did you complain about it?

23 A. What was the point? Because I knew I wasn't going to  
24 be listened to. And it could happen again -- if I  
25 complained, it could happen again, only next time it 14:24  
26 could happen worse.

27 358 Q. I think you made two attempts to take your own life,  
28 Mr. Lawlor, is that right?

29 A. I did, yes.

1 359 Q. You left the Defence Forces --

2 A. In 2012, yes.

3 360 Q. And I think you've told the Tribunal that you would  
4 have been medically boarded out, but you chose to leave  
5 in advance of that? 14:25

6 A. I was told by the Senior Medical Officer in The Curragh  
7 that I could leave by my own choice and buy my way out,  
8 or be medically boarded. Now, I was thinking it was  
9 better to buy my way out because, if I was medically  
10 boarded, if I got civilian employment, I would have to 14:25  
11 say the reason why I was discharged from the Defence  
12 Forces. That would be like a dishonourable discharge.  
13 That would follow you for the rest of your life, and I  
14 did not want that.

15 361 Q. Okay. Subsequently, you issued proceedings in respect 14:26  
16 of Lariam, is that right?

17 A. I did, yes.

18 362 Q. And with the assistance then of your legal team, you  
19 felt able to articulate a complaint about Lariam, to  
20 the courts at least? 14:26

21 A. Yes.

22 363 Q. And can you explain to the Tribunal why it is that you  
23 felt able to do that, but not make any complaint to the  
24 formal processes at the time?

25 A. Because I was outside the Defence Forces, I was no 14:26  
26 longer under their command. I was not responsible to  
27 them anymore. When I left, I was responsible for  
28 myself to get the best medical treatment I could  
29 possibly get and find out exactly what was going on

1 with me to get the best treatment I could get with the  
2 public health. And it was nice enough to meet an Irish  
3 female psychiatrist in Portlaoise and she said 'Yeah',  
4 talking on her phone, 'Yeah, come down tomorrow, I'll  
5 have a look at ya, no problem.' I came down. I was 14:27  
6 crying my eyes out, and she goes 'well, chin up, you  
7 know what it is now and we can do something about it,  
8 as where before you didn't know.' That gave me some  
9 hope.

10 364 Q. Okay. Mr. Lawlor, what changes would you like to see 14:27  
11 within the Defence Forces?

12 A. I would like to see complaints, serious complaints -  
13 all complaints, if possible - handled outside the  
14 Defence Forces because, if the Defence Forces do this,  
15 nothing will really get done. I hate to have to say 14:27  
16 it. I loved being in the Defence Forces and I still  
17 miss it, but unless you want to see real change within  
18 the Defence Forces, you have to realise -- the first  
19 thing is realising there's a problem to begin with and  
20 addressing the problem. And as soon as you address a 14:28  
21 problem and deal with it, that problem can go away and  
22 you know what caused that problem in the first place.  
23 And by doing that, you make sure that that problem does  
24 not happen again and, if it does, it's mitigated  
25 extremely early on so it doesn't mushroom and get out 14:28  
26 of control. Like, that's what I would like to see.

27 365 Q. So at least part of the problem, as you see it, is the  
28 lack of involvement of a civilian element, is that  
29 right?

1 A. That's true, yes.

2 366 Q. And one of the things that you told the Tribunal in  
3 interview is that there was a need to listen to people  
4 more, is that right, is that your view?

5 A. There is, yes. 14:28

6 367 Q. But you can only listen to people if they choose to  
7 talk to you in the first place?

8 A. Exactly. So, that's why I'm saying there are things  
9 within the Defence Forces that are not fit for purpose.  
10 The values are defend, protect, support. That's the 14:28  
11 Defence Forces. That's our commitment to the country.  
12 So, where's defend, protect, support for serving  
13 members or former members that got ill?

14 MR. CUSH: Thank you very much, Mr. Lawlor. My Friend  
15 will have some questions for you. Thank you. 14:29

16 SOLE MEMBER: Thank you, Mr. Cush.

17 MR. MASTERSON: Judge, good afternoon. Louis  
18 Masterson, instructed by Coleman Legal. Mr. Cush has  
19 obviously provided a very comprehensive examination of  
20 Mr. Lawlor and, as a result, I only have two or three  
21 small matters that I wish to put to him, if I may.

22

23 MR. MICHAEL LAWLOR WAS CROSS-EXAMINED BY MR. MASTERSON,  
24 AS FOLLOWS:

25 14:29

26 368 Q. MR. MASTERSON: Mr. Lawlor, in your original  
27 interviews - and, indeed, today - you've said that --  
28 you mentioned the A7 process; isn't that right?

29 A. Yes.

1 369 Q. And I think you said to Mr. Cush there a moment ago, in  
2 fact, that with regard to the complaint process, you  
3 only received about half an hour of training in that;  
4 isn't that right?

5 A. Yes.

14:29

6 370 Q. If I could just refresh your memory -- and, Judge, this  
7 is at page 3941 and it's Mr. Lawlor's second interview  
8 that was conducted with Mr. Cush at -- it discusses the  
9 A7 process and, on that page towards the top, Judge,  
10 Mr. Lawlor says:

14:30

11

12 "MR. LAWLOR: Just told A7 and all you were told was  
13 it's just a letter and a number, that was it."

14

15 Further down the page, Mr. Lawlor, you say:

14:30

16

17 "MR. LAWLOR: My second time in my recruit training you  
18 were given a lecture on it for about five minutes.  
19 That was it, it was just touched on."

20

21 So, I mean, while it may be sort of splitting hairs,  
22 half an hour versus five minutes, which was it, to the  
23 best of your recollection?

24 A. It was very short. I think the first time - it's a  
25 long time ago, that's 2002, and I rejoined in 2003 -  
26 but I remember one being half an hour and the other one  
27 being very short. Like, one was more instructive. It  
28 gave what to do. The other kind of said, 'This is A7,  
29 that's all you need to know', and that was it.

14:30

1 371 Q. Okay. Mr. Cush referenced making a medical complaint  
2 versus a formal complaint; what do you understand the  
3 difference between those complaints to be?

4 A. A medical complaint is something that you suffer from  
5 and you want to deal with it so you mention it to a 14:31  
6 doctor. That stays between the doctor and you. That's  
7 doctor-patient confidentiality. As where what you're  
8 talking about, make an official complaint, everyone  
9 know what the complaint is straightaway. You have to  
10 remember that every unit in the Army is like a small 14:31  
11 club. Everyone knows what goes on inside a unit. The  
12 organisation is a whole, yes, different sub-units.

13 372 Q. My last question, Mr. Lawlor, can you tell the Tribunal  
14 do you regard your experience with your mental health  
15 difficulties in the Defence Forces as an isolated one 14:31  
16 or is part of a wider pattern within the Defence  
17 Forces?

18 A. I would say my problems, people like me that took  
19 Lariam and had adverse effects to it, and bullying, I  
20 think they're both interlinked. I think that things 14:32  
21 really do need to change for the better because this  
22 will drag down the Defence Forces. It will give them a  
23 black eye. You'll hear things in the tabloids  
24 especially, not like a broadsheet paper where the story  
25 is more accurate. But it does need to change for the 14:32  
26 better of the organisation itself, and especially for  
27 morale within the Defence Forces because, even today,  
28 this is up on the internet, so anyone can go in and  
29 look at it and see the testimony of anyone giving

1 evidence here. But that does need to change for the  
2 better for the organisation as it moves forward.

3 373 Q. And I think you, in reply to Mr. Cush's questioning,  
4 you have outlined how you think it would be best to  
5 change that, isn't that so? 14:32

6 A. Yeah.

7 374 Q. With a third party --

8 A. Yeah, civilian oversight.

9 MR. MASTERSON: I'm very much obliged.

10 SOLE MEMBER: Thanks, Mr. Masterson. Does anyone else 14:33  
11 wish to put questions?

12 MR. McCANN: I have some questions for Mr. Lawlor,  
13 please, Chair.

14 SOLE MEMBER: Yes, Mr. McCann.

15 14:33

16 MR. MICHAEL LAWLOR WAS CROSS-EXAMINED BY MR. McCANN, AS  
17 FOLLOWS:

18

19 375 Q. MR. McCANN: So, Mr. Lawlor, I'm the barrister for the  
20 Defence Forces, good afternoon. 14:33

21 A. Good afternoon.

22 376 Q. So, Mr. Lawlor, if you have any problems with  
23 understanding a question I've asked, you know, feel  
24 free to ask me to repeat it or to explain it.

25 A. Okay. 14:33

26 377 Q. Or if you think I'm including a sensitive area, feel  
27 free to tell me that too --

28 A. I have no problem with that either, I have nothing to  
29 hide.

1 378 Q. All right. So, I won't be asking you any questions,  
2 Mr. Lawlor, directly about your abuse in the Defence  
3 Forces, but I just wanted to get, just to try and delve  
4 into a little bit with you why you didn't make  
5 complaints, if I may, is that all right? 14:33

6 A. Yeah, well --

7 379 Q. But before -- I haven't asked you any questions yet!

8 A. Ok, sir.

9 380 Q. I'm just telling you what I'm going to do. But if you  
10 want to say something, go ahead. 14:34

11 A. No, no, it's okay. Go ahead, please.

12 381 Q. All right. So I just wanted to -- I say Mr. Cush has  
13 very helpfully clarified a number of matters which will  
14 assist the Tribunal in terms of timing, and there was  
15 really just one matter that I was a little bit confused 14:34  
16 about. So, I understand that after -- so just talking  
17 about chronology, first of all, Mr. Lawlor.

18 A. Okay.

19 382 Q. As I understand it, you came back from Kosovo in 2007  
20 or 2008, is that right? 14:34

21 A. January 2008.

22 383 Q. January 2008. And then you were feeling very unwell,  
23 is that correct?

24 A. That's true, yes.

25 384 Q. And you went AWOL? 14:34

26 A. I did, yes.

27 385 Q. And then the Military Police came and collected you at  
28 some stage?

29 A. No, it was the Garda Síochána first --

1 386 Q. The Garda Síochána?  
2 A. And then I was brought to Kildare Barracks and handed  
3 over to the Military Police.  
4 387 Q. All right. And then, Mr. Lawlor, did I see a mention  
5 of -- I thought I saw mention somewhere of Naas 14:34  
6 Hospital?  
7 A. Yes.  
8 388 Q. And then you mentioned, just in reply to Mr. Cush, that  
9 you were brought to St. Bricin's Hospital. So were  
10 they two different visits to hospitals or -- 14:35  
11 A. Yes, they were two different visits, yes. As I said, I  
12 had two breakdowns as a result of my mental health.  
13 389 Q. Yes. All right. So, just to be clear, you came back  
14 from Kosovo in early 2008. You went AWOL and the  
15 Guards collect you. You're brought to the military 14:35  
16 campus --  
17 A. No, I was brought to Kildare Garda Station first.  
18 390 Q. Okay, Kildare Garda Station. And then you're brought  
19 by -- is it the military that brought you to Naas  
20 Hospital at that stage? 14:35  
21 A. They brought me to my unit. Then I was sent to the  
22 Military Hospital in The Curragh, and from there I was  
23 brought to Naas Hospital to see the psychiatrist.  
24 391 Q. All right. And you say that you were accompanied there  
25 by two fellow soldiers, is that right, two Privates? 14:35  
26 A. Yes.  
27 392 Q. And were you detained in Naas Hospital, can you recall,  
28 at that time?  
29 A. I wasn't detained, but I was kept there for a long,

1 long time.

2 393 Q. All right. And did you come under the treatment of the  
3 doctors in Naas Hospital?

4 A. The psychiatrist in Naas Hospital was not very good,  
5 didn't listen to what I was saying, did not take on 14:36  
6 board -- I had -- it's the same problem all over again.

7 394 Q. All right.

8 A. It's like I said, I only got proper help from a  
9 psychiatrist in Portlaoise Hospital when she put all  
10 the dots together and asked me specific questions about 14:36  
11 how I was feeling and how I explained and how I had  
12 been explained how I felt.

13 395 Q. So, Mr. Lawlor, maybe I should have asked the question  
14 more accurately; did you see the doctor from Naas, the  
15 psychiatrist you saw in Naas Hospital, did you see them 14:36  
16 once only or did you see them again? In other words,  
17 did you come under their treatment?

18 A. No, I did not.

19 396 Q. It was a one-off event?

20 A. Once-off, yeah. 14:36

21 397 Q. And then I think you were explaining you were in  
22 Bricin's then thereafter, after another breakdown?

23 A. Yes.

24 398 Q. All right. Thank you very much for that. And you very  
25 fairly set out how you were trained, in fact, twice? 14:37

26 A. Yes.

27 399 Q. -- as a recruit, isn't that right? And did you go  
28 through the entire period of training in 2002, or did  
29 you finish just short?

1 A. I finished just short. So I like to joke I had the  
2 longest recruit training in the world after going back  
3 for a second helping.

4 400 Q. Yes, exactly. I was going to say so you're one of the 14:37  
5 people who would be an expert on recruit training, as  
6 such, because you did it twice -- more expert than  
7 most, let's put it like that?

8 A. I would say a bit more experienced than most, not  
9 expert!

10 401 Q. More experienced than most. And I think you very 14:37  
11 fairly said that you do recall that you were taught  
12 about complaints?

13 A. Yes.

14 402 Q. -- in 2002 and, indeed, in 2003?

15 A. Yes. 14:37

16 403 Q. So you were taught -- you were taught, you've told the  
17 Tribunal, in two different ways, but you were taught  
18 twice?

19 A. Yes.

20 404 Q. And you were told about the complaints procedure. 14:38  
21 There was a mention of A7?

22 A. Yes.

23 405 Q. And you think it might have taken half an hour,  
24 certainly on one occasion?

25 A. On one occasion, yeah. 14:38

26 406 Q. And, of course, nobody in this room, nobody in this  
27 room can remember every single lesson they went to in  
28 secondary school or after secondary school that went on  
29 for half an hour. So, I mean, some things catch and

1           some things don't, isn't that right?

2           A.    That's right. I'm just being honest --

3 407   Q.    Exactly. But, anyway, but unlike some other former  
4           recruits, you do have a memory of being told about the  
5           complaints process? 14:38

6           A.    Yes.

7 408   Q.    All right. And that's helpful to know and it's helpful  
8           for the Tribunal to know that as well.

9

10           I think in, maybe, your first interview with the 14:38  
11           Tribunal, you mentioned also, perhaps in an answer to a  
12           question from your own counsel, that you had also  
13           learnt about the A7 procedures - we'll call it that  
14           loosely - the A7 procedures through your union,  
15           PDFORRA, is that right, going back now to 2002 -- 14:39

16           A.    PDFORRA is a representative association. That will  
17           tell you about different things and all the rest, but  
18           it's not PDFORRA that carry out the A7 lecture.

19 409   Q.    Oh, no, I know that. But in your interview with the  
20           Tribunal, you said you learned about A7 of the 14:39  
21           complaints process from your recruit training?

22           A.    Yes.

23 410   Q.    And you also said - again, I'll bring it up, if  
24           necessary - you also said that you became aware of the  
25           complaints process thanks to PDFORRA as well. Did you 14:39  
26           have any engagement with them or did they give any  
27           talks which mentioned complaints procedures, in  
28           addition?

29           A.    No.

1 411 Q. All right. Maybe I'll just ask the Registrar, maybe  
2 page 814, that might help us in due course. And then  
3 just to formally note the position, Mr. Lawlor; in  
4 2002 -- sorry, were you told about the PSS, the  
5 Personnel Support Service? 14:40

6 A. Yes, we were, yes.

7 412 Q. So you knew that existed?

8 A. Yes.

9 413 Q. And you had PDFORRA as well?

10 A. Yes. 14:40

11 414 Q. And you were also told that there was a -- were you  
12 told that there was a Chaplaincy Service? Did you know  
13 there was a Chaplaincy Service?

14 A. I did, but seeing a chaplain is like hen's teeth, like,  
15 very few and far between. 14:40

16 415 Q. All right. All right. And, again, you told -- so,  
17 just to be clear, at the time of your bullying in 2002,  
18 you knew that there were various options for  
19 complaints?

20 A. Yes, but -- 14:40

21 416 Q. And you didn't avail of those. I'll come to it now why  
22 in a second, if you just bear with me. And you didn't  
23 avail of those. You didn't go to PDFORRA?

24 A. No.

25 417 Q. No, you didn't go to your union. And you didn't use 14:41  
26 the Personnel Support Service?

27 A. No.

28 418 Q. And you didn't use the formal or informal complaints  
29 process, the Defence Forces complaints process?

1 A. No.

2 419 Q. All right. And I think one of the -- again, in your  
3 interview with Tribunal Counsel, which your own counsel  
4 also attended and your solicitor, indeed - and, of  
5 course, there were solicitors from the CSSO as well - 14:41  
6 you were asked, and this is on page 800 of the books,  
7 you were asked why you didn't make a complaint about  
8 the Training Officer, and one of the explanations you  
9 gave was that, well, she was a corporal and you were a  
10 recruit, do you remember that? 14:41

11 A. Yes.

12 420 Q. Maybe just explain to the Tribunal why that would have  
13 been a deterrent factor?

14 A. Well, if you're starting off in life and you're  
15 starting a job and you're in a new job, it's up to you 14:41  
16 to prove that you belong there. It's up to you to work  
17 hard to prove that you belong there so you can get  
18 along with your superiors and that. But a superior  
19 taking advantage, bullying like that, it's the same in  
20 every job, anyone who's new to a place will have a 14:42  
21 little two or maybe three weeks getting used to a  
22 place, getting used to the run of things, but some  
23 things can get out of hand quite easily, quite fast.

24 421 Q. Absolutely. And, again, I'm not contesting the  
25 bullying allegation because the Tribunal is not asked 14:42  
26 to investigate that. But I'm just asking you why you  
27 didn't make a complaint, and in your interview with the  
28 Tribunal, one of the reasons you explained to the  
29 Tribunal Counsel was that she was a corporal and you

1 were a recruit, do you remember that?

2 A. Yeah, because if you make a complaint as a recruit,  
3 you're just going to draw heat on yourself -- and,  
4 worse, that could be taken out on the whole platoon  
5 because you're all one. 14:42

6 422 Q. All right. Do you remember telling the Tribunal that a  
7 corporal, because they're a trained soldier, they have  
8 value, whereas a recruit has no value because they're  
9 not a trained soldier, do you remember that?

10 A. Yes. 14:43

11 423 Q. So that was also a reason why you didn't -- you thought  
12 you, as a recruit, wouldn't be valued, isn't that  
13 right?

14 A. Exactly.

15 424 Q. All right. If we just go back then again, Mr. Cush 14:43  
16 asked you about these questions, asked you these  
17 questions before, but just to see if we can analyse  
18 them a little bit further, if I may.

19

20 You were asked why you didn't either make complaints - 14:43  
21 this is again in relation to 2002 - or why you didn't  
22 contact the Personnel Support Service, and you said you  
23 were -- this is what you told the Tribunal earlier on  
24 this afternoon, that you were afraid that a complaint  
25 would come back on you. And you were asked why did you 14:43  
26 think a complaint would come back on you, and you said  
27 it was something -- that obviously you hadn't made a  
28 complaint yourself, so that wasn't a reason. And did  
29 you know anybody, any other recruit, who had made a

1 complaint and it had come back on them?

2 A. Not with my recruit platoon, but two platoons after me,  
3 there was a recruit made a complaint and there were  
4 consequences for that entire platoon because of one  
5 complaint. 14:44

6 425 Q. All right. Well, I suppose I was asking you about what  
7 your thinking was in 2002. So you're saying two years  
8 after, so that would be 2004, isn't that right?

9 A. About two recruit platoons after mine, yeah.

10 426 Q. Yeah. But I just wanted to try and get a picture to 14:44  
11 help the Tribunal as to what was the basis for your  
12 fear that it would come back on you. So it hadn't  
13 happened to you, correct, because obviously you didn't  
14 make a complaint. Nobody that you spoke to directly  
15 had made a complaint and it had come back on them, 14:44  
16 isn't that correct?

17 A. That's correct.

18 427 Q. And then you told Mr. Cush that you had heard stories?

19 A. Yes.

20 428 Q. And that was in 2002 you'd heard stories; is that 14:45  
21 right?

22 A. That was -- no, I said after 2002. That's because  
23 you're a recruit, you're nothing, you're not a trained  
24 soldier. You're there to learn and to learn to do the  
25 job properly and safely. 14:45

26 429 Q. So your fear about it coming back on top of you, your  
27 fear about adverse consequences coming from complaints,  
28 that was something that came into your thinking later,  
29 in 2004 or 2005?

1 A. That would have been 2003, the second time around  
2 recruit training, yes.

3 430 Q. All right. So the reason why you didn't make a  
4 complaint in 2002 was because she was more senior to  
5 you? 14:45

6 A. Yes.

7 431 Q. All right. Just because we had -- I don't know were  
8 you here this morning, Mr. Lawlor?

9 A. I was here for part of the morning, yes.

10 432 Q. You saw Col. Corcoran give his evidence? 14:45

11 A. Yes.

12 433 Q. Yeah, okay, so you know what... Again, my recollection  
13 of that, and perhaps yours is better than mine, is that  
14 Col. Corcoran described how there were medicals carried  
15 out before you went, before you were deployed abroad to 14:46  
16 -- I think it was Liberia you went to; is that right?

17 A. Yes, Liberia, yeah.

18 434 Q. Did you have a one-on-one medical with a doctor before  
19 you were deployed to Liberia?

20 A. Yeah, that would be your annual medical, your fitness 14:46  
21 tests, all that about your range practice, that's done  
22 at the start of the year.

23 435 Q. And did you have a medical specific to your deployment  
24 to Liberia?

25 A. Just the general annual medical. 14:46

26 436 Q. All right, just the general annual medical. And again  
27 you described how you were having medical problems like  
28 anxiety -- I think "panicky" is a word you used to  
29 describe it?

1 A. Yeah.

2 437 Q. And you didn't mention that to anybody before you went  
3 to Liberia?

4 A. No, I just thought it was nerves, just deployment  
5 nerves -- 14:46

6 438 Q. All right. And then -- I didn't want to cut you off,  
7 but if you want to say something else?

8 A. No, no, go ahead.

9 439 Q. And then, again, you gave a very vivid description of  
10 as the deployment to Liberia was coming to an end, you 14:46  
11 know, the company, that the 120 people all gathered  
12 together in a hall and you were asked by a medic 'Is  
13 anybody having any problems?' and of course you said  
14 you didn't say anything?

15 A. No. 14:47

16 440 Q. And nobody said anything?

17 A. No.

18 441 Q. And I can see why that's the case. But was there --  
19 and, again, did you hear Col. Corcoran talk about a  
20 repatriation medical? In other words, there was -- was 14:47  
21 there, in your experience, was there a one-to-one with  
22 you after you came back from Liberia where you met a  
23 doctor on a one-to-one basis?

24 A. There was. That was just the X-ray to see did we pick  
25 up parasites because, coming home, you take 14:47  
26 anti-parasite medication.

27 442 Q. Right, okay. But you did have a one-on-one medical,  
28 you did have a one-on-one doctor's appointment, if I  
29 can put it like that?

1 A. Yeah, just a quick check-up when you came home, yeah.

2 443 Q. And you didn't raise any of these?

3 A. No, I had the diarrhoea and I had stomach pains, I

4 mentioned that.

5 444 Q. You mentioned all those, you mentioned those symptoms? 14:48

6 A. Yeah.

7 445 Q. All right, okay. So, in other words, I can understand

8 how a reasonable person would understand why nobody is

9 going to put their hand up in a group of a hundred

10 people and say 'I have problems' because I think the 14:48

11 whole room understands that. But we shouldn't put so

12 much significance on that in circumstances where you

13 had a repatriation medical and you had a one-to-one

14 private confidential meeting with a medical

15 professional, isn't that right? 14:48

16 A. Yeah.

17 446 Q. All right, okay. And, again, as regards the Lariam

18 side effects, that, you raised the symptoms, but am I

19 right in thinking, and correct me if I'm wrong, that

20 this wouldn't have been a matter for complaint because 14:48

21 you didn't really know, at that time, on your account,

22 what the problem was. You didn't know what the root

23 cause of the problem was?

24 A. I didn't know what the root cause of the problem was,

25 no. 14:49

26 447 Q. So, at that time, you wouldn't have been going to

27 somebody and saying, 'I'm not well because of Lariam',

28 because you didn't know?

29 A. I didn't know.

1 448 Q. And, at that time, you weren't able to attribute it to  
2 Lariam?  
3 A. No.  
4 449 Q. All right. And then, again, you gave a very, you know,  
5 distressing account about how your health deteriorated 14:49  
6 in 2007. How did you get on in Kosovo, just as a  
7 matter of curiosity?  
8 A. It was a guard platoon, just minding a camp so...  
9 450 Q. But you were able to work away every day in 2007 and  
10 2008? 14:49  
11 A. I was still feeling the same and over time -- if  
12 someone gets seriously ill, it doesn't matter the  
13 illness, it will start off slow and it'll eat away  
14 slowly.  
15 451 Q. Right, okay. Then, again, we discussed that you were 14:49  
16 hospitalised and you described to the Tribunal the  
17 circumstances in which you were hospitalised; is that  
18 right?  
19 A. Yes.  
20 452 Q. And then there was this graffiti episode? 14:50  
21 A. Yes.  
22 453 Q. So just in relation to that, that is a matter in which  
23 you could have made a complaint; isn't that right?  
24 A. I could have made a complaint, but what was the point  
25 in making a complaint when everyone knew who did it and 14:50  
26 honestly knowing nothing was going to be done? They  
27 probably would have said 'Take it on the chin.'  
28 454 Q. Okay, but just to clarify now just what the complaints  
29 regime was in 2007, just so I go through your thought

1 process, if you wouldn't mind. So, again, you have  
2 told the Tribunal you knew there was A7, there was a  
3 formal complaints process. You knew, also, that there  
4 was the Personnel Support Service?

5 A. Yes. 14:50

6 455 Q. And was there somebody at the camp who was attached to  
7 the Personnel Support Service and who was a designated  
8 person you could contact, or maybe you weren't aware of  
9 that?

10 A. I honestly can't remember. 14:50

11 456 Q. Okay, not to worry. The Chaplain, again, would that  
12 have been an option for you?

13 A. You'd see a chaplain once in a blue moon. Maybe, like,  
14 if you're with a recruit platoon, he'll come up and  
15 will talk to the recruits, or else he'll come around if 14:51  
16 you're training or whatever just to have a word with  
17 everyone, just to see how everyone is. That's it.  
18 Like, the Chaplain does a good job.

19 457 Q. Okay. And, again, Ms. McGrath told us all this last  
20 week -- were you aware that there had been advances - 14:51  
21 and I'll explain the advance now in the Personnel  
22 Support Service - in that there was now an external  
23 component so that if you contacted the Personnel  
24 Support Service, they could put you in touch with  
25 civilian counsellors who were not members of the 14:51  
26 Defence Forces?

27 A. No, I wasn't aware of that.

28 458 Q. You weren't aware of that, all right. So, if we come  
29 then to 2007 and it's -- so, again, you explain how,

1 in 2002, you didn't complain because you, as a recruit,  
2 had no value in military terms, you were saying, from  
3 the Defence Forces' point of view, on your account, and  
4 she was a corporal and you didn't think there was  
5 anything to be achieved, given those circumstances, 14:52  
6 complaining about the Corporal, the NCO who bullied  
7 you, is that right?

8 A. That's right.

9 459 Q. But if we come to 2007 and there's bullying going on, I  
10 mean, that can't have been a factor deterring you 14:52  
11 because now you had -- you maybe had the same rank as  
12 the people who were bullying you, isn't that right?

13 A. Yeah, I was still a trooper, but there's a stigma with  
14 mental health and the last thing, I can promise you, is  
15 this, that someone that has a mental health problem, 14:52  
16 not all people will open up about it. I'm prepared to  
17 talk about it because I'm comfortable talking about it,  
18 but not all people will be comfortable talking about  
19 mental health.

20 460 Q. I know, Mr. Lawlor, but, I suppose, in making a 14:52  
21 complaint, all you would have had to say to either the  
22 Personnel Support Service or the military complaints  
23 process, or indeed your union, all you would have had  
24 to say was that you were being bullied and you were  
25 being targeted in a most offensive way? 14:53

26 A. I didn't feel confident, I didn't feel comfortable  
27 making a complaint.

28 461 Q. All right. And your lack of comfort, was that because  
29 it touched on mental health issues?

1 A. Yes.

2 462 Q. Right. So you think if you were being bullied for, you  
3 know, I don't know, for some different reason - maybe  
4 you were losing your hair or something - if you were  
5 being bullied for a different reason, you would have 14:53  
6 been comfortable to make a complaint, if it hadn't  
7 touched on your mental health?

8 A. Being bullied is a serious thing. I wouldn't wish it  
9 on anyone. But if you are being bullied and you feel  
10 like you're backed into a corner and you feel if you 14:53  
11 make a complaint you're only going to antagonise the  
12 person that's bullying you, that will make things  
13 worse.

14 463 Q. All right. So it was a fear of the bully?

15 A. Yes. 14:54

16 MR. McCANN: All right. Thank you very much,  
17 Mr. Lawlor.

18 SOLE MEMBER: Thank you, Mr. McCann. Ms. McGrath?

19

20 MR. MICHAEL LAWLOR WAS CROSS-EXAMINED BY MS. McGRATH, 14:54  
21 AS FOLLOWS:

22

23 464 Q. MS. McGRATH: Thank you, Chair. Just very brief  
24 questions. Good afternoon, Mr. Lawlor. My name is  
25 Sinead McGrath and I'm a barrister for the Minister for 14:54  
26 Defence, and I have very little to ask you about. I  
27 think, in fairness, you have been very, very open with  
28 everybody and you've answered a significant amount of  
29 questions this afternoon.

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I saw that Mr. McCann went back into that initial period in Liberia, that 2005/2006 period, and just in relation to that 2006, for example, so you went to Liberia for six months, isn't that right?

14:54

A. That's right, yes.

465 Q. So would you have been in Ireland for most of 2006?

A. Yes.

466 Q. Okay. And I think I saw somewhere in one of your interviews that you did report sick in early that year?

14:54

A. Yes, I did.

467 Q. In January or February. Would that have been a pattern throughout 2006?

A. Yes, it would have been.

468 Q. Okay. And so this was now your reality in some ways during that particular year, and it wasn't until the next year -- and literally, actually, that's what I'll be doing a lot, is maybe just sequentially just building the story a little bit in the dates. It was around mid 2007, I think, you went on deployment to Kosovo, is that right?

14:55

14:55

A. Yes.

469 Q. And with regard to these deployments, you've heard from various witnesses that they're considered very significant. They're a privilege to go on. They're financially worthwhile -- so they're sought after, is that right?

14:55

A. They're sought after, but I wasn't interested in it really for the money, I was more interested in it for

1 the advancement of my career.

2 470 Q. Okay. So these were important to you?

3 A. Yes.

4 471 Q. It was important to you. And I think you went in or  
5 around mid 2007, would that be right? I know it's 14:55  
6 hard, it's over 20 years ago.

7 A. June 2007, yes.

8 472 Q. Okay, so around June 2007, and you were six months;  
9 isn't that right?

10 A. Yes, six months. 14:56

11 473 Q. So you come back at the close of 2007 and I did see  
12 reference to the fact that around this time, you went  
13 on an NCO course, is that right?

14 A. That was July 2007. It was 2007 I went on my NCO's  
15 course, yes. 14:56

16 474 Q. So, if it was July 2007, where would that fit then in  
17 around the deployment?

18 A. I came home from Kosovo in January 2008, and the NCO's  
19 course was later that year.

20 475 Q. Okay, so it was in 2008? 14:56

21 A. 2008, yeah.

22 476 Q. And how long was the NCO's course then?

23 A. Six months.

24 477 Q. Okay, so it was six months. So would we say that was  
25 the first part of 2008? 14:56

26 A. Second half of 2008, I would say, yes.

27 478 Q. Okay. So, at this stage in your military career, you  
28 were somebody who had, you know, performed excellent  
29 overseas services on two occasions, but you also had a

1 history of some sick leave in there as well, is that  
2 right?

3 A. Yes.

4 479 Q. Okay. And I think you're very open, you're saying in  
5 and around this time, you were speaking to doctors and 14:57  
6 you were very open with what was happening to you, is  
7 that right? Okay. But you were, in any event,  
8 selected for the NCO course for the second part of  
9 2008?

10 A. Yes. 14:57

11 480 Q. Okay. Now, again, just to kind of fit everything into  
12 a sequential pattern, you spoke about going AWOL in  
13 2008; where would that fall in the year itself?

14 A. After my NCO's course, 2008/2009 maybe, because the  
15 NCO's course would have finished December/January -- 14:57  
16 like, December 2008/January 2009.

17 481 Q. Okay. So, would you be putting that event into early  
18 2009, perhaps, more correctly?

19 A. I'd say so, yeah.

20 482 Q. Okay. And, again, I think you, again, in very open 14:57  
21 interviews, you said that after you'd come back from  
22 Kosovo, so therefore during this time of the NCO  
23 course, you were reporting to doctors, is that right?

24 A. I was, yes.

25 483 Q. Okay. And I think you were under the Army psychiatrist 14:58  
26 at that time, is that right?

27 A. I was, yes.

28 484 Q. Now, I know you said in your evidence that you didn't  
29 feel that anyone helped you --

1 A. Yeah.

2 485 Q. But I think you were put on medication and you were  
3 under the care of the psychiatrist, is that right?

4 A. I was, and at the same time I tried take my life while  
5 I was under his care. 14:58

6 486 Q. Okay. would you have seen him regularly? what...

7 A. I know I was seeing him frequently enough. Maybe at  
8 one stage, it was once a week.

9 487 Q. Okay. And so it's almost like a tumbleweed scenario,  
10 everything building? 14:58

11 A. Yes.

12 488 Q. So then, by 2009, you're saying that's where you're  
13 placing the AWOL incident?

14 A. Yes.

15 489 Q. And the visit to Naas Hospital, is that right? 14:58

16 A. Yes.

17 490 Q. And, again, when you were discharged, you went back in  
18 to that, the Medical Services of the Defence Forces, is  
19 that right?

20 A. After I was discharged. 14:58

21 491 Q. After your discharge from Naas, is that right?

22 A. Yes, yes.

23 492 Q. Okay. And you continued on the medication and under  
24 the care of the Army psychiatrist. And so the same  
25 sort of scaffolding was still in place, is that right? 14:59

26 A. The same scaffolding was still in place, but I was  
27 still feeling the same. Maybe it could have been if I  
28 had been diagnosed as being bipolar sooner, maybe that  
29 could have stopped it. I know it would have finished

1 my military career, but, in hindsight, it probably  
2 would have been better if it did because I would have  
3 got help sooner.

4 493 Q. Okay. And I get impression from you, Mr. Lawlor, you  
5 know, you're a very strong person in the sense that you 14:59  
6 were very open about your mental health?

7 A. Yes.

8 494 Q. And it wasn't something you shied away from?

9 A. No.

10 495 Q. Okay. And during this particular period of - we're 14:59  
11 now, as I say, into 2009 - would you again have been  
12 going on sick leave? would that have been a pattern in  
13 your...

14 A. It would have been. When it started with the mental  
15 health, it continued, yeah. 14:59

16 496 Q. And you spoke about the incident of the locker and  
17 feeling a stigmatisation, is that right?

18 A. That's right.

19 497 Q. But we know as well -- I mean, we've been looking at  
20 documents for nearly two years, all of us, effectively, 15:00  
21 and we do know that there was another deployment to  
22 Chad in 2009; do you know did you seek the deployment  
23 to Chad in 2009?

24 A. I seeked the deployment and then there was a  
25 bereavement and I just wasn't feeling well at all after 15:00  
26 that, so I pulled my name from the trip.

27 498 Q. Okay. And I suppose this is a hard question to ask you  
28 and I don't dispute this because you were having,  
29 obviously, a very difficult personal time, but you

1 sought a deployment to Chad which was a malaria  
2 deployment, isn't that right?

3 A. Yeah.

4 499 Q. And so in your heart and in your mind, you knew that  
5 this involved medication, is that right? 15:00

6 A. Yes.

7 500 Q. Okay. And, as I say, your evidence to the Judge is  
8 that you actively sought that deployment?

9 A. Yes.

10 501 Q. Okay. And then, as you say, you didn't go on that 15:00  
11 deployment?

12 A. Yes.

13 502 Q. And, I suppose, again, we see from your interviews a  
14 difficult health period for a number of years  
15 persisted, and again from your interview, it was around 15:01  
16 2012, I think, where -- would that have been when you  
17 were medically downgraded at that stage or medically  
18 reclassified? Can you just tell the Chair a little bit  
19 about --

20 A. 2012, I was discharged from the Defence Forces. 15:01

21 503 Q. Okay. And what had happened just immediately prior to  
22 that discharge?

23 A. I had my second breakdown. I was given -- it got  
24 better. I was taken off armed duties, I was given  
25 menial tasks, like degrading tasks. That was it. So, 15:01  
26 sweeping the bays, doing sheep warden, being sent out  
27 to other units doing manual labour. I have no problem  
28 with manual labour, but degrading work. But that was  
29 it, and that's the truth.

1 504 Q. And I think is the way it works is that you saw the  
2 medical professionals, you were told you were going to  
3 be medically boarded, and then you opted to take  
4 control of the situation yourself, is that right?  
5 A. Yes. 15:02

6 505 Q. Okay. Okay. Just a moment, Mr. Lawlor. [Short  
7 pause]. I'm sorry, just so that -- I think I heard you  
8 say that you didn't take the last deployment because of  
9 family issues, is that right?  
10 A. That's right. 15:02

11 MS. McGRATH: Okay, thank you. Thank you, Mr. Lawlor.  
12 SOLE MEMBER: Thank you, Ms. McGrath. No other  
13 questions? I have one or two questions I'd like to put  
14 to you.  
15 THE WITNESS: Yes, Judge. 15:02

16  
17 MR. MICHAEL LAWLOR WAS QUESTIONED BY THE SOLE MEMBER,  
18 AS FOLLOWS:  
19

20 506 Q. SOLE MEMBER: Col. Corcoran this morning said that on 15:02  
21 overseas missions, medics/clinicians are available and  
22 accessible. You said in your evidence that you would  
23 have mentioned your symptoms if you had been  
24 interviewed privately, but that you were not going to  
25 put up your hand in the middle of a big group and tell 15:02  
26 people how you are feeling?  
27 A. Yes, Judge.

28 507 Q. Firstly, was there a medic on site, and, secondly, if  
29 there was, why didn't you go and see that doctor?

1 A. This was before coming home. I was feeling the job  
2 still needed to be done to hand over to the new  
3 battalion coming over. Make the job as easy as you can  
4 on the next person that's coming out after you, the  
5 same as the person that was there before you tried make 15:03  
6 life a littler easier on you to hand over things. At  
7 the end of the trip, you are getting ready to hand over  
8 everything. Your gear is going into containers,  
9 weapons cleaned. Everything is done like that. So  
10 time and all the rest of it -- I know I should have 15:03  
11 done it. I didn't. I hold my hands up for that. But  
12 me mentioning that then, I don't think would have made  
13 much, if any, difference.

14 508 Q. And I think you said that when you went to Naas General  
15 Hospital, the civilian doctor there dismissed the 15:03  
16 connection that you had raised. I think you said you  
17 mentioned Lariam, but the civilian doctor had also  
18 dismissed that?

19 A. Yes, Judge.

20 509 Q. In terms of the solution that you would like to see, 15:03  
21 you talk about an outside, external body. Could you  
22 explain to me in a little more detail how would you see  
23 that working? Because if the problem were to be solved  
24 outside, or at least managed outside, in order for the  
25 problem inside to be actually fixed, for it to be 15:04  
26 solved, there would have to be some communication  
27 between this outside complaints body and the people who  
28 are causing the problem, as you see it, on the inside.  
29 How you would envisage that working? And I know, you

1 know, there's a level of imagination here - you've to  
2 think it through - but how would you see that working?  
3 A. There's the oversight for the Garda Síochána,  
4 Complaints Department for An Garda Síochána that's  
5 separate from Garda Síochána. If the Defence Forces 15:04  
6 could have something the same or very, very similar for  
7 complaints, that would be outside the Defence Forces  
8 and, hopefully, that would start the ball rolling and  
9 make changes.

10 510 Q. Thank you. And I was interested in what you said about 15:04  
11 the Chaplaincy Service because we had the Head Chaplain  
12 here last week and he was certainly lamenting the  
13 numbers -- I think you described seeing a chaplain like  
14 hen's teeth, they were few and far between?

15 A. Yeah. 15:05

16 511 Q. Would it have helped you at the time if you had had  
17 greater access to the Chaplain?

18 A. You'll talk to a chaplain, but you've to trust someone  
19 to talk to them, to open up to them. I mean, the  
20 Chaplain is the same rank as the person he's talking 15:05  
21 to. So if he's talking to a general, he's a general;  
22 if he's talking to a recruit, he's a recruit. That's  
23 the thing about the Chaplaincy. But the --

24 512 Q. You understand he doesn't hold any rank?

25 A. No. 15:05

26 513 Q. Yes.

27 A. But, like, that's the good thing about the Chaplaincy.

28 514 Q. So would it have helped you had there been greater  
29 availability of Chaplaincy Services?

1 A. I don't think so. Like, a chaplain is a listener. A  
2 chaplain will listen to everyone. But while it comes  
3 to dealing with something, I'm not being smart with a  
4 chaplain, but what would he know about mental health?  
5 Like, he'll know it's important to talk about things, 15:05  
6 but he's not going to really know anything about  
7 treatment or things like that, and that's not  
8 downgrading the Chaplaincy, it's not.

9 515 Q. Would you see the Chaplaincy Service as some kind of  
10 link between a person who is experiencing a complaint 15:06  
11 or abuse in the form of bullying, or whatever, would  
12 you see the Chaplaincy Service as a possible link  
13 between that individual and the formal procedures that  
14 might, if they were working properly, redress the  
15 problem? 15:06

16 A. I wouldn't see a chaplain like that, no.

17 516 Q. You wouldn't, okay. And then, finally, you spoke about  
18 Defence Force values -- defend, protect, support?

19 A. Yes.

20 517 Q. -- and, very eloquently, you know, asked a question 15:06  
21 about the application of those values in your case.  
22 Could I ask you about the other values of loyalty and  
23 selflessness, physical and moral courage; how were  
24 those values conveyed to you as a young recruit and  
25 right throughout your training and your time in the 15:06  
26 Defence Forces?

27 A. If you did something wrong, put your hand up, own up to  
28 it. Have the courage to do that. If you're afraid to  
29 do something, have the moral courage to do that also,

1 to push yourself. I mean, I did things in recruit  
2 training I didn't think I'd ever get to do, and doing  
3 it, looking back, I did it, I was like, 'Oh, wow, I  
4 actually did that.' Like, being able to run  
5 10 kilometres in under 45 minutes is something I didn't 15:07  
6 think I'd ever do.

7 518 Q. But to have the moral courage - and I appreciate it can  
8 be very difficult for somebody who is very experiencing  
9 a form of abuse to have the moral courage to stand up  
10 and name it - that level of moral courage wasn't -- 15:07

11 A. No. I didn't have it.

12 519 Q. It wasn't applied -- you didn't have it.

13 A. Sorry.

14 SOLE MEMBER: No, nothing to be sorry for. Thank you  
15 very much, Mr. Lawlor. 15:07

16 THE WITNESS: Thank you, Judge.

17 SOLE MEMBER: Thank you for your evidence. It's been  
18 very helpful to the Tribunal.

19 THE WITNESS: I hope you.

20 SOLE MEMBER: And thank you for coming here today. 15:07

21 Thank you.

22 THE WITNESS: You're welcome.

23 SOLE MEMBER: okay, will we take a five-minute break  
24 before the next witness or are we ready to proceed?

25 MR. McGOVERN: It's a matter for you, Judge. 15:07

26 SOLE MEMBER: well, we'll keep going if you're ready.  
27 Thank you.

28 MR. McGOVERN: Judge, before we proceed with the next  
29 witness, there is an issue that has arisen in relation

1 to documentation. Yesterday evening, the Tribunal was  
2 furnished with a 50-page document by the Chief State  
3 solicitors on behalf of the Defence Forces in  
4 circumstances where they now wish to put that document  
5 or part of it to Mr. Whelehan, who's the next witness. 15:08

6  
7 Now, the procedure of the Tribunal has always been that  
8 all documents, be they statements, transcripts of  
9 interviews, and discovery documents are put in a  
10 booklet which is common to all the parties and is 15:08  
11 furnished to all the relevant parties, and in that way  
12 the parties can know what evidence is going to be given  
13 and can anticipate what issues will arise at a hearing.

14  
15 It's unsatisfactory, obviously, that documents be 15:09  
16 furnished on, one, after the oral hearings have  
17 started, but, more particularly, on the eve of a  
18 witness giving evidence.

19  
20 The procedures are clearly set out in the document 15:09  
21 which is headed "Procedures of the Tribunal", which has  
22 been on the Tribunal website since I think the very  
23 beginning, and pertinent is paragraph 10.4, which says:

24  
25 "...a witness may not refer, or be referred to a  
26 document which is not included in the documents  
27 provided save with the express permission of the  
28 Tribunal. If the Tribunal decides to grant such  
29 permission, it may, at its discretion, direct that

1 arrangements are made for the witness and relevant  
2 parties to have an opportunity to examine and consider  
3 the document before it is referred to in evidence."

4  
5 Now, the Tribunal team have considered the matter and, 15:09  
6 in fairness, we've also consulted with Coleman Legal  
7 and their barristers, who are representing  
8 Mr. whelehan, and, in this instance, in relation to  
9 this document, it's agreed that the document should be  
10 admitted. However, I think it's a timely opportunity 15:10  
11 to remind the parties of the procedures and, in  
12 particular, paragraph 10.4 and, going forward, that if  
13 any party wishes to rely or introduce a document, that  
14 it must be provided to the Tribunal now and that, in  
15 future, going forward, that no latitude or indulgence 15:10  
16 will be given in that regard.

17 SOLE MEMBER: Thank you, Mr. McGovern. Could I have an  
18 explanation as to why the document wasn't produced  
19 sooner?

20 MR. McCANN: well, it wasn't clear to the Defence 15:10  
21 Forces that this particular document was required,  
22 Chair, that's the first point. But I think the real  
23 reason that it was produced now is that the Defence  
24 Forces are carefully listening to the questions you're  
25 asking, Judge, and you asked, you know, a number of 15:11  
26 questions about what training was given and over what  
27 period of time, and it just seemed to us to ask the  
28 question of our client, first of all, do we have  
29 syllabuses -- syllabi, maybe --

1 SOLE MEMBER: syllabuses.

2 MR. McCANN: syllabuses, there you go, first guess is  
3 usually the best -- syllabuses going back in time and,  
4 you know, we were shown a number of syllabuses  
5 yesterday and it seemed helpful to have something 15:11  
6 concrete which we could put to a witness or witnesses.  
7 So, for example, Mr. Lawlor is very -- of course, he's  
8 in a very small minority of people who has done recruit  
9 training twice, but he had a clear recollection of the  
10 training that was given, you know, to the recruits in 15:11  
11 2002 and 2003, and we just thought it would be helpful  
12 for the Tribunal to have documentation which captures  
13 what was on the syllabus at the time; we thought that  
14 would be of assistance to the Tribunal.

15 SOLE MEMBER: Could I ask you, please, Mr. McCann, to 15:12  
16 ask your client if it has any other documents which it  
17 thinks would be helpful to the Tribunal, because I  
18 don't think training would be so remote from what the  
19 Tribunal has to investigate --

20 MR. McCANN: Yes. 15:12

21 SOLE MEMBER: I would have thought it's pretty  
22 important to ask those questions around training.

23 MR. McCANN: Yes, absolutely.

24 SOLE MEMBER: So could you take your client's express  
25 instructions this evening as to whether or not there is 15:12  
26 any further relevant documentation and, if there is,  
27 could it please be provided now as a matter of some  
28 urgency?

29 MR. McCANN: Yes, Judge.

1 SOLE MEMBER: And the same request I make to Mr. McCann  
2 and his client, I make to every party here. And every  
3 party who is before the Tribunal, particularly during  
4 this module, if documents are going to be produced,  
5 please assist the Tribunal by providing them to us so 15:12  
6 that we can provide them to other parties. I think  
7 that's just fair. Thank you very much. Mr. -- sorry,  
8 I think Mr. McGuinness was on his feet first.

9 MR. MCGUINNESS: Judge, I was just going to add  
10 something which I hope will be helpful. It's sometimes 15:13  
11 difficult to know what documents the Tribunal itself is  
12 going to circulate because there are books being served  
13 time by time, sometimes with a night's notice. And I  
14 know there's a process of reinterviewing of witnesses  
15 going on, so there's always a constant revision, 15:13  
16 certainly on our side, as to what then becomes  
17 relevant. And I don't want to suggest that this is a  
18 criticism of the Tribunal in any sense at all.

19 Obviously, the Defence Forces and the Minister have  
20 produced many volumes of discovery with many volumes of 15:13  
21 voluntary discovery, and the Tribunal is, for the  
22 purposes of its modules, working its way through what  
23 it thinks to be the relevant ones to put into booklets,  
24 but that can change in the light of new material served  
25 -- for example, Captain Bratli now. We had intended to 15:13  
26 ask him about a number of documents which the Tribunal  
27 hadn't put in its own book but which we have  
28 discovered, and we obviously intend to inform the  
29 Tribunal of that in due course and in good time before

1 the return of Captain Bratli, with some additional  
2 documents that have a Norwegian origin as well -- very  
3 shortly, I should say!

4  
5 But it's sometimes impossible to anticipate what the 15:14  
6 witness may need to be referred to. So what I'm not  
7 interpreting Mr. McGovern's "now" is as meaning today,  
8 but in advance and in a timely way in advance of the  
9 witness coming to the box in the normal way, with a  
10 degree of notice that will allow the Tribunal to adopt 15:14  
11 them, as it were, and circulate them as required, and  
12 hopefully in sufficient time.

13 SOLE MEMBER: Thank you, Mr. McGuinness. I take your  
14 point, and I am aware that as the Tribunal is receiving  
15 new documentation, it, too, is furnishing the parties 15:15  
16 with that. I appreciate that. It has to operate that  
17 way if it is to complete its work in time. It cannot  
18 wait until it has all its ducks in a row and then relax  
19 and start the public inquiry. It has to keep working.  
20 So if you are receiving documents from the Tribunal 15:15  
21 late in the day, it's because the Tribunal itself is  
22 receiving them.

23  
24 So I do appreciate the point if a new document comes in  
25 and that has implications for your client, that of 15:15  
26 course you would then seek to include documentations  
27 that are relevant to that. I would just ask that you  
28 do it as soon as you know you're going to rely upon  
29 them and not at the last minute and that, as a general

1 principle, you would ask -- everybody here would ask  
2 clients if they have any documentation that they think  
3 is relevant -- it may fall outside the terms of the  
4 orders for discovery, but if it helps this Tribunal to  
5 answer the questions it has to ask, I would be very 15:15  
6 grateful to have them furnished now. And I do  
7 appreciate the intervention, Mr. McGuinness, and thank  
8 you for it.

9  
10 Mr. Brady, you wanted to say something? 15:16

11 MR. BRADY: Yes, Judge, just to echo the sentiments of  
12 the Tribunal legal team, it's not appropriate that this  
13 is sent in at the very last minute without any kind of  
14 foresight to any of the parties, particularly my  
15 client, who this is the person who these documents are 15:16  
16 intended to be put to --

17 SOLE MEMBER: Is it an entire document, Mr. Brady?

18 MR. BRADY: well, they've indicated that -- well, it's  
19 a 50-page document, but they've indicated in the letter  
20 that:

21  
22 "We believe it would be of assistance to the  
23 Tribunal . . .

24  
25 We would like to rely on page 10 of the document in 15:16  
26 examination of Mr. Aaron Whelohan tomorrow."

27  
28 I have two concerns with that. One is just the late  
29 timing of this, Judge, and I think that it's pretty

1 incumbent on the Defence Forces - and the Department,  
2 if that arises as well - given the resources that they  
3 have, I suppose, access to, that this exercise be  
4 carried out far in advance of this to assist everybody  
5 in it.

15:16

6  
7 Secondly, just in relation to the document itself, I do  
8 have my concerns as to the way that this would be  
9 approached with Mr. Whelehan. It is a document, I  
10 presume, that the Defence Forces legal team will be  
11 using to undermine the credibility of his evidence --

15:17

12 MR. McCANN: Not so. Not so.

13 SOLE MEMBER: Excuse me, could we just hear the  
14 application first, please?

15 MR. McCANN: Not so. I can tell you that now.

15:17

16 MR. BRADY: That would have been helpful if that had  
17 been set out in the letter, at the very least. But I  
18 would say that if documents such as this are being  
19 offered in evidence, what it does seem to be lacking is  
20 somebody from the Defence Forces to actually introduce  
21 that document into evidence, or that it be introduced  
22 either through a statement or some other means. And I  
23 would say that that, perhaps, should be the best  
24 process for documents to be introduced to the Tribunal,  
25 is that if they are being introduced, that there would  
26 be a person that could introduce them and then, if that  
27 person is needed to come to give evidence in relation  
28 to that document, that they would be -- they can be  
29 called to do that, Judge.

15:17

15:17

1 SOLE MEMBER: Yes, I will hear what Mr. McCann has to  
2 say.

3 MR. BRADY: Thank you, Judge.

4 MR. McCANN: So, as you'll recall with Mr. Lawlor, he  
5 was talking about, you know, his recollection of what 15:18  
6 happened in 2002 and 2003. We, as counsel, like  
7 everybody else, have to be reasonable people. Nobody  
8 remembers, you know, nobody necessarily remembers what  
9 they were taught in a classroom 24 years ago. There's  
10 absolutely no question of counsel on behalf of the 15:18  
11 Defence Forces contemplating a "Got you" moment with  
12 Mr. Whelehan. That was never the intention, and there  
13 will be no questions like that. But I think, on the  
14 other hand, it is important that there is -- of course  
15 Mr. Whelehan is allowed not recall things, because we 15:18  
16 all don't recall things, and there's no question of his  
17 credibility being challenged in that respect. That's  
18 the first point.

19  
20 I mean, as for inappropriateness, I think it's a very 15:18  
21 harsh criticism, if I might say, of the Defence Forces.  
22 We're trying to assist the Tribunal in providing a  
23 bedrock of information upon which the Tribunal can  
24 conduct its work, and it's only of assistance to the  
25 Tribunal, so I reject that criticism. 15:19  
26

27 Thank you, Chair.

28 SOLE MEMBER: That you, Mr. McCann. If I understand it  
29 is one page that the Defence Forces wishes to put to

1 the witness, and it's not an attempt to undermine the  
2 credibility of the witness, then I can see how, on this  
3 occasion, counsel have agreed it may be admitted but  
4 that, going forward, these documents will be produced  
5 well in advance. As you say, Mr. McCann, people's 15:19  
6 memory's may be frail. And, likewise, just because  
7 something is written in a document doesn't mean it  
8 necessarily happened as well at the same time.

9 MR. McCANN: Absolutely.

10 SOLE MEMBER: So, Mr. Brady, in those circumstances, 15:19  
11 I'm happy to rise for five or ten minutes if you would  
12 like to look at the page in question, if Mr. McCann is  
13 ready to present it to you, and then we can continue.  
14 But if it's a one-page and it's not going to be used in  
15 an attempt to attack your client's credibility, then, 15:20  
16 in those circumstances, I think we can proceed.

17 MR. BRADY: Thank you, Judge. Yes, no, I think you've  
18 hit the point that, just because the document exists,  
19 doesn't mean that what is actually set out in the  
20 document actually took place. 15:20

21 SOLE MEMBER: I appreciate that. So are we ready to  
22 proceed then without a break?

23 MR. BRADY: Yes, Judge.

24 SOLE MEMBER: Thank you very much. Mr. McGovern.

25 MR. McGOVERN: Mr. Aaron whelehan, please. 15:20  
26  
27  
28

29 MR. AARON WHELEHAN, HAVING BEEN SWORN, WAS DIRECTLY

1                   EXAMINED BY MR. McGOVERN AS FOLLOWS:

2

3 520 Q. MR. McGOVERN: Good afternoon, Mr. whelehan. Thank you  
4 very much for engaging with the Tribunal and furnishing  
5 your statement and then coming for interview. I should 15:21  
6 tell you, Judge, that Mr. whelehan's statement is at  
7 page 669 of the book and the two interviews are at page  
8 675 and 4043.

9 SOLE MEMBER: Thank you.

10 521 Q. MR. McGOVERN: Mr. whelehan, can I say at the outset, 15:21  
11 please, that, as you are probably aware at this stage,  
12 the Tribunal is investigating the effectiveness of the  
13 complaints processes and the culture within the Defence  
14 Forces in relation to complaints of abuse. The  
15 Tribunal is not permitted to make findings in relation 15:21  
16 to the well-foundedness of complaints of abuse. For  
17 that reason, you are requested to refrain from  
18 disclosing the names of any alleged perpetrators in  
19 your evidence today. Where it is necessary to refer to  
20 such individuals, you must do so by using their rank 15:21  
21 only. Do you understand that?

22 A. Understood.

23 522 Q. Thank you very much. At this stage, the Tribunal is  
24 inquiring into complaints -- in particular, why  
25 complaints weren't made in particular circumstances and 15:22  
26 whether that was the result of the fact that they were  
27 either actively deterred or there was a culture within  
28 the Defence Forces that might have prevented that, and  
29 they're the issues that I wish to address with you,

1 Mr. whelehan, in your evidence.  
2  
3 I think that you, before you enlisted in the Defence  
4 Forces, you were very active in GAA, as indeed your  
5 family were. You were all fit and active? 15:22  
6 A. That's right, yeah.  
7 523 Q. And I think you enlisted originally on 28th April 2008?  
8 A. That month anyway, yeah, I'm not sure of the date.  
9 524 Q. And that was -- your basic training was carried out in  
10 a barracks in Athlone? 15:22  
11 A. Yeah, my recruit training was in Athlone and my Two to  
12 Three Star was in Mullingar.  
13 525 Q. Okay. I think in relation to your basic training in  
14 Athlone, you found that was tough, but fair and  
15 enjoyable? 15:23  
16 A. Yeah, that's right.  
17 526 Q. And then in July/August you moved to Mullingar to  
18 complete your Three Star training, am I correct?  
19 A. Yeah. As I said, I can't be sure what month that was.  
20 I know I finished my training at Christmas time, so 15:23  
21 rewind 14 weeks and see what you come up with.  
22 527 Q. So, in Mullingar, I think you encountered a particular  
23 Corporal. Had you known him before?  
24 A. No.  
25 528 Q. Okay. But I think he was from your home county? 15:23  
26 A. That's right.  
27 529 Q. And what difficulties did you experience with this  
28 Corporal during your Three Star training?  
29 A. I can't, as I explained to my own barrister there

1 representing me, I can't say where it started. Like,  
2 the last day I was up here, you asked me when did it  
3 start. It kind of took me back. I can't remember how  
4 it started, but I found myself then in a situation  
5 where, 'Hold on now, this is happening all the time.' 15:24  
6 He was constantly picking on me, zoning in on me. I  
7 was trying to think over the last few weeks before I  
8 was coming up here since the last time I met yourself  
9 and Tim here, you know, and I'm trying to think of  
10 things that I actually hadn't said to you, and one of 15:24  
11 the things that came back to me was I remember my first  
12 day I landed onto Mullingar Barracks and the Officer  
13 wanted to know who was whelehan - that's what he wanted  
14 to know, in front of everybody - and laughed when I put  
15 up my hand and said 'I'm Private whelehan' at the time 15:24  
16 or 'Mr. whelehan' or I can't remember what I said.

17  
18 But the Corporal at the time kept on to me about that I  
19 was worthless. Kept bullying me. I don't want to use  
20 the bad language that he constantly would be saying to 15:24  
21 me, but always would have got personal with me then --  
22 referred to my father, Judge, who was a well-known GAA  
23 player at the time for his county. At the time, my own  
24 club, we had lost an All-Ireland Senior Final --  
25 actually, when I joined, we lost in March, Patrick's 15:25  
26 Day, March, and I joined a month later, so I was kind  
27 of well-known throughout Ireland at the time, but this  
28 Corporal, being from my home county, seemed to zone in  
29 on me and made it personal with me, about me and my

1 father.

2 530 Q. Are you saying, Mr. whelehan, that the remarks and  
3 abuse you received, were they directed at you solely or  
4 did everybody doing the Three Star course with you are  
5 subjected to the same sort of treatment? 15:25

6 A. No, he just took them out on -- he was zoned in on me,  
7 yeah.

8 531 Q. And were these remarks directed to you performance in  
9 your tasks or were they more personal?

10 A. Performance and personal. 15:26

11 532 Q. Okay. Did you -- when you joined first, when you  
12 enrolled or enlisted in Athlone during your initial  
13 training, did you receive any instruction in relation  
14 to the complaints procedures that existed within the  
15 Defence Forces? 15:26

16 A. Not to my recollection. Not that I can remember,  
17 Judge, no.

18 533 Q. Have you seen a document that was given to the Tribunal  
19 yesterday evening?

20 A. No. 15:26

21 534 Q. No. I understood it was furnished to your solicitors.  
22 You haven't seen it?

23 A. I haven't. He explained to me outside what was after  
24 happening, but, no, I haven't seen that document.

25 535 Q. You haven't seen it, all right. Just briefly, I'll 15:26  
26 just tell you what it is and ask for your comment on  
27 it. It's a document that's headed:  
28  
29 "Defence Force Syllabus of Training, Recruit Training,

1 Infantry 14/2005 (Amended 29th May 2007)."

2  
3 You enlisted initially in April 2008; isn't that right?

4 A. Yes, April 2008.

5 536 Q. So this document, if the dates are correct, should have 15:27  
6 been in force at the time, and it lists the training  
7 regime for recruits and it says that there should have  
8 been a three-quarter of an hour lecture or talk on the  
9 complaints procedures and Redress of Wrongs. Have you  
10 any recollection of, first of all, such a lecture being 15:27  
11 given and, secondly, its length?

12 A. No. I have no recollection and none of its length, no.  
13 I explained to my own barrister outside -- and  
14 throughout my training and throughout the five years  
15 that I done in the Defence Forces, there was plenty of 15:27  
16 times, Judge, that we'd be in a classroom setting and  
17 something would come up that -- I remember one  
18 particular thing that kept coming up during recruit  
19 training was the uniform that we had. We were in the  
20 old tracksuit, which, for me, and anyone quite large, 15:28  
21 was a nightmare because they didn't fit us. And I  
22 remember being -- the whole class being brought out,  
23 told to sign this, say we done this. Now, I'm not  
24 saying it was this document, but it happened quite a  
25 lot that say we -- 'Sign this, say we done this 15:28  
26 lecture' or whatever it was -- we have to go get  
27 fitted for our new tracksuit or stuff, we're getting  
28 weapons, you know, loads of different things like that.  
29 But there was plenty of times in my training that I was

1 told, 'sign this form, say we have done this' and we  
2 didn't do it.

3 537 Q. Just for the sake of completeness, Mr. whelehan, the  
4 same document goes on to say that there was a second  
5 lecture of three-quarters of an hour duration on the  
6 PSS brief? 15:28

7 A. The PSS, the first time I've heard of the PSS was in  
8 Mr. Lawlor's - I think that's his name, Mr. Lawlor, the  
9 last guy that gave a witness statement here - I've  
10 never heard of the PSS before. 15:29

11 538 Q. Never heard of a PSS?

12 A. No.

13 539 Q. And did you ever receive any instruction in relation to  
14 it?

15 A. well, it's highly unlikely if I've never heard of it  
16 before. 15:29

17 540 Q. Right. I think, in fairness, at your interview, and  
18 it's at page 678, you were asked:

19  
20 "At any stage when were you in the Defence Forces did  
21 you get any training or instruction or given any  
22 documents in relation to the complaints processes?" 15:29

23  
24 And your answer is:

25  
26 "Not that I'm aware of. 15:29

27  
28 Q. All right. Were you aware that there was a  
29 complaint process?

1 A. No. "

2

3 Is that still the position, Mr. Whelehan?

4 A. That's still my answer.

5 541 Q. Did you make a complaint in relation to the treatment 15:29  
6 that you were receiving in Mullingar?

7 A. Sorry, I'm caught with your question trying to read the  
8 screen. Can you say that again?

9 542 Q. I'm sorry. Did you make a complaint for the behaviour  
10 that was being given out to you in Mullingar during 15:30  
11 your Three Star training?

12 A. No.

13 543 Q. Can you tell us why you didn't complain?

14 A. It was very hard to try complain to the people who were  
15 training you because why -- you were going to be 15:30  
16 complaining about the people who were bullying you.

17 544 Q. I think you successfully completed your Three Star  
18 training?

19 A. That's right.

20 545 Q. And on completion of that, were you transferred at the 15:30  
21 end of 2008 or early 2009 to Athlone?

22 A. Yeah. I was based in Athlone and that's where I went  
23 after my Two to Three Star training.

24 546 Q. When you got to Athlone, who did you find was there  
25 already? 15:30

26 A. The NCO who had been training me.

27 547 Q. Is that the same Corporal that you had difficulties  
28 with in Mullingar?

29 A. That's right, yes.

1 548 Q. And will you tell us what happened between you and that  
2 Corporal in Athlone?

3 A. Yeah, so he wasn't in my section. He was part of A  
4 Company or B Company and I was part of the Support  
5 Company. But the two doors, every morning, we'd meet 15:31  
6 up, Judge -- one door was literally there and the other  
7 door was there, so we'd all see each other.

8 549 Q. Just explain that. You were a Private?

9 A. I was a Private.

10 550 Q. He was a Corporal? 15:31

11 A. He was a Corporal.

12 551 Q. So, he was more senior to you in rank, but he wasn't in  
13 your direct chain of command?

14 A. No.

15 552 Q. But you still encountered him? 15:31

16 A. I would have seen him most days, yes.

17 553 Q. And what would happen when you would meet him?

18 A. Nothing much would have happened, but he would have  
19 told other Corporals -- the Corporals have their own  
20 mess and we have our own mess. He told other Corporals 15:31  
21 -- I don't know where he told them, obviously, but he  
22 had told them what had happened in Two to Three Star  
23 and that he had broken me, he had made me cry, and they  
24 started to take it out on me then as well.

25 554 Q. How did the other Corporals start to take it out on 15:32  
26 you, Mr. whelehan?

27 A. Well, first off, it would have started off with 'Oh,  
28 the NCO in your training, he broke you, whelehan, he  
29 got the better of you.' And he would have told them

1 then that, you know, about my Dad and what had got to  
2 me, and they would have started doing the same thing.

3 555 Q. And was this type of behaviour directed towards others  
4 in Athlone or was this solely directed at you?

5 A. I found it solely directed to me. 15:32

6 556 Q. And was the complaints about your behaviour or your  
7 progress or achievements in the Defence Forces, or was  
8 it more personal?

9 A. It was more personal, yes. More personal. Just going  
10 back to your last question as well, sorry, just there 15:32

11 was, obviously, other things -- that it wasn't just  
12 personally at me all the time. There was other people  
13 at the time that weren't given the same leeway and  
14 would have been picked on more, especially in my  
15 company that I command, that I seen. But I can only 15:33  
16 talk for myself, I suppose.

17 557 Q. Can you give us examples of the way you were picked on,  
18 what you were made do that other people weren't?

19 A. One of the things, I suppose, I didn't say to you the  
20 last time -- obviously, I'm trying to think of 15:33  
21 everything and it's very hard for me to remember  
22 everything I even said to you the last day. I got  
23 stuck on things trying to follow the pattern I've told  
24 you from the first time I met you.

25 15:33

26 But another thing that stuck out to me was I drove from  
27 Birr to Athlone every day, Judge, and that's about 45  
28 minutes or 50 minutes of a drive every morning. I used  
29 to collect another Private on the way because he didn't

1 drive. I remember not long into one of our CSs -- I  
2 don't know if he was -- he was given the CS rank anyway  
3 when he came back. I don't know if he was a CS. He  
4 was over my company. I was late one morning due to the  
5 other Private not being out of bed and me collecting 15:34  
6 him. My living out pass was taken off me, which is --  
7 at the time we weren't on good money, any private is  
8 not on good money, being totally honest. My living out  
9 pass was taken off me for being late and the guy that  
10 was with me in the car his living out pass wasn't taken 15:34  
11 off him. And that would have been, I don't know at the  
12 time €40 a week, €50 a week, and it was all his fault.

13 558 Q. Sorry, to be clear about that, you're saying that your  
14 pay was docked by €50?

15 A. Well, it's docked, yeah, because I have to pay a living 15:34  
16 in pass and I'm still going home every evening, I  
17 wasn't living in. It was just, basically, a way of  
18 taking more money off you.

19 559 Q. You gave other examples in your statement and in your  
20 interview, Mr. whelehan, of early morning backpack 15:34  
21 inspections?

22 A. Mmm.

23 560 Q. Being made march alone on the square?

24 A. That's right.

25 561 Q. Would you tell us about those? 15:34

26 A. Yeah, so it started with, we were due to go to the Glen  
27 of Imaal - I had never been to the Glen of Imaal before  
28 - to do security. It was my first time ever to do it.  
29 Obviously other Privates, we have a Private area, while

1 we're waiting to be given tasks today, we're hanging  
2 out in. And other Privates told me, 'Oh, Jesus,  
3 whelehan, where you are...' You know, you're told your  
4 post before you go. 'It's freezing up there. You'd  
5 want to bring your sleeping bag with you. Keep as warm 15:35  
6 as you can. You're sitting in basically phone boxes,'  
7 is the best way to describe it. And it's freezing and  
8 there's nothing going on. You're stopping sheep going  
9 into a field.

10  
11 I had the sleeping bag around me. A car pulled up. I  
12 can't remember if it was a sergeant or a corporal at  
13 the time, I can't remember who he was. Turned around  
14 and said, 'What you are doing? You're asleep in the  
15 sleeping bag.' I said. 'I'm not asleep in the 15:35  
16 sleeping bag, I have it wrapped around me to keep  
17 warm.' You'd nothing else to keep you warm, obviously,  
18 bar the clothes we were issued. And the clothes we are  
19 issued, but the smock and stuff are quite good, but not  
20 when you're sitting in a tin can for five or six hours. 15:36

21  
22 He said, 'Come on, I'm relieving you of your duty.  
23 There's someone else. Come on, you come back and get  
24 fed you'll be back out.' I said, 'Grand.' On the way  
25 back I was sitting -- I went back to get food and by 15:36  
26 the time I had my dinner finished or lunch finished at  
27 the time, it was made out that I was asleep up in the  
28 hut, which I wasn't. And all the NCOs in my own  
29 barracks started to have a go at me.

1 562 Q. Were you charged arising out of that?  
2 A. So, about a week or two later, I think it was two weeks  
3 later I was brought before the Commanding Officer in  
4 the barracks but them two weeks leading up to that was  
5 pure hell, if I'm being honest with you. I was made 15:36  
6 come in early every morning.

7 563 Q. Can you tell us what you or the Defence Forces mean by  
8 "early"?  
9 A. Early, yeah, I suppose, no such thing as early in the  
10 Defence Forces. Before everyone else, before our time, 15:37  
11 I think, I can't recall -- I think the day started  
12 where you'd have to be in for 8:30 parade would a the  
13 normal parade, I was told to come in half an hour  
14 earlier before everyone else. I had to give a full  
15 backpack inspection every morning on my own. If I was 15:37  
16 missing stuff that weren't even on the list I was going  
17 to be ridiculed for it because they were just looking  
18 for the most miniscule things to fine me on so I'd have  
19 another backpack inspection the following morning.  
20 15:37

21 Also, I was made parade in my Number 1s, if you can see  
22 the two officers down the back here today, these  
23 Number 1s are quite uncomfortable - maybe they might  
24 say different - but they're quite impossible to keep  
25 clean, especially the privates' ones, they're not as 15:37  
26 silty and smooth as the officers' ones. The smallest  
27 bit of dirt or spec of fluff I was being pulled for  
28 every morning and it was just so they'd be able to  
29 bring me in the following morning.

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This went on for the two weeks up until I was charged. I was charged -- so I think in the Army, obviously I didn't know if it was true or not, but I believed in the Army privates would have talked and said 'You can't get double charged in the Army.' I was more than double charged. I can't remember, I'm nearly sure it was two days' pay I got. At the time I was made march daily on the square on my own. It's a big barracks, Athlone, it's a massive square, and it was pure demoralising, Judge, to be there walking around, the whole barracks looking at me, people talking about me and being innocent as well, which is the worst thing. But I can't remember the other punishments I was given on top of them. I know there was more.

564 Q. Was there an incident when you received a phone call on Friday evening?

A. Oh, yeah. Yeah, that's right.

565 Q. Will you tell us about that, please?

SOLE MEMBER: Take your time.

THE WITNESS: So, I was going home on Friday evening after a normal day's work. I was given a call by, I think he was a private at the time but had the training done to be an NCO, I'm not a hundred percent sure on that. I remember him roaring down the phone, 'Have you got a pen? whelehan, have you got a pen? write these down.' I was given -- Athlone is a massive big barracks with plenty of staff, it's not a bit low on staff. Doing a duty in Athlone, you'd be doing a duty

1 maybe once a month, a 24-hour duty of minding the  
2 weapons. And that would probably cover your duties for  
3 the month, you know. Now, Christmastime is obviously a  
4 bit different but this wasn't a Christmastime. I had a  
5 list of things to take down that Friday evening from 15:39  
6 the Private or NCO who rang me. And I was like, 'i  
7 can't take this, I'm just at breaking point here now.  
8 I'm not able for this anymore.'

9 566 Q. MR. McGOVERN: How many items were on the list?  
10 A. I can't remember, I've no idea. 15:39

11 567 Q. Can you remember what they were?  
12 A. Yeah, I'm on duty -- I think one of the major things  
13 that got me I was on duty the following day, or that  
14 weekend. I can't say it was a Saturday or Sunday but  
15 you're told a couple of weeks in advance when your duty 15:40  
16 is, you know, especially in Athlone you were anyway.  
17 That was one thing. I know I had a match that weekend,  
18 that was one of the things. I was like, God. And  
19 then, like, after that you're on another thing, and the  
20 day after you're on another thing, and the day after 15:40  
21 you're on another thing. And I was, like, 'Oh my God.'

22 568 Q. Can I stop you there. When you say you had a match the  
23 following day, what sort of a match was that?  
24 A. GAA, a hurling match.

25 569 Q. And was that for a club or a county? 15:40  
26 A. I can't remember.

27 570 Q. And were the people who were giving you these duties,  
28 would they have known that you would have been due to  
29 play in this match?

1 A. Probably, yeah. Yeah.

2 571 Q. Were you able to play the match or was --

3 A. No, I didn't. No.

4 572 Q. You couldn't?

5 A. No, I didn't play. 15:40

6 573 Q. Did you make a complaint in relation to any of that,  
7 Mr. whelehan?

8 A. No.

9 574 Q. Can you tell us why?

10 A. Who was I to complain to? An officer was after 15:41  
11 charging me, one of the highest ranking people in the  
12 Army -- sorry, in the barracks. The whole barracks,  
13 the whole company is against me. The CS brought me in,  
14 punished me, without believing any of my story. I had  
15 the NCOs taking it out on me. The NCOs were the ones 15:41  
16 marching me around the square, shouting at me,  
17 humiliating me. Who was I to complain to?

18 575 Q. As a result of your treatment did you request a  
19 transfer?

20 A. I did. 15:41

21 576 Q. And where did you request that you would be transferred  
22 to?

23 A. Galway, to me, was closest. The Curragh was close as  
24 well, Galway was every bit as close.

25 577 Q. Was there any particular reason why you chose Galway? 15:41

26 A. No.

27 578 Q. Was it just an attempt to get out of Athlone?

28 A. Yeah.

29 579 Q. Was the request to transfer to Galway, was that

1 granted?

2 A. Yes.

3 580 Q. And when you -- would you tell us then, that would have  
4 been in 2012, what happened when you got to Galway?

5 A. I can't remember the dates, I'm sure --

15:42

6 581 Q. Don't worry about the dates, just the sequence is more  
7 important than the actual dates.

8 A. The sequence, yeah. I went on to Galway. Arrived in  
9 and one thing I noticed about Galway, obviously I was  
10 in Galway quite a bit playing matches. They have -- 15:42  
11 race week in Galway Barracks is a big thing and the  
12 whole football tournament and it's very good and it's a  
13 good bit of craic down there in fairness. So I had  
14 been in Galway prior to this and the one thing I  
15 noticed when I went down the first day was how quiet it 15:42  
16 was. It was considerably quieter compared to Athlone.  
17 Athlone was a very busy barracks. And I found it,  
18 okay, I suppose when I went in I found it okay. I was  
19 immediately up to my CS, he had a chat with me. Him  
20 and another, I don't know if it was a NCO and a private 15:43  
21 and was there chatting me, told me to go square things  
22 away in my room at the time, and to go about my day, to  
23 go to the gym or go for a run or whatever. There  
24 wasn't much to do, if I'm being totally honest. So I  
25 went, I put stuff into my room and I went down to the 15:43  
26 hall where the gym is and there was four or five, six  
27 or seven lads playing soccer. So we played indoor  
28 soccer for about an hour just to keep fit, it was  
29 obviously better than going for a run I thought. After

1 that I came back to my room and there was another guy  
2 in the room, he said, 'Your phone has been constantly  
3 ringing. They were down here looking for.' He said,  
4 'You better get up there straightaway, they're not  
5 happy.' This was my very first day. I went straight 15:43  
6 up the way I was. Obviously the minute he seen me he  
7 realised I was sweaty and had been out doing whatever  
8 physical activity. He asked me where I was, I told  
9 him. First of all he asked me where I was and then had  
10 a go at me, 'I'm ringing you flat out, where are you?' 15:44  
11 And I said, 'I went down the gym. X, Y and Z can prove  
12 I was down there, we were playing soccer.' And he  
13 goes, 'I made a call about you,' he says, 'to find out  
14 all about you,' he said, 'and I know what you're like,'  
15 and all this. You know, and I was like, 'Oh my God, 15:44  
16 here we go again.'

17 582 Q. Did he explain who he made a call to?  
18 A. No.

19 583 Q. Or what he had heard?  
20 A. No, all -- he explained to me he heard what happened on 15:44  
21 my charge. He never told me who he called, no.

22 584 Q. Did the attitude towards you, from your Senior Officers  
23 in Galway, change from then on?  
24 A. Yeah.

25 585 Q. In what way, Mr. whelehan? 15:44  
26 A. Not with all of them, not with everyone, but the CS  
27 obviously had a grip on a lot of his own -- my NCOs and  
28 they started to have a go at me then about hurling,  
29 no. 1, about my dad, to the extent where my hair fell

1 out. I lost all -- I started to lose all my hair at  
2 the back. It was patchy everywhere at the back. I was  
3 like, 'Oh my God I moved away from Athlone to get away  
4 from all this. I thought I had a fresh start and I  
5 didn't.' Here it was just following me. It just goes 15:45  
6 to show, when I think of it, it goes to show the Army  
7 is one big bubble.

8 586 Q. The fact that you lost your hair, Mr. whelehan, did  
9 that in itself cause more problems?

10 A. For me, yes. 15:45

11 587 Q. How so?

12 A. I was 21, 22 years of age, fit, I'd like to think. I  
13 was playing intercounty hurling at the time. I would  
14 like to think it had an affect on the way I looked, the  
15 way I felt. I wasn't able to obviously approach a girl 15:46  
16 or anything like that. I felt terrible about it. And  
17 then going into work every day and being made fun about  
18 your hair being fell out. It's not nice. It's not  
19 nice. It wasn't a nice feeling anyway.

20 588 Q. Were comments made about that in the barracks? 15:46

21 A. Were comments? Could you say that?

22 589 Q. Yes.

23 A. Were comments made, yes, there were, yeah, every day.

24 590 Q. Did you attend a civilian doctor initially?

25 A. I can't say who I attended first about my hair, whether 15:46  
26 it was a civilian doctor or the civilian doctor who was  
27 in the barracks.

28 591 Q. Was a diagnosis made of anxiety?

29 A. A diagnosis from my own -- I can't remember what the

1 Army doctor said to me, if I'm being totally honest. I  
2 can't remember. But I remember what my own doctor said  
3 to me.

4 592 Q. What did your own doctor say?  
5 A. He put it down to depression. 15:46

6 593 Q. And were you prescribed medication for that?  
7 A. No.

8 594 Q. How were you treated?  
9 A. I can't remember how I was treated. I wouldn't take  
10 medication anyway if I was given medication but I can't 15:47  
11 remember if he mentioned medication. How was I  
12 treated --

13 SOLE MEMBER: I'm sorry. I'm reluctant to interpret,  
14 did you say he put it down to depression or he put it  
15 down to the pressure. 15:47

16 THE WITNESS: Depression.  
17 SOLE MEMBER: Depression, thank you.  
18 THE WITNESS: Sorry, Judge.

19 595 Q. MR. McGOVERN: Did you go on sick leave around that  
20 time? 15:47  
21 A. At that time I did, yeah.

22 596 Q. And who was certifying you for the sick leave, was it  
23 the civilian doctor or the Defence Force?  
24 A. My civilian doctor -- as I said, I can't remember who  
25 gave me sick leave first, I know I went to both doctors 15:47  
26 with the issue. So both of them definitely gave me  
27 sick leave.

28 597 Q. Were those sick notes or sick certificates, doctor  
29 certs were they handed into the Defence Forces?

1 A. All the time. Sure you have to hand them in. I think  
2 you have three days to hand them in and if you don't  
3 have them handed in you're marked as AWOL. I think  
4 it's three days, I'm not sure.

5 598 Q. Did you make any complaint in relation to what was 15:48  
6 happening to you in Galway, Mr. whelehan?

7 A. No.

8 599 Q. why was that?

9 A. Same issue as before.

10 600 Q. Ultimately, I think that in or about April 2013 you 15:48  
11 decided to leave the Defence Forces?

12 A. Yeah.

13 601 Q. Can you tell us why you made that decision?

14 A. I had enough of what was happening to me. The way I  
15 was being treated, Judge. 15:48

16 602 Q. That was really it. I couldn't put up with it anymore.  
17 I told the gentleman here in front of me -- I couldn't  
18 even turn to my own father with it. He had his own  
19 problems that, you know, he would have looked at me and  
20 would have turned around said, 'No, stay in the Army. 15:48  
21 The Army's a great job.' At the time Ireland was only  
22 getting out of a recession. I would have seen all the  
23 troubles he had with his own business. I couldn't even  
24 turn to him. I had two different lives at the time,  
25 Judge. I'm 100% about this. Mr. Lawlor was well able 15:48  
26 to talk about his dealing with mental health, I didn't  
27 know if I had mental health problems at the time. When  
28 I look back it it now I know I definitely did. Because  
29 I was going into work every day being a totally

1 different person to the person I was when I went home.  
2 When I went home I was confident, I was happy, I was  
3 hurling and I was into my GAA. I loved it. You know,  
4 I was an outgoing person. I went into work every day  
5 and didn't talk to anyone. No one wanted to talk to 15:49  
6 me.

7  
8 And you asked me a minute ago why didn't I make the  
9 same complaint, why didn't I complain in Galway. Well,  
10 that CS rang Galway. He was the main man in Galway. 15:49  
11 Nobody ranked above him. Even the Officers would have  
12 went to him with problems. How am I going to go out  
13 and complain about him when he rated us. The easiest  
14 way to describe the Army to a civilian is the Army is  
15 like a family in many ways and are you going to go 15:49  
16 complain to a father or a brother about his brother or  
17 about his sister? No, you're not because it's only  
18 going to come back on top of you.

19 603 Q. Mr. whelehan, were you aware of the PSS and the service  
20 that they provided? 15:50

21 A. No.

22 604 Q. You had no knowledge of them at all?

23 A. I think I've said this to you already, would that be  
24 right?

25 605 Q. Yeah. Was there anyone you could turn to within the 15:50  
26 Defence Forces, for help or assistance?

27 A. No, not that I... No.

28 606 Q. I know you're no longer in the Defence Forces now, but  
29 in the result of your experiences, how would you feel

1           that the system should have been changed?

2           A.     Can be changed or should have been changed?

3 607 Q.     Should have or could be, whichever you prefer?

4           A.     well, I listened to Mr. Lawlor's way of being changed  
5           and I probably agree with what he said, an external     15:50  
6           body, I suppose. How that would work, Judge, when you  
7           questioned him on it and asked him how would it work,  
8           obviously, then, if I am to complain to a civilian, a  
9           civilian solicitor or barrister, he then obviously has  
10          to go to a barrister within the Army and then you're     15:51  
11          into that. So I really don't know how you change it,  
12          if I'm being honest.

13 608 Q.     Do you think it needs to be changed?

14          A.     Yeah, well a shadow of -- well, I hope it is. I hope  
15          no one goes through what I went through. I don't know     15:51  
16          how it is now, if it's still the same way. Obviously,  
17          Mr. Lawlor stated that the Garda Síochána have a system  
18          and maybe that's working for them and maybe that's  
19          something that should be looked at.

20          MR. McGOVERN: Thank you, you might answer my  
21          colleagues.     15:51

22          THE WITNESS: Yeah, no problem.

23          SOLE MEMBER: Mr. Brady.

24

25          MR. AARON WHELEHAN, WAS CROSS-EXAMINED BY MR. BRADY AS     15:51  
26          FOLLOWS:

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28 609 Q.     MR. BRADY: JUDGE, I just have one or two very brief  
29          questions for Mr. whelehan.

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Mr. whelehan, you mentioned bullying that you had been going through in the recruit training. And I don't want to go into the specifics of it, but you mentioned in a previous interview that the NCO that was bullying you, it kind of came to a head one night, you left parade, you went to the room and he followed you up and after a while some other members of the Defence Forces intervened, is that correct?

15:52

A. Yes, Judge. So, Judge, we'd came home from our last couple of nights away on the ground, you do it as your last -- it's the last hard part of your training before you kind of get ready for parade and get ready to pass out. It's an extremely tough time, we spent, I don't know what we spent, four or five nights on the ground.

15:52

SOLE MEMBER: This is in Mullingar?

THE WITNESS: This is Mullingar, yeah. This is Two and Three Star training, not recruit training. And at the time that was a very, very hard winter that we had and I remember coming home, like everyone, relieved to be home, relieved to be back, and we were given the weekend off, go home and clean your stuff. I think we got back on Friday night, late, and you had all day Saturday to clean your stuff and you were back in Sunday for parade and then Monday you get an inspection. Like, I remember bringing up my stuff, my stuff literally had to be power hosed down by me and my uncle-in-law. We gave it a thorough power hosing. He done most of it for me, I'm not going to lie, he done

15:52

15:52

15:53

1 most of it from me because I was absolutely wrecked  
2 from the week we had on the ground.

3  
4 I remember coming back, then, Sunday, square away in  
5 our rooms. The next morning we are on parade and this 15:53  
6 NCO again has a go at me. My father owns a pub, Judge,  
7 and we've had a pub ever since I was probably 7 or  
8 8 years of age, I know what the smell of drink off  
9 somebody is, and off their breath. He had a go at me  
10 and my family and my father and he was from me to the 15:54  
11 screen away, roaring in my face. Remarks constantly  
12 about my father to me. And I could smell the drink off  
13 him. And I broke down in tears. I turned around and  
14 walked off parade. For anyone in the Army you don't  
15 do, you don't do that, like. That's a no-go. I turned 15:54  
16 around and walk off it. My room is directly behind me.  
17 Mullingar, they have 20 stairs to get to my room, it  
18 was the longest walk ever to my room. He was shouting  
19 at me going up the stairs. And my room is the last  
20 room behind another room, and my bed was the last bed 15:54  
21 right in the corner so it felt like the longest walk to  
22 get there. I remember getting up to the room. He knew  
23 by then he had messed up big time. He tried to  
24 de-escalate the situation. At the time I was roaring  
25 my eyes out crying. I remember -- 15:54

26 610 Q. MR. BRADY: And I think, just to stop you there, there  
27 was some other soldiers, an NCO and some Privates came  
28 in and the thing just de-escalated then. I suppose the  
29 question I want to ask you is that the people who

1 interjected, some of them would have been senior in  
2 rank to you, would they?

3 A. Oh, yes, yeah.

4 611 Q. And did any of them, at that point, seeing what had  
5 happened to you, suggested to you or advise you that 15:55  
6 you should go and make a complaint about what happened  
7 to you?

8 A. No. No. My -- the guy who came to me at the time  
9 was -- I know one of the other NCOs came to me and just  
10 tried to calm me down and then the Sergeant came to me 15:55  
11 and said, 'Look, we only have another week of  
12 training.' At this stage. Judge, I'd rang -- I got my  
13 phone and rang my mother got it out of my locker, told  
14 her to come get her. I joked the last day, she was on  
15 her way to the airport, she wasn't coming to get me. 15:55  
16 So she never came to get me. I don't know if it was  
17 ten minutes later or an hour later that I calmed down  
18 and the Sergeant said, 'Look, whelehan, you've only a  
19 week left in training. What are you doing? Stick it  
20 out, you're nearly there.' And I did. 15:55

21 612 Q. And the other stuff that you said had happened to you,  
22 did anybody else, at those times, if they had seen what  
23 was happening to you, advise you to make a complaint?

24 A. No.

25 613 Q. Do you think if somebody had come to you, someone 15:56  
26 senior in rank to you and said, 'There's a complaints  
27 procedure there, I've seen what's happened to you, I  
28 think you should go and make a complaint,' would you  
29 have done that at that time?

1 A. I don't know, maybe. Being straight, I don't know.  
2 It's very hard to -- it is. You feel like you're in a  
3 culture is the way, I'm hearing culture from everyone  
4 here today, culture, culture. I don't know if culture  
5 is the best way to describe it. You just feel like you 15:56  
6 can't do it, the pressure. Who you are going to  
7 complain to? Complain to an officer. He's the one  
8 who's on top of you as well, as long as the NCO. The  
9 Army have a very famous saying, Judge, 'Shit always  
10 runs down the hill,' and I was at the very bottom of 15:56  
11 that hill. Do you want any more shite right now on top  
12 of you? No you, don't.

13 MR. BRADY: Thank you, Mr. whelehan.

14 SOLE MEMBER: Thank you very much, Mr. Brady.

15 Mr. McCann. 15:57

16

17 MR. AARON WHELEHAN, WAS CROSS-EXAMINED BY MR. McCANN AS  
18 FOLLOWS:

19

20 614 Q. MR. McCANN: Mr. whelehan, I'm one of the barristers 15:57  
21 for the Defence Forces, nice to talk to you.

22

23 So, just to explain, Mr. whelehan, I won't be asking  
24 you any questions about your abuse, I won't be  
25 challenging your account, which was distressing for you 15:57  
26 and indeed distressing for all of us to hear it,  
27 Mr. whelehan. But I just want to ask you, really,  
28 about the options which were available to you dealing  
29 with complaints processes, Mr. whelehan, if that's all

1 right?

2 A. That's fine.

3 615 Q. All right. So, the only point about the school and  
4 what you were taught as a recruit is not to say, you  
5 know, you misled the Tribunal or anything like that. 15:58  
6 So the point is, it would appear that the syllabus had  
7 complaints as something that was taught, isn't that  
8 right? It would appear?

9 A. If you'd like to say so. I don't know, I can't  
10 remember if they -- 15:58

11 616 Q. Exactly. And, again, there's many, many, many, many  
12 classes and lectures that I went to, and everybody in  
13 the room went to and nobody thinks there's anything  
14 unreasonable or wrong or worrying about the fact that  
15 you can't remember a lecture, Mr. Whelehan. Do you 15:58  
16 follow that?

17 A. I do.

18 617 Q. So I'm not criticising you in any way for that.

19 A. I understand, yeah.

20 618 Q. All right. And, again, you don't remember, and perhaps 15:58  
21 you were -- again, you also gave an explanation to the  
22 Tribunal about you might have been out getting your  
23 uniform fixed or your tracksuit fixed or changed, there  
24 could be any number of reasons, you could have been out  
25 sick, for example, is that right? 15:59

26 A. I could have been out sick for?

27 619 Q. You could have been out sick for this particular class,  
28 or this particular lecture, anything could have  
29 happened?

1 A. Yeah. We could have been out getting uniforms, and  
2 stuff like that. I don't think I was ever sick in  
3 recruit training.

4 620 Q. All right. I just want to look together, if you  
5 wouldn't mind, at the options that were available to 15:59  
6 you in 2000 and... you started off in Mullingar and  
7 then you were in Athlone and the bullying -- sorry,  
8 I've the wrong, correct me please.

9 A. I started off in Athlone and then went to Mullingar.

10 621 Q. Okay. And then you were back in Athlone, is that 15:59  
11 right?

12 A. Then back in Athlone, yeah.

13 622 Q. And you were saying bullying kicked off again in 2012,  
14 is that right, Mr. Whelehan?

15 A. As I said, I can't remember the years and dates. 16:00

16 623 Q. But --

17 A. But after Mullingar it kicked off again back in my  
18 base, yes.

19 624 Q. Yes. Okay. And, again, you described that, again,  
20 very distressing for you, very distressing for all of 16:00  
21 us to hear that. I just want to explore with you, I  
22 mean there were various options now in 2008 for making  
23 complaints. And you say you didn't know about the  
24 complaints procedure, the formal complaints procedure,  
25 is that correct? 16:00

26 A. That's right.

27 625 Q. And you hadn't heard about PSS until you heard  
28 Mr. Lawlor describing it in his evidence, isn't that  
29 correct?

1 A. That's right, yes.

2 626 Q. And were you aware, for example, that there was a  
3 representative organisation in the Defence Forces,  
4 PDFORRA?

5 A. I'd heard of -- yes, PDFORRA. I remember PDFORRA 16:00  
6 coming up and I remember my NCO saying to me at the  
7 time -- he wasn't my NCO, he was part of the recruit  
8 NCO, he was over a different section but I remember  
9 asking him about PDFORRA and I asked him -- it was  
10 obviously money, you had to pay money to join it. I 16:01  
11 asked him, at the time we were on very little money so  
12 I asked him what he thought of it, and he said 'well  
13 I'm not part it. If PDFORRA get anything for one  
14 Private it comes from all the Privates so why would I  
15 pay it?' And that made up my mind for me. 16:01

16 627 Q. Okay. That was your decision not to join the organ --  
17 PDFORRA, I didn't know you had to pay a subscription.  
18 Of course, it makes sense you did have to pay a  
19 subscription. And you decided not to pay the  
20 subscription? 16:01

21 A. I did, on the advice of one of my senior NCOs.

22 628 Q. You knew PDFORRA existed, and whether you'd paid a  
23 subscription or not do you think if you wanted their  
24 advice, they would have given you advice?

25 A. I didn't really know what PDFORRA done, if I'm being 16:01  
26 totally honest.

27 629 Q. All right. Again, I think it follows, but I just want  
28 to be clear about what account you're giving the  
29 Tribunal, I think it follows, but correct me if I'm

1 wrong, that you'd never heard of the Defence Forces  
2 Ombudsman?

3 A. No.

4 630 Q. Maybe that's the first time you've heard of it now this  
5 afternoon when I've asked you that question? 16:02

6 A. I never knew there was such a thing. I actually didn't  
7 know what an ombudsman was until I heard it about the  
8 Guards before.

9 631 Q. Okay. Again, you explained to the Tribunal that even  
10 if you had been aware of complaints processes, 16:02  
11 Mr. Whelehan, you didn't think that that would be a  
12 good option and I think you told the Tribunal,  
13 essentially you said it was hard to complain about the  
14 bullies to the bullies, isn't that right?

15 A. That's right. 16:02

16 632 Q. But if we just take it that it was -- it was, in 2012  
17 when you're back in Athlone, I can understand how  
18 things were when you were a recruit, but when you're  
19 back in Athlone and you're now a qualified soldier, and  
20 you're a little bit older, I could see, obviously, why 16:03  
21 you wouldn't make a complaint of bullying to the person  
22 who's actually bullying you, that's a corporal;  
23 correct?

24 A. That's right.

25 633 Q. But were there not other corporals you could have 16:03  
26 complained to -- well, for one, were there other  
27 corporals?

28 A. Yes, there were other corporals.

29 634 Q. And you didn't consider complaining to them?

1 A. No.

2 635 Q. Again, we'll ask them collectively. Do I understand it  
3 that you would have been a member of a platoon and  
4 there would have be a platoon sergeant is that right?

5 A. A CS, yes. 16:03

6 636 Q. So there was a Company Sergeant?

7 A. That's right.

8 637 Q. There wasn't a platoon sergeant. So there's other  
9 corporals and there's the Company Sergeant?

10 A. That's right. 16:03

11 638 Q. And the Company Sergeant is obviously higher in rank  
12 than the Corporal who's bullying you; correct?

13 A. That's right.

14 639 Q. And did you consider saying anything to him or her?

15 A. Well, he actually was the one -- he had a particular 16:04  
16 taking to me as well, the Company Sergeant.

17 640 Q. He had taken a dislike to you?

18 A. He had. On one occasion, and I'm going to explain  
19 myself here, he turned around and rang me when I was  
20 sitting at home on sick leave after hurting my knee in 16:04  
21 a match. He rang me and said he'd seen me, he was  
22 passing through Birr and said he'd seen me and why  
23 wasn't I in work and why am I on sick leave. And I was  
24 sitting at home in my house. How can you explain to  
25 someone when they're accusing you of something in the 16:04  
26 wrong. That's just one occasion. He was the other  
27 person, he was actually the person who brought me in  
28 every morning as well and made me do the backpack  
29 inspection and do the Number 1s inspection.

1 641 Q. Just to assist the Tribunal, I think in your interview  
2 with the Tribunal you said something to the effect,  
3 page 684, that if you made a complaint you didn't  
4 think -- you didn't expect that the Defence Forces  
5 would take it seriously? 16:05

6 A. I said that, did I?

7 642 Q. I think so.

8 A. This was in a previous --

9 643 Q. One of the previous interviews?

10 A. Yeah. 16:05

11 644 Q. First of all, don't worry about whether you said it or  
12 not; is that your view or was that your view?

13 A. I didn't think it was taken serious. I actually can't  
14 remember saying that. Can I read that there?

15 645 Q. We can look at page 684. 16:05

16 A. Yeah, I didn't think I would be taken seriously for the  
17 reason the people I'd be complaining to were the people  
18 doing it. If I complained to my Company Sergeant about  
19 an NCO why would he take it seriously, he didn't like  
20 me in the first place. 16:05

21 646 Q. Again, we'll just read it together, Mr. whelehan. I  
22 don't think we'll spend a lot of time on this. You  
23 say:

24

25 "I never made a complaint." 16:06

26

27 Is what you said and then it reads:

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29 "Was there a reason for that --"

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And you interrupt, I can't remember which counsel it was but you go on to say - Mr. McGovern, perhaps. You say:

16:06

"I wasn't aware of a complaints [process]. I wasn't aware there was a complaints system in place and I said earlier I didn't feel as if the people I'd be complaining would take it seriously, too seriously, but they were the people now that were giving it to me on the back of what he had said to me and done to me."

16:06

So it's really the same point about complaining about the bullying to the bullies.

A. That's exactly it.

16:06

MR. McCANN: Thanks very much, Mr. whelehan.

THE WITNESS: Thank you.

SOLE MEMBER: Thank you, Mr. McCann. Does anybody else have any questions? I just have one or two questions for you, Mr. whelehan.

16:06

MR. AARON WHELEHAN WAS QUESTIONED BY THE SOLE MEMBER, AS FOLLOWS:

647 Q. SOLE MEMBER: You described having no one to turn to when you were undergoing these experiences that you've described and that you had two lives, you had your life inside the Army and you had your life outside where you were young and you were fit and athletic and all that.

16:06

1 Did you make any friends in the Army?

2 A. Yeah, I had -- in Athlone I did, yeah. I suppose the  
3 guys I would have brought to work sometimes, you know,  
4 but, like, they wouldn't have been friendly -- I  
5 wouldn't be ringing them up the weekend when I was 16:07  
6 finished work. Yes, I would have talked to the guys in  
7 Athlone on the way to work and on the way back from  
8 work in the car. Yeah. I wouldn't consider them  
9 friends, close friends, no.

10 648 Q. Okay. And the person who said to you, 'Stick it out, 16:07  
11 you've just one more week to go', this person was  
12 senior in rank to you?

13 A. That's right.

14 649 Q. And I was a little distracted earlier, can you describe  
15 to me what exactly he had witnessed? 16:07

16 A. Well, I don't think he witnessed it now. I can't be  
17 quite sure. I don't think he witnessed, but I think he  
18 heard I was up in the room crying and there had been an  
19 altercation on the square, or it wasn't the square, it  
20 was out the back, on parade. He must have heard that 16:08  
21 there was an altercation. I can't be quite sure did he  
22 see it, but he came up to he basically said, 'Look,  
23 come on, put yourself together, don't be leaving,  
24 there's a week to go.' I don't know if he witnessed  
25 it, Judge. I actually don't think he did. 16:08

26 650 Q. Do you think he was aware? Did you get a sense he was  
27 aware of what was happening to you?

28 A. No, I don't think so.

29 651 Q. He was just encouraging you to stay and not to leave?

1 A. That's right.

2 652 Q. Can I ask; when you left the Defence Forces, did your  
3 health improve?

4 A. Yeah, I would like to think it did, yeah. I left in  
5 2008 -- sorry, I joined in 2008. In 2013 I took 16:08  
6 over -- I left and took over my own barbershop. I  
7 still had the alopecia, I can recollect. I think a  
8 couple of months later my hair all came back, which I'm  
9 grateful for. Thank God. Because I deal with people  
10 on a daily basis that have alopecia. I know it's not 16:09  
11 nice and it doesn't look well. Especially for a  
12 younger person it can have detrimental effects on them,  
13 you know. And I own the barbershop ever since. So I'd  
14 like to think that I've done quite well since I've left  
15 the Army. 16:09

16 653 Q. A question I've asked other witnesses; can you tell me  
17 what was conveyed to you about values such as honour  
18 and loyalty and moral courage during your training?

19 A. I can't answer that, Judge. I can't remember that ever  
20 really being said to me while I was in the Army, you 16:09  
21 know. I can't remember even talking about that. What  
22 would honour mean to me? Honour would mean obviously  
23 going representing your country. That would have been  
24 a great honour, which I never got to do. I would have  
25 loved to have done that, obviously. My first couple of 16:09  
26 years in the Army was a bad time in terms of the  
27 recession, there was an embargo put on and then I was  
28 transferred back to Galway so I was kind of put back  
29 down the list and then I decided to leave. I never got

1 to do that. That would have about know a great honour,  
2 obviously. That's one thing that really gets to me, I  
3 never get to go overseas. And it's the one thing  
4 everyone asks me, when I tell them I was in the Army,  
5 'where did you serve?' And, like, I didn't. That gets 16:10  
6 me quite a bit, you know, that I didn't get to do that.  
7 But that would have been a huge honour to say you're  
8 representing your country overseas. I'd loved to have  
9 done that.

10 SOLE MEMBER: I think I said in the opening statement 16:10  
11 the very first day that to be a person of honour is to  
12 be a person who stands up and tells the truth, however  
13 difficult it is, and I want to thank you for sharing  
14 your experience here today, Mr. Whelehan. And, as I  
15 said before, without people coming forward and 16:10  
16 answering the Tribunal's call for information I  
17 wouldn't be able to do the job that I'm asked to do so  
18 thank you very much for coming today. And thanks to  
19 counsel and to everybody here who has facilitated  
20 today's proceedings. Thank you, Mr. Whelehan. You're 16:11  
21 free to go.

22  
23 Tomorrow we meet at 10:30. Thank you.

24  
25 THE TRIBUNAL WAS THEN ADJOURNED UNTIL FRIDAY, 12TH JUNE 16:11  
26 2026 AT 10:30 A.M.

	<p><b>10.4</b> [2] - 119:23, 120:12</p> <p><b>100</b> [1] - 15:12</p> <p><b>100%</b> [1] - 147:25</p> <p><b>107</b> [1] - 4:21</p> <p><b>10:30</b> [2] - 163:23, 163:26</p> <p><b>11</b> [1] - 80:28</p> <p><b>114</b> [1] - 4:22</p> <p><b>11TH</b> [1] - 5:1</p> <p><b>120</b> [2] - 78:6, 102:11</p> <p><b>127</b> [1] - 4:25</p> <p><b>12TH</b> [1] - 163:25</p> <p><b>14</b> [1] - 129:21</p> <p><b>14/2005</b> [1] - 132:1</p> <p><b>149</b> [1] - 4:26</p> <p><b>150</b> [2] - 15:12, 15:13</p> <p><b>153</b> [1] - 4:27</p> <p><b>160</b> [1] - 4:28</p> <p><b>17</b> [1] - 56:6</p> <p><b>1998</b> [1] - 50:10</p> <p><b>1s</b> [3] - 139:21, 139:23, 158:29</p> <p><b>1st</b> [1] - 70:7</p>	<p>52:3, 108:4, 108:7, 108:13</p> <p><b>2006-2008</b> [1] - 66:4</p> <p><b>2007</b> [14] - 92:19, 104:6, 104:9, 104:29, 105:29, 106:9, 108:20, 109:5, 109:7, 109:8, 109:11, 109:14, 109:16</p> <p><b>2007</b> [1] - 132:1</p> <p><b>2007/2008</b> [1] - 81:3</p> <p><b>2008</b> [21] - 53:5, 53:19, 92:20, 92:21, 92:22, 93:14, 104:10, 109:18, 109:20, 109:21, 109:25, 109:26, 110:9, 110:13, 129:7, 132:3, 132:4, 134:21, 155:22, 162:5</p> <p><b>2008/2009</b> [1] - 110:14</p> <p><b>2008/January</b> [1] - 110:16</p> <p><b>2009</b> [11] - 7:17, 58:15, 66:18, 66:19, 110:16, 110:18, 111:12, 112:11, 112:22, 112:23, 134:21</p> <p><b>2012</b> [11] - 27:6, 53:17, 53:19, 55:23, 55:27, 86:2, 113:16, 113:20, 143:4, 155:13, 157:16</p> <p><b>2012/2013</b> [2] - 26:12, 27:1</p> <p><b>2013</b> [2] - 147:10, 162:5</p> <p><b>2019</b> [2] - 7:18, 56:3</p> <p><b>2022</b> [1] - 7:18</p> <p><b>2023</b> [2] - 7:15, 7:19</p> <p><b>2026</b> [2] - 5:1, 163:26</p> <p><b>21</b> [1] - 145:12</p> <p><b>22</b> [1] - 145:12</p> <p><b>23</b> [1] - 4:6</p> <p><b>24</b> [1] - 126:9</p> <p><b>24-hour</b> [2] - 61:2, 141:1</p> <p><b>26</b> [2] - 7:21,</p>	<p>29:21</p> <p><b>28th</b> [1] - 129:7</p> <p><b>29th</b> [1] - 132:1</p> <p><b>2:00</b> [2] - 69:2, 69:3</p>	<p><b>69</b> [1] - 4:18</p>	<p>14:23, 30:6, 66:7</p> <p><b>absolutely</b> [22] - 18:9, 26:29, 30:2, 35:16, 38:11, 39:3, 42:20, 43:9, 43:10, 51:28, 57:13, 59:18, 61:14, 61:17, 67:8, 75:5, 98:24, 121:23, 126:10, 127:9, 151:1</p> <p><b>abuse</b> [15] - 47:2, 49:16, 67:16, 67:17, 68:2, 68:8, 69:21, 69:23, 92:2, 117:11, 118:9, 128:14, 128:16, 131:3, 153:24</p> <p><b>accept</b> [15] - 11:12, 15:29, 23:9, 23:18, 23:20, 25:4, 27:21, 29:20, 29:23, 30:2, 31:1, 31:10, 40:9, 43:6, 67:19</p> <p><b>accepted</b> [2] - 24:16, 24:21</p> <p><b>accepting</b> [1] - 75:5</p> <p><b>access</b> [8] - 29:8, 29:10, 29:14, 32:12, 61:5, 79:22, 116:17, 125:3</p> <p><b>accessibility</b> [1] - 16:12</p> <p><b>accessible</b> [7] - 12:20, 12:25, 16:5, 16:10, 33:1, 79:17, 114:22</p> <p><b>accompanied</b> [1] - 93:24</p> <p><b>account</b> [5] - 103:21, 104:5, 106:3, 153:25, 156:28</p> <p><b>accurate</b> [1] - 90:25</p> <p><b>accurately</b> [1] - 94:14</p> <p><b>accusing</b> [1] - 158:25</p> <p><b>achieved</b> [1] - 106:5</p> <p><b>achievements</b> [1] - 136:7</p> <p><b>acknowledge</b> [2] - 62:3, 62:9</p>														
<p><b>'02</b> [1] - 26:17</p> <p><b>'03</b> [1] - 26:17</p> <p><b>'and</b> [1] - 144:14</p> <p><b>'Any</b> [1] - 78:19</p> <p><b>'Come</b> [1] - 138:22</p> <p><b>'Fit</b> [1] - 46:20</p> <p><b>'Grand</b> [1] - 138:24</p> <p><b>'Have</b> [1] - 140:25</p> <p><b>'Hold</b> [1] - 130:5</p> <p><b>'I've</b> [1] - 67:11</p> <p><b>'Is</b> [1] - 102:12</p> <p><b>'Keep</b> [1] - 72:2</p> <p><b>'Look</b> [3] - 152:11, 152:18, 161:22</p> <p><b>'Mr</b> [1] - 130:16</p> <p><b>'No</b> [1] - 147:20</p> <p><b>'Oh</b> [6] - 118:3, 135:27, 138:2, 141:21, 144:15, 145:3</p> <p><b>'Shit</b> [1] - 153:9</p> <p><b>'Sign</b> [2] - 132:25, 133:1</p> <p><b>'Stick</b> [1] - 161:10</p> <p><b>'Take</b> [1] - 104:27</p> <p><b>'This</b> [2] - 78:13, 89:28</p> <p><b>'to</b> [1] - 144:13</p> <p><b>'Well</b> [2] - 87:6, 156:12</p> <p><b>'What</b> [1] - 138:14</p> <p><b>'Where</b> [1] - 163:5</p> <p><b>'Yeah</b> [1] - 87:4</p> <p><b>'Yeah'</b> [1] - 87:3</p> <p><b>'You</b> [2] - 140:5, 144:4</p> <p><b>'Your</b> [1] - 144:2</p>	<p><b>2</b></p> <p><b>20</b> [2] - 109:6, 151:17</p> <p><b>200</b> [3] - 9:24, 27:27, 43:19</p> <p><b>2000</b> [3] - 7:21, 50:18, 155:6</p> <p><b>2001</b> [1] - 43:17</p> <p><b>2002</b> [19] - 27:6, 50:23, 55:25, 55:27, 70:3, 89:25, 94:28, 95:14, 96:15, 97:4, 97:17, 99:21, 100:7, 100:20, 100:22, 101:4, 106:1, 121:11, 126:6</p> <p><b>2003</b> [5] - 89:25, 95:14, 101:1, 121:11, 126:6</p> <p><b>2004</b> [2] - 100:8, 100:29</p> <p><b>2005</b> [3] - 78:25, 78:26, 100:29</p> <p><b>2005/2006</b> [1] - 108:3</p> <p><b>2006</b> [5] - 43:18,</p>	<p><b>3</b></p> <p><b>3</b> [3] - 20:14, 26:2, 27:9</p> <p><b>30,000</b> [2] - 11:6, 11:14</p> <p><b>32</b> [1] - 34:27</p> <p><b>33</b> [1] - 4:7</p> <p><b>3941</b> [1] - 89:7</p> <p><b>3961</b> [1] - 49:11</p> <p><b>3994</b> [1] - 56:20</p> <p><b>3996</b> [1] - 55:1</p> <p><b>3997</b> [1] - 58:15</p>	<p><b>3</b></p>	<p><b>69</b> [1] - 4:18</p>	<p><b>7</b></p> <p><b>7</b> [2] - 8:10, 151:7</p> <p><b>7,000</b> [2] - 8:16, 34:18</p> <p><b>7,500</b> [1] - 36:20</p> <p><b>746</b> [1] - 49:10</p> <p><b>751</b> [1] - 49:11</p>	<p><b>7</b></p> <p><b>8</b></p> <p><b>8</b> [1] - 151:8</p> <p><b>8,000</b> [1] - 36:18</p> <p><b>800</b> [1] - 98:6</p> <p><b>814</b> [1] - 97:2</p> <p><b>88</b> [1] - 4:19</p> <p><b>8:30</b> [1] - 139:12</p>	<p><b>8</b></p>	<p><b>8</b> [1] - 151:8</p> <p><b>8,000</b> [1] - 36:18</p> <p><b>800</b> [1] - 98:6</p> <p><b>814</b> [1] - 97:2</p> <p><b>88</b> [1] - 4:19</p> <p><b>8:30</b> [1] - 139:12</p>	<p><b>8</b></p>	<p><b>9</b></p> <p><b>90</b> [1] - 78:6</p> <p><b>90%</b> [1] - 34:28</p> <p><b>91</b> [1] - 4:20</p>	<p><b>9</b></p>	<p><b>90</b> [1] - 78:6</p> <p><b>90%</b> [1] - 34:28</p> <p><b>91</b> [1] - 4:20</p>	<p><b>9</b></p>	<p><b>A</b></p> <p><b>A.M</b> [1] - 163:26</p> <p><b>A7</b> [12] - 35:29, 72:17, 88:28, 89:9, 89:12, 89:28, 95:21, 96:13, 96:14, 96:18, 96:20, 105:2</p> <p><b>Aaron</b> [2] - 124:26, 127:25</p> <p><b>AARON</b> [5] - 4:24, 127:29, 149:25, 153:17, 160:22</p> <p><b>ability</b> [3] - 24:7, 25:11, 83:18</p> <p><b>able</b> [16] - 39:6, 40:5, 63:17, 66:11, 82:6, 86:19, 86:23, 104:1, 104:9, 118:4, 139:28, 141:8, 142:2, 145:15, 147:25, 163:17</p> <p><b>abroad</b> [1] - 101:15</p> <p><b>absence</b> [3] -</p>	<p><b>A</b></p>	<p><b>A</b></p>	<p><b>A</b></p>	<p><b>A</b></p>	<p><b>A</b></p>
<p><b>1</b></p> <p><b>1</b> [7] - 28:24, 38:6, 46:16, 47:15, 47:20, 144:29</p> <p><b>1,000</b> [3] - 28:24, 47:15, 47:20</p> <p><b>10</b> [2] - 118:5, 124:25</p>	<p><b>1</b></p>	<p><b>4</b></p> <p><b>4</b> [1] - 38:2</p> <p><b>40</b> [1] - 32:20</p> <p><b>4002</b> [1] - 59:22</p> <p><b>4043</b> [1] - 128:8</p> <p><b>41</b> [1] - 4:8</p> <p><b>44</b> [1] - 4:9</p> <p><b>45</b> [2] - 118:5, 136:27</p> <p><b>47%</b> [1] - 31:6</p> <p><b>49</b> [1] - 4:12</p>	<p><b>4</b></p>	<p><b>69</b> [1] - 4:18</p>	<p><b>14:23, 30:6, 66:7</b></p>														
<p><b>1</b></p> <p><b>1</b> [7] - 28:24, 38:6, 46:16, 47:15, 47:20, 144:29</p> <p><b>1,000</b> [3] - 28:24, 47:15, 47:20</p> <p><b>10</b> [2] - 118:5, 124:25</p>	<p><b>2</b></p>	<p><b>5</b></p> <p><b>5</b> [1] - 34:18</p> <p><b>5,000</b> [2] - 8:16, 28:25</p> <p><b>50</b> [2] - 43:20, 136:28</p> <p><b>50-page</b> [2] - 119:2, 124:19</p> <p><b>56</b> [1] - 4:13</p>	<p><b>5</b></p>	<p><b>69</b> [1] - 4:18</p>	<p><b>14:23, 30:6, 66:7</b></p>														
<p><b>1</b></p> <p><b>1</b> [7] - 28:24, 38:6, 46:16, 47:15, 47:20, 144:29</p> <p><b>1,000</b> [3] - 28:24, 47:15, 47:20</p> <p><b>10</b> [2] - 118:5, 124:25</p>	<p><b>2</b></p>	<p><b>6</b></p> <p><b>6</b> [1] - 4:5</p> <p><b>61</b> [1] - 4:14</p> <p><b>65</b> [1] - 4:15</p> <p><b>658</b> [2] - 7:4, 7:11</p> <p><b>666</b> [1] - 23:6</p> <p><b>669</b> [1] - 128:7</p> <p><b>675</b> [1] - 128:8</p> <p><b>678</b> [1] - 133:18</p> <p><b>684</b> [2] - 159:3, 159:15</p>	<p><b>6</b></p>	<p><b>69</b> [1] - 4:18</p>	<p><b>14:23, 30:6, 66:7</b></p>														

<p><b>acknowledged</b> [1] - 72:1</p> <p><b>acting</b> [1] - 61:29</p> <p><b>action</b> [4] - 67:5, 83:7</p> <p><b>active</b> [2] - 129:4, 129:5</p> <p><b>actively</b> [3] - 49:28, 113:8, 128:27</p> <p><b>activity</b> [2] - 59:1, 144:8</p> <p><b>actual</b> [5] - 21:2, 30:22, 36:4, 47:17, 143:7</p> <p><b>acuity</b> [1] - 20:7</p> <p><b>add</b> [1] - 122:9</p> <p><b>addition</b> [1] - 96:28</p> <p><b>additional</b> [1] - 123:1</p> <p><b>address</b> [3] - 67:29, 87:20, 128:29</p> <p><b>addressing</b> [1] - 87:20</p> <p><b>adhere</b> [1] - 44:12</p> <p><b>ADJOURNED</b> [2] - 69:5, 163:25</p> <p><b>administer</b> [1] - 47:28</p> <p><b>administered</b> [1] - 8:27</p> <p><b>administration</b> [3] - 5:15, 22:6, 40:27</p> <p><b>administrative</b> [1] - 20:18</p> <p><b>admitted</b> [2] - 120:10, 127:3</p> <p><b>adopt</b> [1] - 123:10</p> <p><b>advance</b> [8] - 74:18, 86:5, 105:21, 123:8, 125:4, 127:5, 141:15</p> <p><b>advancement</b> [1] - 109:1</p> <p><b>advancements</b> [1] - 75:19</p> <p><b>advances</b> [1] - 105:20</p> <p><b>advantage</b> [1] - 98:19</p> <p><b>adverse</b> [4] - 30:13, 75:12, 90:19, 100:27</p>	<p><b>adversely</b> [1] - 16:3</p> <p><b>advice</b> [3] - 156:21, 156:24</p> <p><b>advise</b> [4] - 31:8, 44:18, 152:5, 152:23</p> <p><b>advised</b> [2] - 23:12, 30:11</p> <p><b>affect</b> [11] - 16:3, 25:11, 25:14, 25:15, 25:19, 26:1, 27:9, 29:18, 31:21, 54:21, 145:14</p> <p><b>affected</b> [5] - 10:26, 10:27, 25:26, 45:22, 83:19</p> <p><b>affecting</b> [2] - 26:8, 45:14</p> <p><b>afraid</b> [3] - 29:23, 99:24, 117:28</p> <p><b>Africa</b> [2] - 8:1, 79:18</p> <p><b>African</b> [1] - 34:26</p> <p><b>afternoon</b> [13] - 69:8, 69:9, 69:10, 69:16, 69:17, 88:17, 91:20, 91:21, 99:24, 107:24, 107:29, 128:3, 157:5</p> <p><b>afterwards</b> [1] - 66:2</p> <p><b>age</b> [2] - 145:12, 151:8</p> <p><b>ago</b> [5] - 89:1, 89:25, 109:6, 126:9, 148:8</p> <p><b>ago'</b> [1] - 48:12</p> <p><b>agree</b> [11] - 24:8, 24:20, 26:25, 27:20, 28:1, 40:29, 42:3, 42:4, 62:15, 71:7, 149:5</p> <p><b>agreed</b> [2] - 120:9, 127:3</p> <p><b>agreement</b> [1] - 9:8</p> <p><b>ahead</b> [3] - 92:10, 92:11, 102:8</p> <p><b>Aid</b> [2] - 29:13, 32:24</p> <p><b>aim</b> [1] - 40:3</p> <p><b>Air</b> [1] - 70:7</p>	<p><b>airport</b> [1] - 152:15</p> <p><b>Alan</b> [1] - 22:15</p> <p><b>alerted</b> [1] - 55:14</p> <p><b>All-Ireland</b> [1] - 130:24</p> <p><b>allegation</b> [1] - 98:25</p> <p><b>alleged</b> [3] - 49:20, 69:25, 128:18</p> <p><b>allergies</b> [1] - 45:28</p> <p><b>allergy</b> [3] - 45:4, 45:29</p> <p><b>allow</b> [1] - 123:10</p> <p><b>allowance</b> [4] - 20:27, 33:22, 34:13, 40:6</p> <p><b>allowed</b> [1] - 126:15</p> <p><b>allows</b> [1] - 21:24</p> <p><b>almost</b> [4] - 13:27, 13:28, 53:15, 111:9</p> <p><b>alone</b> [2] - 57:7, 137:23</p> <p><b>alopecia</b> [2] - 162:7, 162:10</p> <p><b>alpha</b> [11] - 26:5, 44:23, 44:28, 45:10, 45:12, 46:4, 46:6, 46:13, 46:16, 46:22, 46:23</p> <p><b>altercation</b> [2] - 161:19, 161:21</p> <p><b>Amended</b> [1] - 132:1</p> <p><b>amicable</b> [1] - 73:1</p> <p><b>amount</b> [2] - 34:16, 107:28</p> <p><b>AN</b> [1] - 3:4</p> <p><b>analogy</b> [3] - 32:1, 32:15, 41:18</p> <p><b>analyse</b> [1] - 99:17</p> <p><b>anaphylactic</b> [1] - 47:29</p> <p><b>ancillary</b> [1] - 64:10</p> <p><b>AND</b> [1] - 69:5</p> <p><b>and..</b> [1] - 155:6</p> <p><b>annual</b> [5] - 14:13, 36:21, 101:20, 101:25, 101:26</p> <p><b>answer</b> [15] - 40:5, 47:5, 55:7, 64:26, 67:21, 67:22, 68:13, 82:3, 83:17, 96:11, 124:5, 133:24, 134:4, 149:20, 162:19</p> <p><b>answered</b> [3] - 68:23, 68:24, 107:28</p> <p><b>answering</b> [1] - 163:16</p> <p><b>antagonise</b> [1] - 107:11</p> <p><b>ANTHONY</b> [6] - 4:4, 6:17, 23:1, 33:15, 41:13, 44:5</p> <p><b>anti</b> [1] - 102:26</p> <p><b>anti-parasite</b> [1] - 102:26</p> <p><b>anticipate</b> [2] - 119:13, 123:5</p> <p><b>antimalarial</b> [2] - 5:8, 9:19</p> <p><b>anxiety</b> [6] - 48:5, 54:7, 54:9, 80:25, 101:28, 145:28</p> <p><b>anxious</b> [2] - 77:13, 80:13</p> <p><b>anyway</b> [6] - 96:3, 129:8, 137:2, 141:16, 145:19, 146:10</p> <p><b>apart</b> [2] - 57:5, 61:10</p> <p><b>apologies</b> [1] - 7:19</p> <p><b>apology</b> [1] - 32:14</p> <p><b>apparent</b> [2] - 7:1, 28:4</p> <p><b>appear</b> [9] - 13:28, 14:5, 28:7, 29:8, 33:18, 48:18, 65:6, 154:6, 154:8</p> <p><b>appellant</b> [1] - 3:25</p> <p><b>application</b> [5] - 32:6, 33:5, 64:28, 117:21, 125:14</p> <p><b>applied</b> [5] - 50:27, 50:28, 63:26, 65:10, 118:12</p>	<p><b>apply</b> [3] - 16:9, 33:23, 50:25</p> <p><b>applying</b> [1] - 46:25</p> <p><b>appointment</b> [2] - 12:24, 102:28</p> <p><b>appointments</b> [2] - 8:20, 16:8</p> <p><b>appreciate</b> [7] - 45:22, 62:3, 118:7, 123:16, 123:24, 124:7, 127:21</p> <p><b>appreciated</b> [2] - 45:2, 45:25</p> <p><b>apprehension</b> [1] - 51:22</p> <p><b>approach</b> [1] - 145:15</p> <p><b>approached</b> [1] - 125:9</p> <p><b>appropriate</b> [7] - 15:17, 18:3, 22:10, 22:11, 37:10, 38:12, 124:12</p> <p><b>April</b> [4] - 129:7, 132:3, 132:4, 147:10</p> <p><b>are..</b> [1] - 138:3</p> <p><b>area</b> [4] - 9:15, 34:15, 91:26, 137:29</p> <p><b>areas</b> [1] - 8:17</p> <p><b>arise</b> [4] - 23:28, 42:27, 63:1, 119:13</p> <p><b>arisen</b> [1] - 118:29</p> <p><b>arises</b> [1] - 125:2</p> <p><b>arising</b> [1] - 139:1</p> <p><b>arm</b> [1] - 82:29</p> <p><b>armed</b> [1] - 113:24</p> <p><b>Army</b> [26] - 24:6, 36:13, 39:5, 39:18, 83:9, 90:10, 110:25, 111:24, 140:3, 140:5, 140:6, 142:12, 145:6, 146:1, 147:20, 148:14, 149:10, 151:14, 153:9, 160:28, 161:1, 162:15, 162:20, 162:26, 163:4</p> <p><b>Army's</b> [1] - 147:21</p>	<p><b>arrangements</b> [1] - 120:1</p> <p><b>arrived</b> [1] - 143:8</p> <p><b>articulate</b> [2] - 79:12, 86:19</p> <p><b>artillery</b> [1] - 38:5</p> <p><b>AS</b> [20] - 5:1, 6:18, 23:2, 33:16, 41:13, 44:6, 49:2, 56:13, 61:25, 65:4, 69:5, 69:14, 88:24, 91:16, 107:21, 114:18, 128:1, 149:25, 153:17, 160:23</p> <p><b>aside</b> [1] - 41:26</p> <p><b>asleep</b> [4] - 80:27, 138:14, 138:15, 138:27</p> <p><b>aspects</b> [1] - 70:9</p> <p><b>assault</b> [2] - 13:4, 13:5</p> <p><b>assigned</b> [3] - 39:8, 43:29, 72:25</p> <p><b>assist</b> [7] - 5:28, 32:29, 92:14, 122:5, 125:4, 126:22, 159:1</p> <p><b>assistance</b> [6] - 33:20, 86:18, 121:14, 124:22, 126:24, 148:26</p> <p><b>assisted</b> [1] - 32:27</p> <p><b>associate</b> [2] - 40:18, 40:19</p> <p><b>association</b> [3] - 30:22, 48:3, 96:16</p> <p><b>assume</b> [3] - 11:26, 11:29, 12:2</p> <p><b>asthmatic</b> [1] - 38:16</p> <p><b>AT</b> [1] - 163:26</p> <p><b>athletic</b> [1] - 160:29</p> <p><b>Athlone</b> [27] - 29:25, 129:10, 129:11, 129:14, 131:12, 134:21, 134:22, 134:24, 135:2, 136:4, 136:27, 140:10, 140:27, 140:29,</p>
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<p>141:16, 142:27, 143:16, 143:17, 145:3, 155:7, 155:9, 155:10, 155:12, 157:17, 157:19, 161:2, 161:7</p> <p><b>atmosphere</b> [1] - 58:12</p> <p><b>attached</b> [2] - 82:27, 105:6</p> <p><b>attack</b> [1] - 127:15</p> <p><b>attempt</b> [3] - 127:1, 127:15, 142:27</p> <p><b>attempts</b> [1] - 85:27</p> <p><b>attend</b> [7] - 12:23, 19:4, 36:28, 52:29, 53:2, 53:13, 145:24</p> <p><b>attendances</b> [3] - 11:6, 11:16, 37:16</p> <p><b>attended</b> [2] - 98:4, 145:25</p> <p><b>attending</b> [4] - 6:23, 19:9, 53:6, 53:28</p> <p><b>attention</b> [3] - 39:27, 66:28, 72:18</p> <p><b>attitude</b> [3] - 57:15, 61:15, 144:22</p> <p><b>attraction</b> [2] - 40:6, 43:11</p> <p><b>attractive</b> [2] - 20:23, 24:21</p> <p><b>attracts</b> [1] - 33:22</p> <p><b>attributable</b> [1] - 25:23</p> <p><b>attribute</b> [6] - 30:20, 35:3, 40:20, 47:9, 48:17, 104:1</p> <p><b>attributed</b> [2] - 52:18, 55:17</p> <p><b>attributing</b> [5] - 28:9, 30:25, 30:29, 40:23, 48:15</p> <p><b>attribution</b> [1] - 47:13</p> <p><b>austere</b> [1] - 35:16</p> <p><b>authorities</b> [1] -</p>	<p>24:1</p> <p><b>authority</b> [2] - 21:14, 21:21</p> <p><b>Authority</b> [1] - 32:5</p> <p><b>Authority/Aid</b> [1] - 32:25</p> <p><b>autism</b> [1] - 30:24</p> <p><b>automatically</b> [4] - 20:16, 31:27, 31:29, 38:3</p> <p><b>avail</b> [3] - 16:11, 97:21, 97:23</p> <p><b>availability</b> [1] - 116:29</p> <p><b>available</b> [6] - 26:3, 39:28, 41:5, 114:21, 153:28, 155:5</p> <p><b>availing</b> [1] - 16:13</p> <p><b>avenue</b> [3] - 13:11, 14:22</p> <p><b>average</b> [3] - 36:25, 37:1</p> <p><b>avoid</b> [1] - 6:10</p> <p><b>awarding</b> [1] - 20:11</p> <p><b>aware</b> [39] - 5:23, 9:23, 20:12, 21:16, 21:27, 21:28, 22:1, 22:6, 23:11, 24:6, 27:23, 31:29, 32:3, 39:12, 39:13, 49:14, 49:23, 54:20, 54:23, 57:24, 64:21, 66:10, 69:18, 96:24, 105:8, 105:20, 105:27, 105:28, 123:14, 128:11, 133:26, 133:28, 148:19, 156:2, 157:10, 160:6, 160:7, 161:26, 161:27</p> <p><b>awful</b> [1] - 61:19</p> <p><b>AWOL</b> [8] - 83:21, 84:4, 84:8, 92:25, 93:14, 110:12, 111:13, 147:3</p> <hr/> <p style="text-align: center;"><b>B</b></p> <hr/> <p><b>backed</b> [3] -</p>	<p>81:19, 82:3, 107:10</p> <p><b>background</b> [1] - 53:29</p> <p><b>backpack</b> [4] - 137:20, 139:15, 139:19, 158:28</p> <p><b>bad</b> [2] - 130:20, 162:26</p> <p><b>bag</b> [4] - 138:5, 138:11, 138:15, 138:16</p> <p><b>ball</b> [1] - 116:8</p> <p><b>bank</b> [1] - 17:4</p> <p><b>bar</b> [1] - 138:18</p> <p><b>barbershop</b> [2] - 162:6, 162:13</p> <p><b>Barracks</b> [4] - 70:7, 93:2, 130:12, 143:11</p> <p><b>barracks</b> [15] - 12:21, 12:22, 29:12, 70:14, 129:10, 138:29, 139:4, 140:9, 140:12, 140:28, 142:12, 143:17, 145:20, 145:27</p> <p><b>barrister</b> [10] - 61:29, 63:3, 63:7, 63:21, 91:19, 107:25, 129:29, 132:13, 149:9, 149:10</p> <p><b>barristers</b> [2] - 120:7, 153:20</p> <p><b>base</b> [1] - 155:18</p> <p><b>based</b> [4] - 9:28, 36:3, 37:25, 134:22</p> <p><b>basic</b> [2] - 129:9, 129:13</p> <p><b>basis</b> [9] - 6:14, 19:10, 19:11, 59:2, 67:4, 67:10, 100:11, 102:23, 162:10</p> <p><b>baton</b> [1] - 58:21</p> <p><b>battalion</b> [1] - 115:3</p> <p><b>bays</b> [1] - 113:26</p> <p><b>bear</b> [3] - 31:12, 76:28, 97:22</p> <p><b>bearing</b> [1] - 44:11</p> <p><b>became</b> [1] - 96:24</p> <p><b>become</b> [2] - 23:11, 54:23</p> <p><b>becomes</b> [3] -</p>	<p>74:21, 77:24, 122:16</p> <p><b>becoming</b> [1] - 21:28</p> <p><b>bed</b> [4] - 8:5, 137:5, 151:20</p> <p><b>bedrock</b> [1] - 126:23</p> <p><b>BEEN</b> [4] - 6:17, 49:1, 69:13, 127:29</p> <p><b>beforehand</b> [1] - 59:5</p> <p><b>beg</b> [1] - 81:13</p> <p><b>begin</b> [1] - 7:22</p> <p><b>begin</b> [3] - 5:5, 61:17, 87:19</p> <p><b>beginning</b> [3] - 5:9, 28:18, 119:23</p> <p><b>behalf</b> [6] - 33:5, 33:7, 33:18, 65:6, 119:3, 126:10</p> <p><b>behaving</b> [1] - 63:11</p> <p><b>behaviour</b> [4] - 63:8, 134:9, 136:3, 136:6</p> <p><b>behaviours</b> [1] - 58:5</p> <p><b>behind</b> [2] - 151:16, 151:20</p> <p><b>belief</b> [1] - 85:8</p> <p><b>belong</b> [2] - 98:16, 98:17</p> <p><b>benefit</b> [5] - 64:5, 64:7, 64:8, 64:9</p> <p><b>benefits</b> [1] - 64:10</p> <p><b>bereavement</b> [1] - 112:25</p> <p><b>besetting</b> [1] - 66:16</p> <p><b>best</b> [9] - 80:2, 86:28, 87:1, 89:23, 91:4, 121:3, 125:23, 138:7, 153:5</p> <p><b>better</b> [14] - 22:3, 24:12, 46:10, 66:19, 86:9, 90:21, 90:26, 91:2, 101:13, 112:2, 113:24, 135:29, 143:29, 144:4</p> <p><b>between</b> [23] - 14:29, 26:22, 31:23, 42:1, 42:8,</p>	<p>44:19, 46:28, 47:10, 47:23, 53:23, 54:12, 55:27, 73:9, 78:6, 78:18, 90:3, 90:6, 97:15, 115:27, 116:14, 117:10, 117:13, 135:1</p> <p><b>beyond</b> [3] - 6:5, 71:15, 73:8</p> <p><b>big</b> [7] - 77:5, 114:25, 140:9, 140:27, 143:11, 145:7, 151:23</p> <p><b>bipolar</b> [4] - 76:19, 76:20, 76:24, 111:28</p> <p><b>Birr</b> [2] - 136:27, 158:22</p> <p><b>birth</b> [1] - 20:4</p> <p><b>bit</b> [17] - 7:26, 11:24, 61:16, 92:4, 92:15, 95:8, 99:18, 108:19, 113:18, 139:27, 140:28, 141:4, 142:24, 143:10, 143:13, 157:20, 163:6</p> <p><b>black</b> [1] - 90:23</p> <p><b>blocking</b> [1] - 45:7</p> <p><b>blue</b> [1] - 105:13</p> <p><b>Board</b> [1] - 21:20</p> <p><b>board</b> [2] - 84:17, 94:6</p> <p><b>boarded</b> [4] - 86:4, 86:8, 86:10, 114:3</p> <p><b>body</b> [3] - 115:21, 115:27, 149:6</p> <p><b>book</b> [3] - 7:4, 122:27, 128:7</p> <p><b>booklet</b> [1] - 119:10</p> <p><b>booklets</b> [1] - 122:23</p> <p><b>books</b> [2] - 98:6, 122:12</p> <p><b>Bosnia</b> [5] - 43:20, 52:5, 52:7, 52:9, 52:11</p> <p><b>bottom</b> [1] - 153:10</p> <p><b>bound</b> [2] - 21:13, 21:18</p> <p><b>box</b> [1] - 123:9</p> <p><b>boxes</b> [1] -</p>	<p>138:6</p> <p><b>BRADY</b> [17] - 4:6, 4:26, 22:15, 22:22, 23:1, 23:4, 33:3, 124:11, 124:18, 125:16, 126:3, 127:17, 127:23, 149:25, 149:28, 151:26, 153:13</p> <p><b>Brady</b> [10] - 22:15, 33:4, 39:22, 41:17, 47:5, 124:10, 124:17, 127:10, 149:23, 153:14</p> <p><b>Branch</b> [7] - 7:12, 7:16, 7:17, 41:19, 42:2, 42:11</p> <p><b>Bratli</b> [2] - 122:25, 123:1</p> <p><b>break</b> [3] - 11:23, 118:23, 127:22</p> <p><b>breakdown</b> [3] - 53:7, 94:22, 113:23</p> <p><b>breakdowns</b> [2] - 85:1, 93:12</p> <p><b>breaking</b> [1] - 141:7</p> <p><b>breaks</b> [1] - 53:23</p> <p><b>breath</b> [1] - 151:9</p> <p><b>Bricin's</b> [3] - 85:12, 93:9, 94:22</p> <p><b>brief</b> [5] - 59:19, 67:24, 107:23, 133:6, 149:28</p> <p><b>briefly</b> [2] - 70:12, 131:25</p> <p><b>bring</b> [8] - 13:19, 23:29, 24:18, 66:28, 73:10, 96:23, 138:5, 139:29</p> <p><b>bringing</b> [2] - 85:12, 150:26</p> <p><b>broadsheet</b> [1] - 90:24</p> <p><b>broke</b> [3] - 82:29, 135:28, 151:13</p> <p><b>broken</b> [1] - 135:23</p> <p><b>brother</b> [2] - 148:16</p>
--	---	---	--	--	---

<p><b>brought</b> [23] - 5:19, 27:28, 41:1, 72:9, 72:28, 78:12, 78:19, 79:2, 84:8, 84:9, 93:2, 93:9, 93:15, 93:17, 93:18, 93:19, 93:21, 93:23, 132:22, 139:3, 142:13, 158:27, 161:3</p> <p><b>bubble</b> [1] - 145:7</p> <p><b>building</b> [2] - 108:19, 111:10</p> <p><b>bullied</b> [6] - 106:6, 106:24, 107:2, 107:5, 107:8, 107:9</p> <p><b>bullies</b> [3] - 157:14, 160:14</p> <p><b>bully</b> [1] - 107:14</p> <p><b>bullying</b> [23] - 13:4, 67:28, 68:6, 70:13, 83:4, 90:19, 97:17, 98:19, 98:25, 106:9, 106:12, 107:12, 117:11, 130:19, 134:16, 150:2, 150:5, 155:7, 155:13, 157:21, 157:22, 158:12, 160:14</p> <p><b>business</b> [1] - 147:23</p> <p><b>busy</b> [1] - 143:17</p> <p><b>buy</b> [4] - 70:25, 70:28, 86:7, 86:9</p> <p><b>BY</b> [38] - 3:5, 3:6, 4:5, 4:6, 4:7, 4:8, 4:9, 4:12, 4:13, 4:14, 4:15, 4:18, 4:19, 4:20, 4:21, 4:22, 4:25, 4:26, 4:27, 4:28, 6:18, 23:1, 33:15, 41:13, 44:5, 49:2, 56:13, 61:25, 65:3, 69:14, 88:23, 91:16, 107:20, 114:17, 128:1, 149:25, 153:17, 160:22</p>	<p>8:19</p> <p><b>calm</b> [1] - 152:10</p> <p><b>calmed</b> [1] - 152:17</p> <p><b>camera</b> [1] - 81:20</p> <p><b>camp</b> [4] - 61:3, 61:5, 104:8, 105:6</p> <p><b>Camp</b> [3] - 50:21, 70:8, 75:9</p> <p><b>campaign</b> [1] - 15:8</p> <p><b>campus</b> [1] - 93:16</p> <p><b>cannot</b> [2] - 20:15, 123:17</p> <p><b>capable</b> [1] - 59:14</p> <p><b>Captain</b> [2] - 122:25, 123:1</p> <p><b>captures</b> [1] - 121:12</p> <p><b>car</b> [3] - 137:10, 138:11, 161:8</p> <p><b>care</b> [12] - 11:6, 11:15, 32:10, 37:9, 37:11, 37:15, 53:13, 53:20, 53:27, 111:3, 111:5, 111:24</p> <p><b>Care</b> [1] - 21:19</p> <p><b>career</b> [25] - 10:26, 16:3, 24:24, 24:26, 25:12, 25:15, 26:1, 26:8, 29:19, 30:10, 31:21, 33:27, 39:26, 39:28, 43:7, 43:12, 45:9, 45:22, 74:18, 74:22, 75:18, 76:14, 109:1, 109:27, 112:1</p> <p><b>career-related</b> [1] - 74:22</p> <p><b>carefully</b> [2] - 6:9, 120:24</p> <p><b>carried</b> [3] - 101:14, 125:4, 129:9</p> <p><b>carry</b> [2] - 20:26, 96:18</p> <p><b>carrying</b> [2] - 59:7, 59:14</p> <p><b>case</b> [13] - 13:23, 14:12, 14:13, 21:14,</p>	<p>54:4, 73:21, 78:2, 78:11, 78:26, 79:13, 79:26, 102:18, 117:21</p> <p><b>cases</b> [16] - 5:16, 13:22, 13:25, 13:28, 14:2, 15:17, 18:21, 28:28, 29:7, 30:1, 30:26, 40:23, 40:24, 40:25, 40:28</p> <p><b>casual</b> [1] - 55:12</p> <p><b>catch</b> [1] - 95:29</p> <p><b>Category</b> [1] - 27:9</p> <p><b>category</b> [2] - 47:20, 64:3</p> <p><b>caught</b> [1] - 134:7</p> <p><b>causal</b> [1] - 54:12</p> <p><b>causality</b> [1] - 30:22</p> <p><b>causation</b> [1] - 47:13</p> <p><b>caused</b> [5] - 30:28, 48:1, 70:9, 73:27, 87:22</p> <p><b>causing</b> [1] - 115:28</p> <p><b>Centre</b> [1] - 70:8</p> <p><b>certain</b> [3] - 39:9, 51:22, 70:29</p> <p><b>certainly</b> [17] - 12:28, 13:21, 13:26, 13:27, 17:1, 18:21, 21:12, 28:7, 30:3, 30:25, 31:1, 40:23, 64:2, 67:28, 95:24, 116:12, 122:16</p> <p><b>certificate</b> [1] - 53:1</p> <p><b>certificates</b> [1] - 146:28</p> <p><b>certified</b> [1] - 53:3</p> <p><b>certifying</b> [1] - 146:22</p> <p><b>certs</b> [1] - 146:29</p> <p><b>Chad</b> [4] - 34:12, 112:22, 112:23, 113:1</p> <p><b>chain</b> [4] - 72:12, 72:28,</p>	<p>73:17, 135:13</p> <p><b>chair</b> [2] - 59:3, 80:27</p> <p><b>Chair</b> [9] - 33:8, 33:10, 41:10, 62:23, 91:13, 107:23, 113:18, 120:22, 126:27</p> <p><b>challenged</b> [1] - 126:17</p> <p><b>challenging</b> [1] - 153:25</p> <p><b>chamber</b> [1] - 38:17</p> <p><b>change</b> [10] - 27:14, 34:14, 87:17, 90:21, 90:25, 91:1, 91:5, 122:24, 144:23, 149:11</p> <p><b>changed</b> [12] - 19:27, 25:28, 45:19, 58:5, 61:15, 66:19, 149:1, 149:2, 149:4, 149:13, 154:23</p> <p><b>changes</b> [2] - 87:10, 116:9</p> <p><b>chaplain</b> [8] - 97:14, 105:13, 116:13, 116:18, 117:1, 117:2, 117:4, 117:16</p> <p><b>Chaplain</b> [5] - 105:11, 105:18, 116:11, 116:17, 116:20</p> <p><b>Chaplaincy</b> [9] - 97:12, 97:13, 116:11, 116:23, 116:27, 116:29, 117:8, 117:9, 117:12</p> <p><b>charge</b> [1] - 144:21</p> <p><b>charged</b> [5] - 139:1, 140:2, 140:3, 140:6, 140:7</p> <p><b>charging</b> [1] - 142:11</p> <p><b>chat</b> [1] - 143:19</p> <p><b>chatting</b> [1] - 143:21</p> <p><b>check</b> [3] - 22:7, 58:29, 103:1</p> <p><b>check-up</b> [1] - 103:1</p> <p><b>checks</b> [1] - 61:4</p>	<p><b>chemoprophyl axis</b> [1] - 9:5</p> <p><b>Chief</b> [2] - 57:8, 119:2</p> <p><b>chin</b> [2] - 87:6, 104:27</p> <p><b>choice</b> [1] - 86:7</p> <p><b>choose</b> [2] - 10:6, 88:6</p> <p><b>chose</b> [4] - 18:14, 70:21, 86:4, 142:25</p> <p><b>chosen</b> [4] - 9:25, 10:20, 64:21</p> <p><b>Christmas</b> [1] - 129:20</p> <p><b>Christmastime</b> [2] - 141:3, 141:4</p> <p><b>chronology</b> [1] - 92:17</p> <p><b>circulate</b> [2] - 122:12, 123:11</p> <p><b>circumstances</b> [9] - 32:2, 35:13, 103:12, 104:17, 106:5, 119:4, 127:10, 127:16, 128:25</p> <p><b>Civil</b> [2] - 32:24, 32:25</p> <p><b>civilian</b> [27] - 16:7, 17:16, 31:3, 31:17, 31:23, 31:24, 41:18, 42:1, 42:25, 43:8, 53:1, 71:10, 82:8, 86:10, 87:28, 91:8, 105:25, 115:15, 115:17, 145:24, 145:26, 146:23, 146:24, 148:14, 149:8, 149:9</p> <p><b>civilians</b> [2] - 42:5, 61:5</p> <p><b>clarified</b> [1] - 92:13</p> <p><b>clarify</b> [3] - 41:11, 56:17, 104:28</p> <p><b>clash</b> [1] - 44:19</p> <p><b>class</b> [2] - 132:22, 154:27</p> <p><b>classes</b> [1] - 154:12</p> <p><b>classification</b> [5] - 10:28, 25:20, 25:29, 27:20, 37:25</p>	<p><b>classroom</b> [2] - 126:9, 132:16</p> <p><b>clean</b> [3] - 139:25, 150:22, 150:24</p> <p><b>cleaned</b> [1] - 115:9</p> <p><b>cleaning</b> [1] - 70:14</p> <p><b>clear</b> [9] - 14:8, 48:2, 76:17, 93:13, 97:17, 120:20, 121:9, 137:13, 156:28</p> <p><b>clearly</b> [1] - 119:20</p> <p><b>client</b> [5] - 120:28, 121:16, 122:2, 123:25, 124:15</p> <p><b>client's</b> [2] - 121:24, 127:15</p> <p><b>clients</b> [1] - 124:2</p> <p><b>clinical</b> [12] - 13:3, 15:11, 16:27, 21:1, 21:5, 21:6, 22:1, 46:6, 46:11, 46:28, 47:24, 48:9</p> <p><b>clinicians</b> [3] - 10:17, 24:9, 48:16</p> <p><b>clinics</b> [2] - 11:7, 12:21</p> <p><b>close</b> [4] - 109:11, 142:23, 142:24, 161:9</p> <p><b>closest</b> [1] - 142:23</p> <p><b>clothes</b> [2] - 138:18</p> <p><b>club</b> [3] - 90:11, 130:24, 141:25</p> <p><b>code</b> [5] - 10:28, 20:3, 21:4, 25:29, 37:25</p> <p><b>Col</b> [15] - 5:10, 6:15, 6:20, 22:12, 22:16, 23:5, 33:3, 33:18, 41:16, 44:8, 48:21, 101:10, 101:14, 102:19, 114:20</p> <p><b>COL</b> [4] - 4:4, 6:17, 16:26, 23:1</p> <p><b>cOL</b> [3] - 33:15, 41:13, 44:5</p> <p><b>Coleman</b> [4] - 22:15, 56:11,</p>
<b>C</b>					
<b>calculated</b> [1] -					

<p>88:18, 120:6  <b>colleague</b> [6] - 54:25, 60:7, 63:8, 63:10, 66:21, 67:26  <b>colleagues</b> [7] - 22:12, 32:10, 32:19, 43:5, 59:6, 61:12, 149:21  <b>collect</b> [5] - 56:23, 56:26, 57:1, 93:15, 136:29  <b>collected</b> [2] - 58:9, 92:27  <b>collecting</b> [1] - 137:5  <b>collectively</b> [1] - 158:2  <b>Colonel</b> [1] - 33:6  <b>colour</b> [1] - 20:7  <b>comfort</b> [1] - 106:28  <b>comfortable</b> [4] - 106:17, 106:18, 106:26, 107:6  <b>coming</b> [29] - 6:22, 15:15, 23:24, 26:18, 29:1, 29:9, 31:2, 49:7, 61:4, 68:27, 72:19, 100:26, 100:27, 102:10, 102:25, 115:1, 115:3, 115:4, 118:20, 123:9, 128:5, 130:8, 132:18, 150:20, 151:4, 152:15, 156:6, 163:15, 163:18  <b>command</b> [6] - 72:13, 72:28, 73:17, 86:26, 135:13, 136:15  <b>Commander</b> [2] - 22:4, 46:11  <b>Commanding</b> [2] - 73:19, 139:3  <b>comment</b> [2] - 64:19, 131:26  <b>comments</b> [4] - 57:23, 145:20, 145:21, 145:23  <b>Commissioned</b> [5] - 74:20, 75:28, 82:9, 82:11  <b>commit</b> [1] - 27:5</p>	<p><b>commitment</b> [3] - 70:29, 71:28, 88:11  <b>common</b> [7] - 13:15, 28:20, 28:25, 47:21, 57:14, 83:1, 119:10  <b>communicated</b> [2] - 20:1, 26:27  <b>communicatio</b> n [2] - 78:10, 115:26  <b>Company</b> [9] - 73:20, 135:4, 135:5, 158:6, 158:9, 158:11, 158:16, 159:18  <b>company</b> [8] - 77:18, 78:4, 78:5, 78:6, 102:11, 136:15, 137:4, 142:13  <b>compared</b> [1] - 143:16  <b>complain</b> [20] - 10:6, 11:27, 34:20, 64:17, 64:20, 76:3, 78:21, 85:22, 106:1, 134:13, 134:14, 142:10, 142:17, 148:9, 148:13, 148:16, 149:8, 153:7, 157:13  <b>complained</b> [11] - 10:22, 13:10, 13:29, 18:22, 51:27, 63:15, 75:12, 81:10, 85:25, 157:26, 159:18  <b>complaining</b> [14] - 12:17, 13:1, 13:14, 14:27, 28:9, 29:27, 35:23, 48:10, 106:6, 134:16, 157:29, 159:17, 160:9, 160:13  <b>complaint</b> [81] - 5:22, 5:23, 10:12, 10:13, 10:14, 10:16, 10:23, 10:26, 14:3, 14:21, 14:23, 18:17, 29:18, 37:10, 41:2, 41:3, 55:29, 59:28,</p>	<p>59:29, 60:6, 61:11, 61:13, 63:5, 63:8, 66:26, 67:16, 72:11, 72:12, 72:27, 73:16, 73:23, 74:1, 74:3, 74:4, 74:15, 74:24, 74:25, 75:22, 81:5, 82:23, 86:19, 86:23, 89:2, 90:1, 90:2, 90:4, 90:8, 90:9, 98:7, 98:27, 99:2, 99:24, 99:26, 99:28, 100:1, 100:3, 100:5, 100:14, 100:15, 101:4, 103:20, 104:23, 104:24, 104:25, 106:21, 106:27, 107:6, 107:11, 117:10, 133:29, 134:5, 134:9, 142:6, 147:5, 148:9, 152:6, 152:23, 152:28, 157:21, 159:3, 159:25  <b>Complaints</b> [1] - 116:4  <b>complaints</b> [94] - 9:18, 9:21, 10:1, 10:17, 10:20, 11:2, 11:5, 11:8, 12:12, 13:11, 13:13, 13:20, 14:3, 14:6, 15:26, 15:29, 16:2, 17:27, 27:24, 28:3, 30:18, 35:17, 35:20, 35:25, 35:26, 35:28, 36:2, 41:5, 41:6, 41:7, 46:29, 47:3, 49:15, 49:16, 49:18, 49:28, 50:1, 62:24, 63:22, 67:17, 68:2, 68:8, 69:19, 69:21, 69:23, 72:6, 72:7, 72:26, 73:12, 73:15, 74:28, 81:15, 82:19, 87:12, 87:13, 90:3, 92:5, 95:12, 95:20, 96:5, 96:21, 96:25, 96:27, 97:19, 97:28, 97:29,</p>	<p>99:20, 100:27, 104:28, 105:3, 106:22, 115:27, 116:7, 128:13, 128:14, 128:16, 128:24, 128:25, 131:14, 132:9, 133:22, 136:6, 152:26, 153:29, 154:7, 155:23, 155:24, 157:10, 160:6, 160:7  <b>complete</b> [6] - 5:20, 14:22, 25:2, 70:10, 123:17, 129:18  <b>completed</b> [2] - 45:20, 134:17  <b>completely</b> [4] - 35:14, 41:26, 58:11, 61:17  <b>completeness</b> [1] - 133:3  <b>completion</b> [1] - 134:20  <b>component</b> [1] - 105:23  <b>comprehensiv</b> e [1] - 88:19  <b>comrades</b> [1] - 58:3  <b>conceal</b> [1] - 38:9  <b>concealing</b> [1] - 39:17  <b>concern</b> [2] - 11:19, 16:2  <b>concerned</b> [12] - 5:14, 5:16, 5:18, 5:22, 6:7, 12:6, 34:22, 47:1, 49:27, 58:9, 65:18, 76:6  <b>concerns</b> [3] - 79:12, 124:28, 125:8  <b>concluded</b> [1] - 13:26  <b>conclusion</b> [1] - 30:16  <b>concrete</b> [1] - 121:6  <b>concurrent</b> [1] - 43:24  <b>condition</b> [19] - 11:20, 16:27, 17:2, 17:6, 19:25, 20:17, 20:22, 21:3, 22:2, 27:13, 36:6, 37:18,</p>	<p>37:23, 37:26, 38:13, 38:22, 57:6, 80:24, 81:6  <b>conditions</b> [4] - 19:24, 24:8, 30:25, 35:24  <b>conduct</b> [3] - 12:21, 36:18, 126:24  <b>conducted</b> [4] - 19:2, 38:28, 45:20, 89:8  <b>confident</b> [2] - 106:26, 148:2  <b>confidential</b> [9] - 20:11, 21:1, 21:17, 21:23, 21:24, 67:6, 80:4, 80:5, 103:14  <b>confidentiality</b> [3] - 20:28, 60:2, 90:7  <b>confidentially</b> [2] - 32:28, 60:13  <b>confidently</b> [1] - 48:1  <b>confine</b> [2] - 50:7, 63:1  <b>confused</b> [1] - 92:15  <b>connected</b> [4] - 59:16, 59:23, 59:24, 76:24  <b>connection</b> [5] - 53:22, 59:10, 82:1, 83:12, 115:16  <b>connotation</b> [1] - 41:25  <b>conscious</b> [3] - 13:22, 62:15, 64:24  <b>consequence</b> [1] - 42:23  <b>consequences</b> [7] - 17:10, 17:17, 23:29, 39:19, 75:12, 100:4, 100:27  <b>consider</b> [5] - 60:28, 120:2, 157:29, 158:14, 161:8  <b>considerably</b> [1] - 143:16  <b>considered</b> [2] - 108:24, 120:5  <b>considering</b> [2] - 35:24, 43:5  <b>constant</b> [1] -</p>	<p>122:15  <b>constantly</b> [5] - 70:13, 130:6, 130:20, 144:2, 151:11  <b>Constitution</b> [1] - 20:14  <b>constitution</b> [2] - 20:4, 46:2  <b>consulted</b> [1] - 120:6  <b>contact</b> [6] - 37:9, 53:12, 53:27, 72:24, 99:22, 105:8  <b>contested</b> [1] - 105:23  <b>containers</b> [1] - 115:8  <b>contemplated</b> [1] - 79:6  <b>contemplating</b> [1] - 126:11  <b>contemporane</b> ous [1] - 40:26  <b>contesting</b> [1] - 98:24  <b>context</b> [4] - 13:12, 44:26, 50:1, 81:29  <b>continue</b> [3] - 51:27, 53:3, 127:13  <b>CONTINUED</b> [1] - 69:5  <b>continued</b> [4] - 52:1, 70:16, 111:23, 112:15  <b>continuously</b> [1] - 53:20  <b>contours</b> [2] - 6:1, 22:19  <b>contract</b> [1] - 24:28  <b>contrary</b> [1] - 20:21  <b>contribute</b> [1] - 42:29  <b>contributed</b> [1] - 75:17  <b>control</b> [2] - 87:26, 114:4  <b>controversial</b> [1] - 30:23  <b>controversy</b> [1] - 8:28  <b>conversation</b> [1] - 55:12  <b>convey</b> [4] - 37:27, 38:23,</p>
---	---	--	---	---	--

<p>39:1, 39:16  <b>conveyed</b> [2] - 117:24, 162:17  <b>convinced</b> [1] - 76:11  <b>coordinated</b> [1] - 77:18  <b>COPYRIGHT</b> [1] - 3:24  <b>Corcoran</b> [15] - 5:10, 6:15, 6:20, 22:12, 22:16, 23:5, 33:3, 33:18, 41:16, 44:8, 48:21, 101:10, 101:14, 102:19, 114:20  <b>CORCORAN</b> [7] - 4:4, 6:17, 16:26, 23:1, 33:15, 41:13, 44:5  <b>corner</b> [2] - 107:10, 151:21  <b>Corporal</b> [11] - 74:22, 106:6, 129:23, 129:28, 130:18, 130:28, 134:27, 135:2, 135:10, 135:11, 158:12  <b>corporal</b> [6] - 98:9, 98:29, 99:7, 106:4, 138:12, 157:22  <b>corporals</b> [4] - 157:25, 157:27, 157:28, 158:9  <b>Corporals</b> [4] - 135:19, 135:20, 135:25  <b>Corps</b> [4] - 14:4, 21:6, 21:13, 26:23  <b>correct</b> [70] - 7:13, 7:24, 8:13, 18:2, 18:4, 19:1, 25:2, 26:14, 27:25, 33:23, 33:24, 33:28, 34:25, 35:15, 35:21, 35:22, 38:26, 38:29, 42:7, 42:13, 42:22, 42:26, 50:10, 50:11, 50:13, 50:15, 50:17, 50:19, 51:8, 51:20, 52:3, 52:4, 52:12, 52:19, 52:25,</p>	<p>53:4, 53:18, 54:6, 54:9, 54:18, 54:27, 56:24, 56:25, 58:25, 60:9, 62:17, 63:9, 63:13, 65:13, 66:11, 67:1, 70:3, 76:25, 76:26, 84:7, 84:26, 92:23, 100:13, 100:16, 100:17, 103:19, 129:18, 132:5, 150:9, 155:8, 155:25, 155:29, 156:29, 157:23, 158:12  <b>correction</b> [1] - 47:16  <b>correctly</b> [3] - 75:11, 76:1, 110:18  <b>COSTELLO</b> [3] - 3:5, 3:6, 3:7  <b>Council</b> [4] - 21:15, 21:19, 44:13  <b>counsel</b> [7] - 96:12, 98:3, 126:6, 126:10, 127:3, 160:2, 163:19  <b>Counsel</b> [2] - 98:3, 98:29  <b>counsellors</b> [1] - 105:25  <b>counting</b> [1] - 8:25  <b>countries</b> [2] - 8:7, 8:11  <b>country</b> [6] - 35:13, 63:28, 64:10, 88:11, 162:23, 163:8  <b>County</b> [1] - 50:14  <b>county</b> [4] - 129:25, 130:23, 130:28, 141:25  <b>couple</b> [7] - 33:20, 58:13, 59:19, 141:15, 150:11, 162:8, 162:25  <b>courage</b> [7] - 117:23, 117:28, 117:29, 118:7, 118:9, 118:10, 162:18  <b>course</b> [32] - 5:13, 14:15,</p>	<p>22:10, 23:20, 36:13, 36:15, 36:17, 36:23, 41:16, 41:20, 74:21, 76:29, 81:13, 85:10, 95:26, 97:2, 98:5, 102:13, 109:13, 109:15, 109:19, 109:22, 110:8, 110:14, 110:15, 110:23, 121:7, 122:29, 123:26, 126:14, 131:4, 156:18  <b>courses</b> [6] - 25:2, 25:11, 25:12, 73:25, 75:19, 75:26  <b>courts</b> [1] - 86:20  <b>cover</b> [2] - 74:6, 141:2  <b>craic</b> [1] - 143:13  <b>crazy</b> [1] - 85:3  <b>credibility</b> [4] - 125:11, 126:17, 127:2, 127:15  <b>critical</b> [1] - 32:9  <b>criticising</b> [1] - 154:18  <b>criticism</b> [5] - 65:14, 65:20, 122:18, 126:21, 126:25  <b>cross</b> [1] - 9:11  <b>CROSS</b> [20] - 4:6, 4:7, 4:13, 4:14, 4:15, 4:19, 4:20, 4:21, 4:26, 4:27, 23:1, 33:15, 56:13, 61:25, 65:3, 88:23, 91:16, 107:20, 149:25, 153:17  <b>cross-examine</b> [1] - 9:11  <b>CROSS-EXAMINED</b> [20] - 4:6, 4:7, 4:13, 4:14, 4:15, 4:19, 4:20, 4:21, 4:26, 4:27, 23:1, 33:15, 56:13, 61:25, 65:3, 88:23, 91:16, 107:20, 149:25, 153:17  <b>cry</b> [1] - 135:23  <b>crying</b> [3] - 87:6,</p>	<p>151:25, 161:18  <b>CS</b> [7] - 137:2, 137:3, 142:13, 143:19, 144:26, 148:10, 158:5  <b>CSs</b> [1] - 137:1  <b>CSSO</b> [1] - 98:5  <b>culture</b> [24] - 29:16, 29:23, 30:3, 30:17, 31:2, 31:10, 31:11, 41:21, 41:24, 42:29, 43:3, 47:8, 49:29, 59:27, 68:1, 69:20, 73:29, 128:13, 128:27, 153:3, 153:4  <b>cure</b> [1] - 24:12  <b>curiosity</b> [1] - 104:7  <b>Curragh</b> [7] - 50:21, 70:8, 75:9, 81:10, 86:6, 93:22, 142:23  <b>current</b> [2] - 13:23, 35:10  <b>cush</b> [1] - 41:11  <b>Cush</b> [14] - 5:4, 6:13, 49:25, 62:22, 69:8, 88:16, 88:18, 89:1, 89:8, 90:1, 92:12, 93:8, 99:15, 100:18  <b>CUSH</b> [17] - 4:5, 4:8, 4:18, 5:5, 6:4, 6:14, 6:18, 6:20, 22:12, 41:10, 41:13, 41:16, 44:2, 69:9, 69:14, 69:16, 88:14  <b>Cush's</b> [1] - 91:3  <b>cut</b> [1] - 102:6</p>	<p><b>data</b> [1] - 17:17  <b>date</b> [2] - 53:15, 129:8  <b>dates</b> [8] - 26:20, 43:22, 108:19, 132:5, 143:5, 143:6, 143:7, 155:15  <b>day's</b> [1] - 140:22  <b>day-time/night-time</b> [1] - 77:17  <b>day-to-day</b> [2] - 59:2, 59:15  <b>days</b> [3] - 135:16, 147:2, 147:4  <b>days'</b> [1] - 140:8  <b>de</b> [2] - 151:24, 151:28  <b>de-escalate</b> [1] - 151:24  <b>de-escalated</b> [1] - 151:28  <b>deal</b> [9] - 11:10, 13:2, 59:20, 70:16, 73:21, 74:8, 87:21, 90:5, 162:9  <b>dealing</b> [7] - 9:21, 68:8, 75:25, 83:24, 117:3, 147:26, 153:28  <b>dealt</b> [7] - 9:19, 30:1, 63:15, 72:6, 72:13, 72:29, 73:19  <b>December</b> [1] - 110:16  <b>December/January</b> [1] - 110:15  <b>decide</b> [1] - 75:26  <b>decided</b> [3] - 147:11, 156:19, 162:29  <b>decides</b> [1] - 119:28  <b>decision</b> [4] - 26:21, 46:12, 147:13, 156:16  <b>deemed</b> [1] - 26:7  <b>deep</b> [1] - 74:5  <b>Defence</b> [127] - 5:7, 5:10, 7:12, 7:20, 7:28, 8:16, 8:27, 9:24, 9:29, 11:26, 15:6,</p>	<p>15:24, 15:28, 17:11, 17:14, 21:2, 21:29, 26:22, 27:28, 28:1, 28:5, 29:14, 29:19, 30:3, 33:8, 33:19, 36:19, 41:19, 41:21, 42:2, 42:16, 42:19, 42:24, 43:4, 43:28, 44:10, 49:16, 49:23, 50:9, 50:29, 52:27, 53:2, 53:6, 53:10, 53:14, 53:16, 53:20, 54:26, 55:3, 55:5, 55:21, 55:28, 56:2, 61:29, 62:11, 62:12, 64:1, 64:11, 65:7, 69:20, 70:2, 70:7, 70:8, 71:1, 71:2, 71:11, 74:19, 82:8, 82:12, 83:3, 86:1, 86:11, 86:25, 87:11, 87:14, 87:16, 87:18, 88:9, 88:11, 90:15, 90:16, 90:22, 90:27, 91:20, 92:2, 97:29, 105:26, 106:3, 107:26, 111:18, 113:20, 116:5, 116:7, 117:18, 117:26, 119:3, 120:20, 120:23, 122:19, 125:1, 125:10, 125:20, 126:11, 126:21, 126:29, 128:13, 128:28, 129:3, 131:15, 131:29, 132:15, 133:20, 136:7, 139:7, 139:10, 146:23, 146:29, 147:11, 148:26, 148:28, 150:8, 153:21, 156:3, 157:1, 159:4, 162:2  <b>defend</b> [3] - 88:10, 88:12, 117:18  <b>definite</b> [1] - 17:9  <b>definitely</b> [6] - 17:10, 17:22,</p>
<b>D</b>					
			<p><b>dad</b> [1] - 144:29  <b>Dad</b> [1] - 136:1  <b>daily</b> [3] - 59:7, 140:9, 162:10  <b>damage</b> [1] - 39:28  <b>damaged</b> [1] - 39:26  <b>danger</b> [1] - 35:8  <b>Darren</b> [1] - 61:28</p>		

<p>55:9, 57:17, 146:26, 147:28 <b>deflected</b> [1] - 82:4 <b>degrading</b> [2] - 113:25, 113:28 <b>degree</b> [3] - 27:11, 39:5, 123:10 <b>degrees</b> [1] - 34:27 <b>dehydrated</b> [2] - 79:16, 79:20 <b>dehydration</b> [1] - 79:23 <b>delivering</b> [1] - 6:1 <b>delve</b> [1] - 92:3 <b>demoralising</b> [1] - 140:11 <b>Dental</b> [1] - 21:19 <b>dentists</b> [1] - 21:19 <b>Department</b> [2] - 116:4, 125:1 <b>dependent</b> [2] - 36:9, 37:23 <b>deploy</b> [2] - 38:7, 77:24 <b>deployed</b> [8] - 7:29, 34:2, 37:28, 79:24, 81:2, 81:4, 101:15, 101:19 <b>deploying</b> [2] - 9:1, 46:20 <b>deployment</b> [38] - 8:2, 9:2, 12:26, 14:10, 14:15, 19:16, 23:9, 23:21, 25:5, 30:11, 30:12, 33:26, 35:18, 40:11, 40:15, 40:17, 71:12, 73:25, 76:7, 77:10, 77:15, 77:28, 80:8, 101:23, 102:4, 102:10, 108:20, 109:17, 112:21, 112:22, 112:24, 113:1, 113:2, 113:8, 113:11, 114:8 <b>deployments</b> [6] - 12:18, 24:21, 34:18, 35:8, 75:19, 108:23 <b>depression</b> [6] -</p>	<p>54:9, 76:21, 146:5, 146:14, 146:16, 146:17 <b>depressive</b> [1] - 76:22 <b>describe</b> [12] - 56:21, 56:26, 58:14, 58:15, 58:19, 70:12, 80:23, 101:29, 138:7, 148:14, 153:5, 161:14 <b>described</b> [15] - 42:24, 58:20, 63:7, 63:14, 63:26, 64:4, 76:18, 76:21, 101:14, 101:27, 104:16, 116:13, 155:19, 160:25, 160:27 <b>describing</b> [1] - 155:28 <b>description</b> [3] - 73:12, 73:13, 102:9 <b>designated</b> [1] - 105:7 <b>designed</b> [1] - 38:23 <b>desk</b> [1] - 58:28 <b>detail</b> [2] - 74:15, 115:22 <b>details</b> [3] - 8:10, 66:26, 75:26 <b>detained</b> [2] - 93:27, 93:29 <b>deteriorate</b> [1] - 77:9 <b>deteriorated</b> [1] - 104:5 <b>determine</b> [1] - 27:17 <b>determined</b> [2] - 70:18, 70:20 <b>deterred</b> [3] - 30:17, 49:28, 128:27 <b>deterrent</b> [2] - 75:18, 98:13 <b>deterring</b> [1] - 106:10 <b>detrimental</b> [1] - 162:12 <b>devastating</b> [1] - 39:19 <b>DFRs</b> [1] - 26:4 <b>diabetes</b> [1] - 76:23</p>	<p><b>diagnosed</b> [4] - 54:6, 55:17, 76:18, 111:28 <b>diagnosis</b> [3] - 39:1, 145:28, 145:29 <b>dialogue</b> [1] - 82:25 <b>diarrhoea</b> [2] - 81:7, 103:3 <b>dictating</b> [1] - 66:13 <b>difference</b> [3] - 42:8, 90:3, 115:13 <b>differences</b> [3] - 42:1, 42:21, 42:27 <b>different</b> [26] - 31:23, 32:2, 34:3, 34:29, 43:8, 45:26, 58:11, 68:13, 71:21, 71:22, 75:3, 75:8, 90:12, 93:10, 93:11, 95:17, 96:17, 107:3, 107:5, 132:28, 139:24, 141:4, 147:24, 148:1, 156:8 <b>differs</b> [1] - 47:13 <b>difficult</b> [8] - 8:21, 28:11, 48:17, 112:29, 113:14, 118:8, 122:11, 163:13 <b>difficulties</b> [4] - 57:15, 90:15, 129:27, 134:27 <b>digit</b> [3] - 20:3, 20:4, 20:6 <b>digits</b> [1] - 20:3 <b>dinner</b> [1] - 138:26 <b>Dioralytes</b> [2] - 79:15, 79:23 <b>direct</b> [4] - 24:16, 53:12, 119:29, 135:13 <b>directed</b> [5] - 131:3, 131:8, 136:3, 136:4, 136:5 <b>directly</b> [3] - 92:2, 100:14, 151:16 <b>DIRECTLY</b> [8] - 4:5, 4:12, 4:18,</p>	<p>4:25, 6:17, 49:1, 69:13, 127:29 <b>Director</b> [1] - 7:12 <b>dirt</b> [1] - 139:27 <b>dirty</b> [1] - 74:15 <b>disagree</b> [3] - 24:20, 30:19, 32:3 <b>discharge</b> [3] - 86:12, 111:21, 113:22 <b>discharged</b> [4] - 86:11, 111:17, 111:20, 113:20 <b>disclose</b> [3] - 17:2, 19:17, 21:16 <b>disclosed</b> [1] - 60:14 <b>disclosing</b> [3] - 49:19, 69:24, 128:18 <b>disclosure</b> [1] - 60:16 <b>discouraged</b> [2] - 49:29, 68:2 <b>discovered</b> [1] - 122:28 <b>discovering</b> [1] - 54:16 <b>discovery</b> [4] - 119:9, 122:20, 122:21, 124:4 <b>discretion</b> [1] - 119:29 <b>discuss</b> [2] - 13:2, 37:19 <b>discussed</b> [1] - 104:15 <b>discusses</b> [1] - 89:8 <b>discussion</b> [4] - 41:17, 41:20, 81:17, 81:29 <b>dishonourable</b> [1] - 86:12 <b>dislike</b> [1] - 158:17 <b>dismissed</b> [3] - 61:18, 115:15, 115:18 <b>disorder</b> [3] - 76:19, 76:20, 76:24 <b>disparity</b> [2] - 46:28, 47:23 <b>dispute</b> [1] - 112:28 <b>distinction</b> [1] -</p>	<p>14:29 <b>distracted</b> [1] - 161:14 <b>distressing</b> [5] - 104:5, 153:25, 153:26, 155:20 <b>docked</b> [2] - 137:14, 137:15 <b>Doctor</b> [1] - 82:11 <b>doctor</b> [53] - 12:12, 12:14, 13:15, 13:16, 29:13, 31:7, 31:8, 31:25, 35:19, 35:21, 35:26, 35:27, 36:13, 37:9, 41:19, 42:3, 42:11, 51:1, 53:1, 53:2, 53:9, 54:10, 57:2, 78:15, 78:18, 80:4, 80:5, 80:14, 81:6, 81:9, 81:14, 81:18, 82:8, 82:9, 90:6, 90:7, 94:14, 101:18, 102:23, 114:29, 115:15, 115:17, 145:24, 145:26, 146:1, 146:2, 146:4, 146:23, 146:24, 146:28 <b>doctor's</b> [1] - 102:28 <b>doctor-patient</b> [1] - 90:7 <b>doctors</b> [15] - 14:6, 14:25, 18:19, 21:14, 31:18, 52:27, 54:7, 55:18, 65:16, 82:21, 83:24, 94:3, 110:5, 110:23, 146:25 <b>document</b> [27] - 119:2, 119:4, 119:20, 119:26, 120:3, 120:9, 120:13, 120:18, 120:21, 123:24, 124:17, 124:19, 124:25, 125:7, 125:9, 125:21, 125:28, 127:7, 127:18, 127:20, 131:18, 131:24, 131:27, 132:5, 132:24, 133:4</p>	<p><b>documentation</b> [5] - 119:1, 121:12, 121:26, 123:15, 124:2 <b>documentation</b> <b>s</b> [1] - 123:26 <b>documents</b> [17] - 59:9, 112:20, 119:8, 119:9, 119:15, 119:26, 121:16, 122:4, 122:11, 122:26, 123:2, 123:20, 124:15, 125:18, 125:24, 127:4, 133:22 <b>done</b> [28] - 19:8, 40:10, 59:5, 74:5, 77:25, 85:15, 85:19, 85:20, 87:15, 101:21, 104:26, 115:2, 115:9, 115:11, 121:8, 132:15, 132:23, 132:25, 133:1, 140:24, 150:29, 152:29, 156:25, 160:11, 162:14, 162:25, 163:9 <b>door</b> [2] - 135:6, 135:7 <b>doors</b> [1] - 135:5 <b>dots</b> [1] - 94:10 <b>double</b> [2] - 140:6, 140:7 <b>doubt</b> [1] - 61:14 <b>down</b> [36] - 11:23, 22:8, 56:22, 56:28, 56:29, 57:1, 57:2, 74:5, 77:8, 79:23, 85:5, 85:16, 87:4, 87:5, 89:15, 90:22, 139:22, 140:25, 140:27, 141:5, 143:13, 143:15, 143:25, 144:3, 144:11, 144:12, 146:5, 146:14, 146:15, 150:27, 151:13, 152:10, 152:17, 153:10, 162:29 <b>downgrade</b> [1] - 27:9 <b>downgraded</b> [8] - 19:23, 44:14, 46:10, 55:20, 66:1, 66:3, 66:5,</p>
---	---	--	---	--	---

<p>113:17  <b>downgrading</b>  [7] - 25:9, 36:1,  39:15, 41:1, 41:4,  41:6, 117:8  <b>downhill</b> [1] -  80:26  <b>drag</b> [1] - 90:22  <b>draw</b> [2] - 71:26,  99:3  <b>drawn</b> [1] -  72:18  <b>drink</b> [2] - 151:8,  151:12  <b>drive</b> [2] -  136:28, 137:1  <b>driven</b> [1] -  11:16  <b>driving</b> [3] -  32:7, 32:20, 83:2  <b>drove</b> [1] -  136:26  <b>drug</b> [1] - 5:8  <b>drugs</b> [1] - 28:14  <b>Dublin</b> [2] -  54:25, 85:13  <b>ducks</b> [1] -  123:18  <b>due</b> [7] - 36:23,  71:28, 97:2,  122:29, 137:4,  137:26, 141:28  <b>duration</b> [1] -  133:5  <b>during</b> [22] - 8:2,  12:17, 14:10,  19:16, 23:20,  25:18, 28:18,  30:11, 36:15,  52:14, 52:26,  53:24, 57:25,  108:16, 110:22,  112:10, 122:3,  129:28, 131:12,  132:18, 134:10,  162:18  <b>duties</b> [13] -  32:14, 32:25,  34:29, 36:16,  37:27, 39:9,  58:20, 59:7,  59:15, 61:2,  113:24, 141:2,  141:27  <b>Duties</b> [1] - 8:17  <b>duty</b> [25] - 8:25,  11:10, 18:25,  20:13, 21:26,  32:9, 33:23, 34:9,  34:10, 35:12,</p>	<p>37:9, 39:8, 39:18,  42:16, 61:1,  65:18, 66:7,  66:27, 138:22,  140:29, 141:1,  141:12, 141:13,  141:15  <b>Duty</b> [5] - 58:27,  59:1, 59:3, 60:13,  63:18</p> <p style="text-align: center;"><b>E</b></p> <p><b>early</b> [13] -  18:23, 45:18,  65:11, 87:25,  93:14, 108:10,  110:17, 134:21,  137:20, 139:6,  139:8, 139:9  <b>easier</b> [2] -  82:29, 115:6  <b>easiest</b> [1] -  148:13  <b>easily</b> [1] - 98:23  <b>easy</b> [5] - 67:9,  67:10, 77:22,  83:4, 115:3  <b>eat</b> [1] - 104:13  <b>echo</b> [1] -  124:11  <b>effect</b> [6] - 12:6,  13:6, 30:8, 60:16,  75:11, 159:2  <b>effectively</b> [1] -  112:20  <b>effectiveness</b>  [4] - 24:15, 49:15,  69:19, 128:12  <b>effects</b> [32] -  5:17, 11:28, 12:3,  15:1, 15:4, 18:8,  19:13, 23:10,  23:11, 25:5,  25:20, 27:7,  27:24, 27:28,  28:2, 28:12,  28:14, 28:20,  28:23, 28:28,  30:13, 47:15,  47:19, 47:25,  54:24, 55:15,  76:12, 77:2,  82:18, 90:19,  103:18, 162:12  <b>eight</b> [1] - 24:28  <b>eight-year</b> [1] -  24:28  <b>either</b> [19] -  5:15, 5:17, 14:25,</p>	<p>30:7, 40:16,  40:26, 42:12,  47:6, 48:19,  49:28, 57:28,  61:9, 81:5, 81:17,  91:28, 99:20,  106:21, 125:22,  128:27  <b>element</b> [1] -  87:28  <b>elements</b> [1] -  21:1  <b>eloquently</b> [1] -  117:20  <b>embargo</b> [1] -  162:27  <b>Emergency</b> [1] -  21:18  <b>employed</b> [1] -  82:8  <b>employer</b> [1] -  31:25  <b>employment</b> [2]  - 32:9, 86:10  <b>employments</b>  [2] - 16:29, 29:11  <b>empty</b> [1] - 79:2  <b>encountered</b> [2]  - 129:22, 135:15  <b>encouraged</b> [1]  - 32:28  <b>encouraging</b> [1]  - 161:29  <b>end</b> [12] - 18:25,  23:24, 26:18,  54:15, 61:1,  77:11, 77:28,  78:13, 80:7,  102:10, 115:7,  134:21  <b>endeavour</b> [1] -  6:11  <b>endemic</b> [1] -  8:1  <b>endoscopy</b> [1] -  81:20  <b>energy</b> [1] -  80:28  <b>engagement</b> [5]  - 68:26, 81:14,  81:26, 84:6,  96:26  <b>engaging</b> [2] -  49:6, 128:4  <b>engender</b> [1] -  33:26  <b>enjoyable</b> [1] -  129:15  <b>enlisted</b> [7] -  50:9, 50:18,</p>	<p>74:21, 129:3,  129:7, 131:12,  132:3  <b>enquiring</b> [1] -  49:26  <b>enquiry</b> [1] -  65:15  <b>enrolled</b> [1] -  131:12  <b>entire</b> [3] -  94:28, 100:4,  124:17  <b>entirely</b> [1] - 7:1  <b>entitled</b> [1] -  9:16  <b>environment</b> [7]  - 17:18, 17:20,  35:15, 35:16,  43:3, 67:8  <b>environments</b>  [2] - 24:4, 24:6  <b>envisage</b> [1] -  115:29  <b>epilepsy</b> [1] -  32:4  <b>epileptic</b> [1] -  32:20  <b>episode</b> [1] -  104:20  <b>Eritrea</b> [10] -  26:15, 26:17,  34:12, 50:23,  51:9, 51:27,  55:25, 55:27,  56:6, 65:12  <b>escalate</b> [1] -  151:24  <b>escalated</b> [1] -  151:28  <b>especially</b> [8] -  43:13, 71:11,  90:24, 90:26,  136:14, 139:25,  141:16, 162:11  <b>essentially</b> [2] -  26:1, 157:13  <b>etc</b> [1] - 8:5  <b>ethics</b> [3] -  21:15, 44:20  <b>eve</b> [1] - 119:17  <b>evening</b> [8] -  80:27, 119:1,  121:25, 131:19,  137:16, 140:17,  140:21, 141:5  <b>event</b> [5] - 10:6,  54:2, 94:19,  110:7, 110:17  <b>events</b> [1] -  84:22</p>	<p><b>everywhere</b> [1] -  145:2  <b>evidence</b> [25] -  5:6, 6:8, 30:10,  37:20, 49:20,  50:4, 69:2, 69:25,  85:8, 91:1,  101:10, 110:28,  113:7, 114:22,  118:17, 119:12,  119:18, 120:3,  125:11, 125:19,  125:21, 125:27,  128:19, 129:1,  155:28  <b>exacerbate</b> [1] -  38:21  <b>exact</b> [1] - 43:22  <b>exactly</b> [18] -  14:7, 17:12,  23:17, 26:11,  26:12, 26:20,  27:4, 67:6, 78:26,  86:29, 88:8, 95:4,  96:3, 99:14,  154:11, 160:15,  161:15  <b>examination</b> [8]  - 24:17, 37:16,  38:27, 39:16,  50:29, 65:11,  88:19, 124:26  <b>examine</b> [3] -  9:11, 37:21,  120:2  <b>EXAMINED</b> [30]  - 4:5, 4:6, 4:7,  4:8, 4:12, 4:13,  4:14, 4:15, 4:18,  4:19, 4:20, 4:21,  4:25, 4:26, 4:27,  6:18, 23:1, 33:15,  41:13, 49:2,  56:13, 61:25,  65:3, 69:14,  88:23, 91:16,  107:20, 128:1,  149:25, 153:17  <b>example</b> [15] -  8:24, 20:13, 32:3,  38:1, 38:15, 45:3,  45:11, 45:17,  45:28, 47:27,  108:4, 121:7,  122:25, 154:25,  156:2  <b>examples</b> [4] -  18:14, 21:27,  136:17, 137:19  <b>excellent</b> [1] -</p>	<p>109:28  <b>except</b> [1] -  83:17  <b>exceptions</b> [1] -  19:5  <b>excluded</b> [1] -  30:14  <b>excuse</b> [1] -  125:13  <b>exercise</b> [2] -  22:8, 125:3  <b>exertion</b> [1] -  32:13  <b>existed</b> [3] -  97:7, 131:14,  156:22  <b>existence</b> [1] -  72:21  <b>existing</b> [1] -  37:18  <b>exists</b> [1] -  127:18  <b>expect</b> [3] -  28:27, 38:8,  159:4  <b>expected</b> [3] -  67:5, 67:6, 71:9  <b>expecting</b> [1] -  67:26  <b>expects</b> [1] -  68:4  <b>experience</b> [13]  - 12:16, 12:28,  17:29, 40:10,  40:21, 62:4,  64:13, 64:17,  68:28, 90:14,  102:21, 129:27,  163:14  <b>experienced</b> [3]  - 52:17, 95:8,  95:10  <b>experiences</b> [2]  - 148:29, 160:26  <b>experiencing</b> [2]  - 117:10, 118:8  <b>expert</b> [3] - 95:5,  95:6, 95:9  <b>explain</b> [14] -  19:28, 62:10,  74:12, 86:22,  91:24, 98:12,  105:21, 105:29,  115:22, 135:8,  144:17, 153:23,  158:18, 158:24  <b>explained</b> [10] -  62:22, 62:23,  94:11, 94:12,  98:28, 129:29,</p>
--	---	---	---	---	--

<p>131:23, 132:13, 144:20, 157:9</p> <p><b>explaining</b> [1] - 94:21</p> <p><b>explanation</b> [7] - 14:23, 29:1, 30:14, 30:15, 30:20, 120:18, 154:21</p> <p><b>explanations</b> [2] - 30:6, 98:8</p> <p><b>explore</b> [1] - 155:21</p> <p><b>exposed</b> [5] - 38:14, 38:15, 38:16, 38:18, 38:21</p> <p><b>express</b> [2] - 119:27, 121:24</p> <p><b>extended</b> [1] - 52:23</p> <p><b>extent</b> [3] - 19:25, 27:13, 144:29</p> <p><b>external</b> [4] - 21:13, 105:22, 115:21, 149:5</p> <p><b>extra</b> [1] - 20:26</p> <p><b>extract</b> [1] - 8:22</p> <p><b>extreme</b> [1] - 32:13</p> <p><b>extremely</b> [3] - 57:4, 87:25, 150:14</p> <p><b>eye</b> [1] - 90:23</p> <p><b>eyes</b> [2] - 87:6, 151:25</p> <p><b>eyesight</b> [1] - 39:13</p>	<p>98:13, 106:10</p> <p><b>factors</b> [2] - 28:6, 47:27</p> <p><b>factual</b> [1] - 65:15</p> <p><b>factually</b> [1] - 65:21</p> <p><b>faculties</b> [1] - 39:7</p> <p><b>fair</b> [5] - 7:2, 7:3, 71:16, 122:7, 129:14</p> <p><b>fairly</b> [3] - 39:6, 94:25, 95:11</p> <p><b>fairness</b> [7] - 5:28, 6:29, 52:16, 107:27, 120:6, 133:17, 143:13</p> <p><b>fall</b> [4] - 67:10, 80:27, 110:13, 124:3</p> <p><b>family</b> [8] - 61:3, 61:6, 61:9, 61:11, 114:9, 129:5, 148:15, 151:10</p> <p><b>famous</b> [1] - 153:9</p> <p><b>far</b> [7] - 12:6, 13:15, 65:18, 76:6, 97:15, 116:14, 125:4</p> <p><b>fast</b> [1] - 98:23</p> <p><b>father</b> [7] - 130:22, 131:1, 147:18, 148:16, 151:6, 151:10, 151:12</p> <p><b>fault</b> [2] - 6:7, 137:12</p> <p><b>fear</b> [5] - 39:26, 100:12, 100:26, 100:27, 107:14</p> <p><b>fearful</b> [2] - 29:17, 29:21</p> <p><b>feature</b> [2] - 33:22, 40:7</p> <p><b>February</b> [1] - 108:12</p> <p><b>fed</b> [1] - 138:24</p> <p><b>feet</b> [1] - 122:8</p> <p><b>fell</b> [2] - 144:29, 145:18</p> <p><b>fellow</b> [2] - 84:6, 93:25</p> <p><b>felt</b> [22] - 57:17, 57:29, 62:18, 62:20, 63:11, 63:17, 66:28, 71:3, 73:22, 73:29, 74:4,</p>	<p>77:20, 82:4, 82:6, 83:6, 83:7, 86:19, 86:23, 94:12, 145:15, 145:16, 151:21</p> <p><b>female</b> [1] - 87:3</p> <p><b>few</b> [9] - 16:29, 18:14, 18:17, 27:23, 29:11, 65:8, 97:15, 116:14, 130:7</p> <p><b>field</b> [1] - 138:9</p> <p><b>fight</b> [1] - 77:22</p> <p><b>figure</b> [1] - 8:22</p> <p><b>figures</b> [3] - 11:4, 11:14, 15:9</p> <p><b>file</b> [3] - 18:20, 19:16, 56:24</p> <p><b>filling</b> [1] - 32:6</p> <p><b>Final</b> [1] - 130:24</p> <p><b>final</b> [1] - 31:16</p> <p><b>finally</b> [2] - 46:27, 117:17</p> <p><b>finances</b> [1] - 24:24</p> <p><b>financial</b> [1] - 64:4</p> <p><b>financially</b> [2] - 43:11, 108:26</p> <p><b>findings</b> [4] - 39:16, 49:17, 69:22, 128:15</p> <p><b>fine</b> [3] - 45:15, 139:18, 154:2</p> <p><b>finger</b> [1] - 77:13</p> <p><b>finish</b> [1] - 94:29</p> <p><b>finished</b> [7] - 95:1, 110:15, 111:29, 129:20, 138:26, 161:6</p> <p><b>first</b> [61] - 6:14, 9:23, 19:29, 20:3, 24:9, 24:14, 24:19, 26:15, 29:22, 36:10, 38:11, 38:19, 39:29, 40:27, 44:10, 44:28, 49:13, 51:11, 69:9, 70:6, 70:24, 70:27, 71:4, 71:5, 71:15, 74:23, 77:5, 77:7, 78:9, 87:18, 87:22, 88:7, 89:24, 92:17, 92:29, 93:17, 96:10, 109:25, 120:22, 120:28, 121:2,</p>	<p>122:8, 125:14, 126:18, 130:11, 131:11, 132:10, 133:7, 135:27, 136:24, 137:28, 143:15, 144:5, 144:9, 145:25, 146:25, 157:4, 159:11, 159:20, 162:25, 163:11</p> <p><b>firstly</b> [4] - 7:11, 62:3, 63:5, 114:28</p> <p><b>fit</b> [21] - 9:3, 10:5, 22:8, 22:9, 32:12, 37:28, 39:5, 39:18, 40:14, 46:24, 46:26, 65:22, 88:9, 109:16, 110:11, 129:5, 132:21, 143:28, 145:12, 160:29</p> <p><b>fitness</b> [6] - 20:6, 32:17, 40:4, 46:2, 64:22, 101:20</p> <p><b>fitted</b> [1] - 132:27</p> <p><b>five</b> [11] - 28:27, 47:28, 50:16, 89:18, 89:22, 118:23, 127:11, 132:14, 138:20, 143:26, 150:15</p> <p><b>five-minute</b> [1] - 118:23</p> <p><b>five/ten/fifteen</b> [1] - 30:26</p> <p><b>fixed</b> [4] - 34:16, 115:25, 154:23</p> <p><b>flag</b> [1] - 45:10</p> <p><b>flat</b> [1] - 144:10</p> <p><b>flawed</b> [1] - 32:1</p> <p><b>fluff</b> [1] - 139:27</p> <p><b>focus</b> [4] - 6:9, 6:25, 59:24, 60:4</p> <p><b>focused</b> [1] - 60:3</p> <p><b>follow</b> [6] - 6:11, 14:20, 14:24, 86:13, 136:23, 154:16</p> <p><b>followed</b> [1] - 150:7</p> <p><b>following</b> [10] - 14:1, 14:14, 36:27, 48:20, 63:20, 139:19, 139:29, 141:13,</p>	<p>141:23, 145:5</p> <p><b>follows</b> [2] - 156:27, 156:29</p> <p><b>FOLLOWS</b> [20] - 5:2, 6:18, 23:2, 33:16, 41:14, 44:6, 49:2, 56:14, 61:26, 65:4, 69:6, 69:14, 88:24, 91:17, 107:21, 114:18, 128:1, 149:26, 153:18, 160:23</p> <p><b>food</b> [1] - 138:25</p> <p><b>foot</b> [1] - 68:13</p> <p><b>football</b> [1] - 143:12</p> <p><b>FOR</b> [2] - 3:4, 69:5</p> <p><b>Force</b> [15] - 19:3, 41:19, 42:2, 42:24, 43:28, 50:29, 52:27, 53:2, 53:6, 53:10, 53:14, 53:21, 117:18, 131:29, 146:23</p> <p><b>force</b> [1] - 132:6</p> <p><b>forced</b> [1] - 71:25</p> <p><b>Forces</b> [109] - 5:7, 5:10, 7:12, 7:20, 7:28, 8:16, 8:27, 9:24, 9:29, 11:26, 15:5, 15:6, 15:25, 15:28, 17:11, 17:15, 21:2, 21:29, 26:22, 27:28, 28:2, 28:5, 29:15, 29:19, 30:4, 33:8, 36:20, 41:22, 42:16, 42:19, 43:4, 44:10, 49:16, 49:23, 50:10, 53:16, 54:26, 55:3, 55:5, 55:21, 55:28, 56:2, 61:29, 62:11, 62:12, 64:1, 64:11, 69:20, 70:2, 70:8, 71:1, 71:2, 71:11, 74:19, 82:8, 82:12, 83:3, 86:1, 86:12, 86:25, 87:11, 87:14, 87:16, 87:18, 88:9, 88:11, 90:15, 90:17,</p>	<p>90:22, 90:27, 91:20, 92:3, 97:29, 105:26, 111:18, 113:20, 116:5, 116:7, 117:26, 119:3, 120:21, 120:24, 122:19, 125:1, 125:10, 125:20, 126:11, 126:21, 126:29, 128:14, 128:28, 129:4, 131:15, 132:15, 133:20, 136:7, 139:7, 139:10, 146:29, 147:11, 148:26, 148:28, 150:8, 153:21, 156:3, 157:1, 159:4, 162:2</p> <p><b>Forces'</b> [1] - 106:3</p> <p><b>foremost</b> [1] - 44:11</p> <p><b>foresight</b> [1] - 124:14</p> <p><b>forgetfulness</b> [1] - 48:5</p> <p><b>forgot</b> [1] - 60:19</p> <p><b>form</b> [5] - 47:2, 68:5, 117:11, 118:9, 133:1</p> <p><b>formal</b> [11] - 5:23, 10:1, 81:5, 82:19, 82:23, 86:24, 90:2, 97:28, 105:3, 117:13, 155:24</p> <p><b>formally</b> [2] - 85:20, 97:3</p> <p><b>former</b> [2] - 88:13, 96:3</p> <p><b>formerly</b> [1] - 76:21</p> <p><b>forth</b> [1] - 44:13</p> <p><b>fortunate</b> [2] - 63:23, 64:9</p> <p><b>forum</b> [1] - 68:13</p> <p><b>forward</b> [22] - 5:28, 11:3, 13:20, 15:21, 17:2, 23:28, 27:7, 27:10, 29:2, 29:3, 29:9, 31:2, 32:28, 47:6, 47:25, 68:27, 73:10, 91:2, 120:12, 120:15, 127:4, 163:15</p>
<b>F</b>					
<p><b>face</b> [3] - 77:16, 77:26, 151:11</p> <p><b>facilitated</b> [1] - 163:19</p> <p><b>facing</b> [1] - 51:24</p> <p><b>fact</b> [22] - 5:23, 6:4, 10:14, 13:18, 13:19, 14:24, 29:2, 29:4, 31:4, 41:29, 55:23, 75:21, 78:23, 79:24, 80:7, 83:5, 89:2, 94:25, 109:12, 128:26, 145:8, 154:14</p> <p><b>factor</b> [2] -</p>					

<p><b>foundedness</b> [3] - 49:18, 69:22, 128:16</p> <p><b>four</b> [2] - 143:26, 150:15</p> <p><b>frail</b> [1] - 127:6</p> <p><b>free</b> [4] - 48:23, 91:24, 91:27, 163:21</p> <p><b>freezing</b> [2] - 138:4, 138:7</p> <p><b>frequently</b> [1] - 111:7</p> <p><b>fresh</b> [1] - 145:4</p> <p><b>Friday</b> [4] - 140:17, 140:21, 141:5, 150:23</p> <p><b>FRIDAY</b> [1] - 163:25</p> <p><b>Friend</b> [2] - 22:23, 88:14</p> <p><b>friend</b> [2] - 31:8, 80:2</p> <p><b>friendliness</b> [1] - 61:16</p> <p><b>friendly</b> [1] - 161:4</p> <p><b>friends</b> [3] - 161:1, 161:9</p> <p><b>front</b> [9] - 38:5, 58:27, 58:28, 59:8, 78:17, 79:9, 79:29, 130:14, 147:17</p> <p><b>frontline</b> [1] - 29:22</p> <p><b>fulfilled</b> [1] - 74:3</p> <p><b>fulfils</b> [1] - 71:11</p> <p><b>full</b> [7] - 31:14, 37:16, 40:3, 62:5, 78:3, 78:5, 139:14</p> <p><b>fully</b> [2] - 30:1, 40:9</p> <p><b>fun</b> [1] - 145:17</p> <p><b>furnished</b> [6] - 7:1, 119:2, 119:11, 119:16, 124:6, 131:21</p> <p><b>furnishing</b> [2] - 123:15, 128:4</p> <p><b>future</b> [4] - 25:13, 25:24, 26:1, 120:15</p>	<p>130:22, 141:24, 148:3</p> <p><b>Galway</b> [16] - 142:23, 142:24, 142:25, 142:29, 143:4, 143:8, 143:9, 143:10, 143:11, 143:14, 144:23, 147:6, 148:9, 148:10, 162:28</p> <p><b>gap</b> [3] - 43:17, 48:2, 48:18</p> <p><b>Garda</b> [8] - 92:29, 93:1, 93:17, 93:18, 116:3, 116:4, 116:5, 149:17</p> <p><b>gas</b> [1] - 38:16</p> <p><b>gastrointestina</b> l [1] - 28:22</p> <p><b>gathered</b> [1] - 102:11</p> <p><b>gear</b> [1] - 115:8</p> <p><b>General</b> [3] - 84:9, 84:12, 115:14</p> <p><b>general</b> [9] - 8:29, 15:25, 17:19, 33:21, 101:25, 101:26, 116:21, 123:29</p> <p><b>generally</b> [5] - 5:15, 5:18, 13:19, 20:23, 42:16</p> <p><b>generated</b> [1] - 5:17</p> <p><b>gentleman</b> [1] - 147:17</p> <p><b>girl</b> [1] - 145:15</p> <p><b>given</b> [36] - 9:6, 26:2, 29:2, 29:4, 36:9, 36:19, 36:29, 49:22, 65:26, 68:14, 72:9, 73:11, 74:17, 77:14, 89:18, 106:5, 113:23, 113:24, 119:12, 120:16, 120:26, 121:10, 125:2, 131:18, 132:11, 133:21, 134:10, 136:13, 137:2, 138:1, 140:14, 140:22, 140:27, 146:10, 150:21, 156:24</p> <p><b>Glen</b> [4] - 22:8, 74:16, 137:26,</p>	<p>137:27</p> <p><b>globe</b> [1] - 34:5</p> <p><b>go'</b> [1] - 161:11</p> <p><b>God</b> [5] - 141:18, 141:21, 144:15, 145:3, 162:9</p> <p><b>Gormanston</b> [1] - 50:12</p> <p><b>GP</b> [6] - 15:18, 32:3, 32:4, 41:18, 42:2, 42:11</p> <p><b>grade</b> [22] - 19:27, 20:5, 20:6, 20:11, 22:2, 22:7, 25:14, 25:25, 26:3, 26:4, 27:15, 38:2, 38:3, 39:14, 44:22, 44:23, 44:28, 46:2, 46:3, 66:10, 66:14</p> <p><b>Grade</b> [5] - 20:14, 26:2, 38:2, 38:6, 46:16</p> <p><b>graded</b> [1] - 65:23</p> <p><b>grades</b> [1] - 20:8</p> <p><b>grading</b> [10] - 19:29, 20:2, 20:29, 36:3, 36:14, 37:27, 38:23, 66:12, 66:15, 66:19</p> <p><b>graffiti</b> [2] - 85:4, 104:20</p> <p><b>grant</b> [1] - 119:28</p> <p><b>granted</b> [1] - 143:1</p> <p><b>grateful</b> [2] - 124:6, 162:9</p> <p><b>great</b> [3] - 147:21, 162:24, 163:1</p> <p><b>greater</b> [6] - 15:3, 17:18, 17:21, 17:23, 116:17, 116:28</p> <p><b>grievance</b> [1] - 72:27</p> <p><b>grip</b> [1] - 144:27</p> <p><b>ground</b> [4] - 85:6, 150:11, 150:15, 151:2</p> <p><b>group</b> [11] - 72:1, 78:11, 78:12, 78:16, 78:24, 79:4, 79:12, 79:29, 80:1, 103:9,</p>	<p>114:25</p> <p><b>guard</b> [2] - 84:11, 104:8</p> <p><b>Guards</b> [2] - 93:15, 157:8</p> <p><b>guess</b> [1] - 121:2</p> <p><b>Guidelines</b> [1] - 44:13</p> <p><b>guidelines</b> [1] - 21:15</p> <p><b>guy</b> [4] - 133:9, 137:9, 144:1, 152:8</p> <p><b>guys</b> [2] - 161:3, 161:6</p> <p><b>gym</b> [3] - 143:23, 143:26, 144:11</p>	<p>127:11, 144:5, 148:2</p> <p><b>hard</b> [12] - 66:18, 71:27, 77:22, 98:17, 109:6, 112:27, 134:14, 136:21, 150:12, 150:19, 153:2, 157:13</p> <p><b>harder</b> [1] - 71:29</p> <p><b>hardest</b> [1] - 57:1</p> <p><b>harm</b> [1] - 30:9</p> <p><b>harsh</b> [1] - 126:21</p> <p><b>hate</b> [1] - 87:15</p> <p><b>HAVING</b> [4] - 6:17, 49:1, 69:13, 127:29</p> <p><b>Head</b> [1] - 116:11</p> <p><b>head</b> [1] - 150:6</p> <p><b>headed</b> [2] - 119:21, 131:27</p> <p><b>health</b> [39] - 11:9, 15:9, 15:10, 15:17, 15:22, 17:27, 20:5, 24:10, 24:13, 29:6, 32:16, 36:10, 38:12, 38:20, 39:29, 40:2, 45:14, 54:22, 57:6, 59:27, 62:27, 82:27, 83:1, 87:2, 90:14, 93:12, 104:5, 106:14, 106:15, 106:19, 106:29, 107:7, 112:6, 112:15, 113:14, 117:4, 147:26, 147:27, 162:3</p> <p><b>healthy</b> [1] - 36:11</p> <p><b>hear</b> [8] - 37:9, 60:4, 90:23, 102:19, 125:13, 126:1, 153:26, 155:21</p> <p><b>heard</b> [27] - 6:24, 49:25, 64:20, 64:23, 67:11, 74:29, 75:1, 75:8, 80:10, 100:18, 100:20, 108:23, 114:7, 133:7, 133:10,</p>	<p>133:11, 133:15, 144:19, 144:20, 155:27, 156:5, 157:1, 157:4, 157:7, 161:18, 161:20</p> <p><b>hearing</b> [5] - 20:8, 39:11, 39:13, 119:13, 153:3</p> <p><b>Hearing</b> [1] - 38:1</p> <p><b>hearings</b> [1] - 119:16</p> <p><b>hearsay</b> [1] - 67:10</p> <p><b>heart</b> [1] - 113:4</p> <p><b>heat</b> [2] - 79:18, 99:3</p> <p><b>held</b> [2] - 7:14, 74:17</p> <p><b>hell</b> [1] - 139:5</p> <p><b>help</b> [11] - 44:25, 67:21, 83:25, 84:13, 84:21, 85:6, 94:8, 97:2, 100:11, 112:3, 148:26</p> <p><b>helped</b> [3] - 110:29, 116:16, 116:28</p> <p><b>helpful</b> [9] - 6:12, 96:7, 118:18, 121:5, 121:11, 121:17, 122:10, 125:16</p> <p><b>helpfully</b> [1] - 92:13</p> <p><b>helping</b> [1] - 95:3</p> <p><b>helps</b> [1] - 124:4</p> <p><b>hen's</b> [2] - 97:14, 116:14</p> <p><b>hide</b> [1] - 91:29</p> <p><b>high</b> [3] - 7:25, 7:27, 39:5</p> <p><b>higher</b> [3] - 17:15, 26:21, 158:11</p> <p><b>highest</b> [1] - 142:11</p> <p><b>highlighting</b> [1] - 59:13</p> <p><b>highly</b> [2] - 79:9, 133:15</p> <p><b>hill</b> [2] - 153:10, 153:11</p> <p><b>hinder</b> [1] - 73:24</p> <p><b>hindsight</b> [1] -</p>
<b>G</b>			<b>H</b>		
<b>GAA</b> [4] - 129:4,			<p><b>hair</b> [7] - 107:4, 144:29, 145:1, 145:8, 145:18, 145:25, 162:8</p> <p><b>hairs</b> [1] - 89:21</p> <p><b>half</b> [8] - 72:16, 89:3, 89:22, 89:26, 95:23, 95:29, 109:26, 139:13</p> <p><b>hall</b> [2] - 102:12, 143:26</p> <p><b>hampered</b> [1] - 76:14</p> <p><b>hand</b> [16] - 33:25, 46:28, 72:28, 78:21, 98:23, 103:9, 114:25, 115:2, 115:6, 115:7, 117:27, 126:14, 130:15, 147:1, 147:2</p> <p><b>handed</b> [3] - 93:2, 146:29, 147:3</p> <p><b>handle</b> [1] - 83:22</p> <p><b>handled</b> [1] - 87:13</p> <p><b>handling</b> [1] - 42:5</p> <p><b>hands</b> [1] - 115:11</p> <p><b>hanging</b> [1] - 138:1</p> <p><b>happy</b> [4] - 73:1,</p>		

<p>112:1  <b>history</b> [4] -  37:15, 54:1,  54:11, 110:1  <b>hit</b> [2] - 24:27,  127:18  <b>hmm</b> [2] - 6:3,  31:22  <b>hold</b> [2] -  115:11, 116:24  <b>home</b> [24] -  23:23, 25:18,  35:1, 51:26,  52:11, 59:29,  60:7, 80:26,  102:25, 103:1,  109:18, 115:1,  129:25, 130:28,  137:16, 140:21,  148:1, 148:2,  150:10, 150:20,  150:21, 150:22,  158:20, 158:24  <b>honest</b> [9] -  77:4, 82:13, 96:2,  137:8, 139:5,  143:24, 146:1,  149:12, 156:26  <b>honestly</b> [4] -  10:21, 10:24,  104:26, 105:10  <b>honour</b> [7] -  162:17, 162:22,  162:24, 163:1,  163:7, 163:11  <b>hope</b> [5] - 87:9,  118:19, 122:10,  149:14  <b>hopefully</b> [2] -  116:8, 123:12  <b>hosed</b> [1] -  150:27  <b>hosing</b> [1] -  150:28  <b>Hospital</b> [18] -  21:18, 53:6, 53:9,  84:9, 84:12,  85:13, 93:6, 93:9,  93:20, 93:22,  93:23, 93:27,  94:3, 94:4, 94:9,  94:15, 111:15,  115:15  <b>hospital</b> [1] -  56:22  <b>hospitalised</b> [2]  - 104:16, 104:17  <b>hospitals</b> [1] -  93:10  <b>hostile</b> [1] - 24:5</p>	<p><b>hot</b> [1] - 79:18  <b>hotspots</b> [1] -  43:26  <b>hour</b> [11] -  72:16, 89:3,  89:22, 89:26,  95:23, 95:29,  132:8, 133:5,  139:13, 143:28,  152:17  <b>hours</b> [1] -  138:20  <b>house</b> [1] -  158:24  <b>HSE</b> [1] - 83:2  <b>huge</b> [2] - 52:1,  163:7  <b>human</b> [3] -  11:21, 31:2, 31:9  <b>humidity</b> [1] -  34:28  <b>humiliating</b> [2] -  59:13, 142:17  <b>hundred</b> [2] -  103:9, 140:24  <b>hundreds</b> [1] -  40:11  <b>hurling</b> [4] -  141:24, 144:28,  145:13, 148:3  <b>hurt</b> [1] - 85:7  <b>hurting</b> [1] -  158:20  <b>hut</b> [1] - 138:28</p>	<p><b>immediately</b> [3]  - 53:11, 113:21,  143:19  <b>impact</b> [2] -  10:28, 17:1  <b>imperfections</b>  [1] - 21:11  <b>implications</b> [4]  - 25:15, 26:9,  43:7, 123:25  <b>important</b> [8] -  5:12, 24:3, 109:2,  109:4, 117:5,  121:22, 126:14,  143:7  <b>impossible</b> [2] -  123:5, 139:24  <b>impression</b> [8] -  73:15, 73:16,  73:28, 74:10,  74:11, 74:13,  75:17, 112:4  <b>improve</b> [1] -  162:3  <b>inappropriate</b>  [1] - 19:20  <b>inappropriaten</b>  <b>ess</b> [1] - 126:20  <b>incident</b> [7] -  57:27, 57:28,  58:29, 66:20,  111:13, 112:16,  140:16  <b>incidents</b> [1] -  62:28  <b>include</b> [1] -  123:26  <b>included</b> [1] -  119:26  <b>including</b> [3] -  29:6, 70:18,  91:26  <b>increased</b> [2] -  17:9, 17:10  <b>incumbent</b> [1] -  125:1  <b>indeed</b> [9] -  6:28, 54:10,  59:10, 88:27,  95:14, 98:4,  106:23, 129:4,  153:26  <b>INDEX</b> [1] - 4:1  <b>indicated</b> [3] -  78:26, 124:18,  124:19  <b>indicating</b> [1] -  44:23  <b>indication</b> [1] -  38:24</p>	<p><b>indicator</b> [1] -  46:13  <b>indicators</b> [1] -  47:24  <b>INDIVIDUAL</b> [1]  - 3:4  <b>individual</b> [16] -  5:16, 19:10,  19:11, 44:14,  44:23, 49:21,  60:17, 60:21,  60:29, 61:2,  61:10, 78:10,  78:15, 79:24,  117:13  <b>individually</b> [5] -  19:3, 78:27, 79:3,  79:25, 80:15  <b>individuals</b> [5] -  5:18, 40:9, 58:5,  69:28, 128:20  <b>indoor</b> [1] -  143:27  <b>indulgence</b> [1] -  120:15  <b>inevitable</b> [2] -  42:23, 42:27  <b>Infantry</b> [1] -  132:1  <b>infection</b> [1] -  36:12  <b>inferring</b> [1] -  65:20  <b>inform</b> [1] -  122:28  <b>informal</b> [1] -  97:28  <b>informally</b> [1] -  82:25  <b>information</b> [9] -  21:5, 21:17,  21:23, 22:11,  60:15, 60:28,  67:8, 126:23,  163:16  <b>Information</b> [1] -  47:17  <b>informed</b> [2] -  23:10, 39:24  <b>informs</b> [1] -  35:19  <b>inhale</b> [1] -  38:17  <b>inherent</b> [1] -  35:8  <b>initial</b> [4] -  50:12, 56:18,  108:2, 131:12  <b>initiated</b> [3] -  11:16, 35:20,</p>	<p>35:28  <b>initiating</b> [1] -  37:8  <b>initiation</b> [1] -  34:21  <b>injury</b> [2] -  36:11, 47:1  <b>innocent</b> [1] -  140:13  <b>inquiring</b> [1] -  128:24  <b>inquiry</b> [5] -  5:26, 6:2, 6:25,  7:5, 123:19  <b>insect</b> [1] - 8:5  <b>inside</b> [5] -  48:14, 90:11,  115:25, 115:28,  160:28  <b>insight</b> [1] - 10:9  <b>insofar</b> [1] - 72:5  <b>inspection</b> [5] -  139:15, 139:19,  150:26, 158:29  <b>inspections</b> [1] -  137:21  <b>instance</b> [5] -  36:10, 40:1, 70:6,  70:28, 120:8  <b>instead</b> [1] -  72:27  <b>instinctive</b> [1] -  77:24  <b>instructed</b> [3] -  22:15, 56:10,  88:18  <b>INSTRUCTED</b>  [1] - 3:6  <b>instruction</b> [3] -  131:13, 133:13,  133:21  <b>instructions</b> [1]  - 121:25  <b>instructive</b> [1] -  89:27  <b>instructors</b> [3] -  70:13, 71:22,  74:14  <b>intact</b> [1] - 39:7  <b>intend</b> [2] -  22:22, 122:28  <b>intended</b> [3] -  37:27, 122:25,  124:16  <b>intention</b> [1] -  126:12  <b>interaction</b> [1] -  67:25  <b>intercounty</b> [1] -  145:13</p>	<p><b>interest</b> [3] - 6:5,  22:20, 34:1  <b>interested</b> [9] -  9:15, 10:4, 10:7,  16:13, 23:6, 47:5,  108:28, 108:29,  116:10  <b>interjected</b> [1] -  152:1  <b>interlinked</b> [1] -  90:20  <b>internet</b> [1] -  90:28  <b>interpersonal</b>  [1] - 72:24  <b>interpret</b> [1] -  146:13  <b>interpreting</b> [1] -  123:7  <b>interrupt</b> [2] -  67:14, 160:2  <b>intervened</b> [1] -  150:9  <b>intervention</b> [1]  - 124:7  <b>interview</b> [21] -  6:23, 16:15,  17:28, 43:13,  49:7, 54:28,  56:19, 56:20,  60:6, 88:3, 89:7,  96:10, 96:19,  98:3, 98:27,  113:15, 128:5,  133:17, 137:20,  150:5, 159:1  <b>interviewed</b> [2] -  79:25, 114:24  <b>interviewing</b> [1]  - 19:2  <b>interviews</b> [13] -  24:18, 49:10,  50:5, 51:15,  62:29, 76:10,  88:27, 108:10,  110:21, 113:13,  119:9, 128:7,  159:9  <b>introduce</b> [3] -  120:13, 125:20,  125:26  <b>introduced</b> [4] -  45:10, 125:21,  125:24, 125:25  <b>introduction</b> [1]  - 26:5  <b>investigate</b> [2] -  98:26, 121:19  <b>investigating</b> [3]  - 49:14, 69:19,</p>
--	--	---	--	--	--

128:12 <b>inviting</b> [1] - 9:11 <b>invoked</b> [4] - 5:24, 9:29, 18:17, 41:3 <b>involved</b> [3] - 13:21, 18:20, 113:5 <b>involvement</b> [1] - 87:28 <b>Ireland</b> [9] - 12:25, 19:8, 77:14, 77:25, 80:19, 108:7, 130:24, 130:27, 147:21 <b>Irish</b> [1] - 87:2 <b>isolated</b> [1] - 90:15 <b>isolation</b> [1] - 60:1 <b>issue</b> [17] - 8:12, 10:23, 34:20, 57:18, 57:29, 59:21, 59:23, 59:25, 60:5, 60:13, 60:17, 63:6, 67:15, 68:18, 118:29, 146:26, 147:9 <b>issued</b> [4] - 56:3, 86:15, 138:18, 138:19 <b>issues</b> [13] - 24:7, 29:16, 33:20, 45:21, 50:6, 50:7, 62:6, 62:27, 78:28, 106:29, 114:9, 119:13, 128:29 <b>it'll</b> [2] - 36:27, 104:13 <b>items</b> [1] - 141:9 <b>itself</b> [8] - 13:10, 14:21, 90:26, 110:13, 122:11, 123:21, 125:7, 145:9	115:1, 115:3, 147:21, 163:17 <b>jobs</b> [1] - 39:7 <b>join</b> [4] - 44:19, 71:2, 156:10, 156:16 <b>joined</b> [6] - 70:2, 70:27, 130:25, 130:26, 131:11, 162:5 <b>joke</b> [1] - 95:1 <b>joked</b> [1] - 152:14 <b>journey</b> [1] - 57:11 <b>judge</b> [3] - 22:15, 57:22, 118:28 <b>JUDGE</b> [1] - 149:28 <b>Judge</b> [52] - 5:5, 6:14, 22:22, 48:24, 49:9, 56:10, 56:20, 61:23, 63:14, 64:25, 68:10, 68:19, 69:9, 69:10, 88:17, 89:6, 89:9, 113:7, 114:15, 114:27, 115:19, 118:16, 118:25, 120:25, 121:29, 122:9, 124:11, 124:29, 125:29, 126:3, 127:17, 127:23, 128:6, 130:22, 131:17, 132:16, 135:6, 136:27, 140:11, 146:18, 147:15, 147:25, 149:6, 150:10, 151:6, 152:12, 153:9, 161:25, 162:19 <b>judged</b> [2] - 57:18, 58:4 <b>judgement</b> [1] - 40:13 <b>July</b> [2] - 109:14, 109:16 <b>July/August</b> [1] - 129:17 <b>JUNE</b> [2] - 5:1, 163:25 <b>June</b> [3] - 50:18, 109:7, 109:8	<b>K</b>	<b>keenness</b> [1] - 20:7 <b>Keenness</b> [1] - 38:1 <b>keep</b> [15] - 7:8, 22:18, 60:3, 67:20, 67:27, 79:16, 79:19, 83:2, 118:26, 123:19, 138:5, 138:16, 138:17, 139:24, 143:28 <b>kept</b> [7] - 73:9, 79:1, 79:21, 93:29, 130:18, 130:19, 132:18 <b>kick</b> [1] - 85:5 <b>kicked</b> [2] - 155:13, 155:17 <b>kicks</b> [1] - 37:9 <b>Kildare</b> [3] - 93:2, 93:17, 93:18 <b>kilometres</b> [1] - 118:5 <b>kind</b> [17] - 57:11, 57:12, 63:22, 67:28, 77:29, 81:19, 82:4, 83:16, 89:28, 110:11, 117:9, 124:13, 130:3, 130:26, 150:6, 150:13, 162:28 <b>Kinsella</b> [8] - 48:26, 49:4, 49:13, 50:5, 56:16, 61:28, 65:6, 68:23 <b>KINSELLA</b> [5] - 4:11, 49:1, 56:13, 61:25, 65:3 <b>Kinsella's</b> [1] - 49:9 <b>knee</b> [1] - 158:20 <b>knock</b> [1] - 25:20 <b>knock-on</b> [1] - 25:20 <b>know</b> [1] - 89:29 <b>knowing</b> [2] - 22:1, 104:26 <b>knowledge</b> [3] - 39:10, 74:27, 148:22 <b>known</b> [13] - 5:29, 12:11, 22:2,	28:13, 31:25, 31:27, 31:28, 32:5, 32:7, 129:23, 130:22, 130:27, 141:28 <b>knows</b> [2] - 20:14, 90:11 <b>Kosovo</b> [14] - 43:19, 80:20, 81:2, 81:4, 81:11, 81:22, 81:24, 84:2, 92:19, 93:14, 104:6, 108:21, 109:18, 110:22	<b>L</b>	<b>LA30</b> [4] - 56:23, 57:2, 58:9 <b>labour</b> [2] - 113:27, 113:28 <b>lack</b> [2] - 87:28, 106:28 <b>lacking</b> [1] - 125:19 <b>lads</b> [1] - 143:27 <b>lamenting</b> [1] - 116:12 <b>landed</b> [1] - 130:12 <b>language</b> [1] - 130:20 <b>large</b> [1] - 132:20 <b>largely</b> [1] - 47:13 <b>Lariam</b> [56] - 5:6, 5:15, 5:25, 9:28, 10:15, 10:20, 11:27, 12:8, 18:5, 23:7, 25:23, 25:24, 25:25, 25:28, 27:28, 28:21, 34:11, 35:6, 44:24, 44:29, 45:18, 46:6, 46:14, 46:24, 46:25, 47:11, 48:11, 48:16, 51:3, 52:7, 54:20, 54:24, 55:14, 55:29, 56:4, 76:8, 79:13, 80:9, 80:16, 81:18, 81:19, 82:1, 82:5, 82:18, 83:12, 83:16, 83:17, 84:15, 86:16,	86:19, 90:19, 103:17, 104:2, 115:17 <b>Lariam</b> [1] - 103:27 <b>last</b> [21] - 53:15, 90:13, 105:19, 106:14, 114:8, 116:12, 123:29, 124:13, 130:2, 130:7, 130:8, 133:9, 136:10, 136:20, 136:22, 150:10, 150:12, 151:19, 151:20, 152:14 <b>late</b> [5] - 123:21, 124:28, 137:4, 137:9, 150:23 <b>latitude</b> [1] - 120:15 <b>laughed</b> [1] - 130:14 <b>law</b> [1] - 150:28 <b>LAWLOR</b> [8] - 4:17, 69:13, 88:23, 89:12, 89:17, 91:16, 107:20, 114:17 <b>Lawlor</b> [40] - 69:10, 69:11, 69:16, 69:18, 70:2, 70:3, 76:6, 76:28, 78:22, 84:21, 85:28, 87:10, 88:14, 88:20, 88:26, 89:10, 89:15, 90:13, 91:12, 91:19, 91:22, 92:2, 92:17, 93:4, 94:13, 97:3, 101:8, 106:20, 107:17, 107:24, 112:4, 114:6, 114:11, 118:15, 121:7, 126:4, 133:8, 147:25, 149:17, 155:28 <b>Lawlor's</b> [3] - 89:7, 133:8, 149:4 <b>lead</b> [3] - 25:9, 27:19, 36:1 <b>leading</b> [2] - 6:8, 139:4 <b>Leaflet</b> [1] - 47:17 <b>learn</b> [2] - 100:24	<b>learned</b> [1] - 96:20 <b>learnt</b> [1] - 96:13 <b>least</b> [7] - 73:12, 82:14, 85:7, 86:20, 87:27, 115:24, 125:17 <b>leave</b> [25] - 41:25, 51:6, 52:20, 52:21, 53:3, 57:22, 57:26, 57:29, 58:8, 59:17, 71:3, 86:4, 86:7, 110:1, 112:12, 146:19, 146:22, 146:25, 146:27, 147:11, 158:20, 158:23, 161:29, 162:29 <b>leaving</b> [1] - 161:23 <b>Lebanon</b> [4] - 8:8, 35:11, 43:16, 46:20 <b>Lebanon'</b> [1] - 46:21 <b>lecture</b> [10] - 72:9, 72:10, 72:14, 89:18, 96:18, 132:8, 132:10, 133:5, 154:15, 154:28 <b>lecture'</b> [1] - 132:26 <b>lectures</b> [1] - 154:12 <b>leeway</b> [1] - 136:13 <b>left</b> [16] - 30:16, 50:16, 51:12, 55:23, 55:28, 56:2, 59:2, 70:24, 86:1, 86:27, 150:6, 152:19, 162:2, 162:4, 162:6, 162:14 <b>legal</b> [4] - 56:3, 86:18, 124:12, 125:10 <b>Legal</b> [4] - 22:16, 56:11, 88:18, 120:6 <b>legitimate</b> [1] - 71:16 <b>Lehane</b> [3] - 61:22, 61:28, 64:27 <b>LEHANE</b> [7] - 4:14, 61:23, 61:25, 61:28,
<b>J</b>								
<b>January</b> [4] - 92:21, 92:22, 108:12, 109:18 <b>Jesus</b> [1] - 138:2 <b>job</b> [10] - 83:28, 98:15, 98:20, 100:25, 105:18,								

64:24, 68:10, 68:16 <b>lending</b> [1] - 14:21 <b>lends</b> [1] - 13:10 <b>length</b> [3] - 14:2, 132:11, 132:12 <b>less</b> [4] - 15:27, 28:25, 47:21, 53:20 <b>lesson</b> [1] - 95:27 <b>letter</b> [3] - 89:13, 124:19, 125:17 <b>letting</b> [1] - 72:27 <b>level</b> [11] - 7:25, 7:27, 15:18, 73:19, 76:4, 78:10, 78:11, 78:12, 78:24, 116:1, 118:10 <b>levels</b> [1] - 26:22 <b>Liberia</b> [16] - 34:12, 76:7, 77:1, 77:11, 78:2, 78:3, 80:8, 101:16, 101:17, 101:19, 101:24, 102:3, 102:10, 102:22, 108:3, 108:5 <b>licence</b> [1] - 32:7 <b>lie</b> [1] - 150:29 <b>life</b> [9] - 54:2, 76:15, 85:27, 86:13, 98:14, 111:4, 115:6, 160:27, 160:28 <b>light</b> [1] - 122:24 <b>likely</b> [6] - 12:11, 12:12, 12:14, 12:19, 17:20, 17:22 <b>likewise</b> [1] - 127:6 <b>limitation</b> [4] - 5:26, 6:11, 21:25, 29:14 <b>limited</b> [2] - 12:29, 22:19 <b>LINDA</b> [5] - 4:11, 49:1, 56:13, 61:25, 65:3 <b>Linda</b> [1] - 48:26 <b>line</b> [2] - 38:5, 71:26 <b>link</b> [6] - 12:7, 47:10, 54:12, 81:18, 117:10, 117:12	<b>linkage</b> [1] - 35:20 <b>linked</b> [1] - 46:14 <b>linking</b> [3] - 35:17, 80:8, 80:16 <b>list</b> [5] - 51:29, 139:16, 141:5, 141:9, 162:29 <b>listen</b> [5] - 16:22, 88:3, 88:6, 94:5, 117:2 <b>listened</b> [2] - 85:24, 149:4 <b>listener</b> [1] - 117:1 <b>listening</b> [2] - 84:17, 120:24 <b>lists</b> [1] - 132:6 <b>literally</b> [3] - 108:17, 135:6, 150:27 <b>literature</b> [2] - 28:21, 28:23 <b>litigants</b> [2] - 13:19, 28:29 <b>litigate</b> [3] - 9:25, 10:5, 18:14 <b>litigation</b> [5] - 5:19, 27:27, 34:21, 34:22, 40:24 <b>littler</b> [1] - 115:6 <b>lives</b> [2] - 147:24, 160:27 <b>living</b> [5] - 137:6, 137:8, 137:10, 137:15, 137:17 <b>loaded</b> [2] - 32:12, 42:5 <b>loads</b> [1] - 132:28 <b>loaned</b> [1] - 3:25 <b>locker</b> [5] - 84:25, 85:3, 85:4, 112:16, 152:13 <b>logically</b> [1] - 13:17 <b>long-term</b> [1] - 66:9 <b>longest</b> [3] - 95:2, 151:18, 151:21 <b>look</b> [20] - 11:4, 14:16, 28:15, 28:25, 32:16, 35:10, 47:17, 56:28, 56:29,	76:27, 83:3, 83:4, 84:19, 87:5, 90:29, 127:12, 147:28, 155:4, 159:15, 162:11 <b>looked</b> [5] - 13:18, 74:2, 145:14, 147:19, 149:19 <b>looking</b> [9] - 13:26, 45:11, 47:2, 62:24, 112:19, 118:3, 139:17, 140:12, 144:3 <b>looks</b> [1] - 60:24 <b>loosely</b> [1] - 96:14 <b>lose</b> [1] - 145:1 <b>losing</b> [1] - 107:4 <b>lost</b> [5] - 70:17, 130:24, 130:25, 145:1, 145:8 <b>Louis</b> [1] - 88:17 <b>loved</b> [4] - 87:16, 148:3, 162:25, 163:8 <b>low</b> [1] - 140:28 <b>lower</b> [1] - 17:15 <b>loyalty</b> [2] - 117:22, 162:18 <b>lunch</b> [1] - 138:26 <b>LUNCH</b> [1] - 69:5	<b>man</b> [1] - 148:10 <b>manage</b> [1] - 29:7 <b>managed</b> [2] - 15:18, 115:24 <b>management</b> [1] - 26:23 <b>mandate</b> [1] - 22:20 <b>manic</b> [2] - 76:21, 76:22 <b>manner</b> [1] - 3:25 <b>manual</b> [2] - 113:27, 113:28 <b>manufacturers</b> [1] - 47:18 <b>March</b> [2] - 130:25, 130:26 <b>march</b> [3] - 78:29, 137:23, 140:8 <b>marching</b> [1] - 142:16 <b>marked</b> [1] - 147:3 <b>marker</b> [1] - 46:4 <b>Marron</b> [4] - 56:10, 67:15, 68:1, 68:9 <b>MARRON</b> [9] - 4:13, 56:10, 56:13, 56:16, 59:26, 60:5, 61:20, 67:24, 68:3 <b>Marron's</b> [1] - 68:12 <b>massive</b> [2] - 140:10, 140:27 <b>mASTERSON</b> [2] - 4:19, 88:23 <b>MASTERSON</b> [3] - 88:17, 88:26, 91:9 <b>Masterson</b> [2] - 88:18, 91:10 <b>match</b> [7] - 141:17, 141:22, 141:23, 141:24, 141:29, 142:2, 158:21 <b>matches</b> [1] - 143:10 <b>material</b> [1] - 122:24 <b>maternity</b> [2] - 52:20, 52:21 <b>matter</b> [16] - 30:13, 33:19,	65:7, 67:7, 67:17, 68:16, 78:23, 80:7, 92:15, 103:20, 104:7, 104:12, 104:22, 118:25, 120:5, 121:27 <b>matters</b> [5] - 6:6, 7:5, 67:21, 88:21, 92:13 <b>McCann</b> [31] - 4:20, 4:27, 33:7, 33:9, 91:12, 91:14, 91:16, 91:19, 107:16, 107:18, 108:2, 120:20, 121:2, 121:15, 121:20, 121:23, 121:29, 122:1, 125:12, 125:15, 126:1, 126:4, 126:28, 127:5, 127:9, 127:12, 153:15, 153:17, 153:20, 160:16, 160:18 <b>McGovern</b> [22] - 4:12, 4:25, 48:24, 48:25, 48:26, 49:2, 49:4, 56:8, 59:20, 65:11, 118:25, 118:28, 120:17, 127:24, 127:25, 128:1, 128:3, 128:10, 141:9, 146:19, 149:20, 160:3 <b>McGovern's</b> [1] - 123:7 <b>McGrath</b> [8] - 4:21, 105:19, 107:18, 107:20, 107:23, 107:25, 114:11, 114:12 <b>McGuinness</b> [20] - 4:7, 4:15, 33:9, 33:10, 33:12, 33:16, 33:18, 41:8, 41:9, 65:1, 65:4, 65:6, 67:13, 67:19, 67:23, 68:24, 122:8, 122:9, 123:13, 124:7 <b>mean</b> [25] - 14:6, 25:6, 26:27, 28:3, 28:6, 34:25, 35:17, 35:22, 37:20, 39:9, 43:16, 73:27,	89:21, 95:29, 106:10, 112:19, 116:19, 118:1, 126:20, 127:7, 127:19, 139:7, 155:22, 162:22 <b>meaning</b> [1] - 123:7 <b>means</b> [2] - 46:9, 125:22 <b>meant</b> [2] - 39:1, 39:7 <b>measures</b> [2] - 8:2, 18:3 <b>Meath</b> [1] - 50:14 <b>medic</b> [4] - 78:13, 78:19, 102:12, 114:28 <b>Medical</b> [31] - 7:12, 7:16, 7:17, 12:20, 12:23, 14:4, 16:5, 19:4, 19:9, 21:6, 21:13, 21:14, 23:16, 23:17, 26:23, 29:12, 29:28, 41:19, 42:2, 42:11, 44:12, 44:18, 45:11, 46:17, 46:19, 57:8, 66:13, 81:26, 86:6, 111:18 <b>medical</b> [125] - 9:2, 10:12, 10:17, 10:27, 10:29, 12:5, 13:5, 13:10, 13:13, 13:19, 14:3, 14:9, 14:11, 14:14, 14:15, 14:22, 14:29, 16:29, 17:6, 18:28, 19:7, 19:9, 19:13, 19:14, 19:15, 19:16, 19:24, 19:26, 19:29, 20:4, 20:5, 20:10, 20:11, 20:21, 21:28, 22:2, 22:6, 23:26, 23:29, 25:9, 25:14, 25:19, 25:29, 27:13, 27:14, 29:6, 30:11, 35:25, 36:1, 36:3, 36:4, 36:6, 36:8, 36:14, 36:21, 36:22, 36:26, 37:2, 37:5,
<b>M</b>					
		<b>main</b> [2] - 60:2, 148:10 <b>major</b> [2] - 57:18, 141:12 <b>majority</b> [3] - 18:22, 40:28, 42:5 <b>malaria</b> [12] - 7:23, 8:1, 8:4, 8:7, 8:12, 9:5, 9:6, 9:26, 43:18, 43:20, 43:21 <b>malaria-endemic</b> [1] - 8:1 <b>malarial</b> [4] - 43:14, 43:26, 43:29, 113:1 <b>males</b> [1] - 31:6 <b>Malone</b> [2] - 3:24, 3:26			

<p>37:6, 37:11, 37:14, 37:15, 37:21, 37:23, 37:25, 37:26, 39:2, 39:15, 39:27, 40:13, 40:17, 40:18, 41:1, 41:4, 41:6, 43:3, 44:20, 46:19, 46:21, 50:29, 53:1, 53:7, 54:29, 55:5, 55:9, 55:11, 56:23, 57:15, 65:25, 66:2, 66:15, 66:19, 77:29, 78:17, 78:28, 79:21, 80:24, 82:7, 82:25, 83:7, 83:28, 86:28, 90:1, 90:4, 101:18, 101:20, 101:23, 101:25, 101:26, 101:27, 102:20, 102:27, 103:13, 103:14, 114:2</p> <p><b>medically</b> [18] - 19:23, 27:8, 44:24, 46:9, 53:24, 55:20, 65:17, 65:22, 65:23, 66:5, 78:15, 86:4, 86:8, 86:9, 113:17, 114:3</p> <p><b>medicals</b> [4] - 36:19, 36:29, 40:11, 101:14</p> <p><b>medication</b> [20] - 8:3, 9:19, 10:16, 26:6, 28:10, 30:27, 30:29, 45:19, 45:24, 53:24, 54:20, 66:9, 102:26, 111:2, 111:23, 113:5, 146:6, 146:10, 146:11</p> <p><b>medics</b> [2] - 21:18, 79:20</p> <p><b>medics/clinicians</b> [1] - 114:21</p> <p><b>meet</b> [5] - 69:3, 87:2, 135:5, 135:17, 163:23</p> <p><b>meeting</b> [1] - 103:14</p> <p><b>member</b> [25] -</p>	<p>11:26, 12:2, 12:6, 19:3, 21:12, 21:29, 35:18, 35:27, 36:8, 36:10, 37:8, 37:22, 37:28, 38:24, 39:17, 41:19, 42:2, 42:25, 44:10, 54:26, 66:21, 67:2, 68:4, 71:1, 158:3</p> <p><b>MEMBER</b> [70] - 4:9, 4:22, 4:28, 5:4, 6:3, 6:12, 22:14, 22:18, 22:25, 33:4, 33:9, 33:11, 33:13, 41:9, 41:11, 44:3, 44:6, 44:8, 48:21, 48:25, 56:9, 59:23, 60:3, 61:21, 64:27, 67:13, 67:20, 67:29, 68:7, 68:15, 68:20, 69:1, 69:8, 88:16, 91:10, 91:14, 107:18, 114:12, 114:17, 114:20, 118:14, 118:17, 118:20, 118:23, 118:26, 120:17, 121:1, 121:15, 121:21, 121:24, 122:1, 123:13, 124:17, 125:13, 126:1, 126:28, 127:10, 127:21, 127:24, 128:9, 140:20, 146:13, 146:17, 149:23, 150:16, 153:14, 160:18, 160:22, 160:25, 163:10</p> <p><b>members</b> [12] - 15:4, 15:6, 17:11, 27:27, 34:20, 38:8, 38:9, 79:24, 88:13, 105:25, 150:8</p> <p><b>memory</b> [2] - 89:6, 96:4</p> <p><b>memory's</b> [1] - 127:6</p> <p><b>menial</b> [2] - 74:17, 113:25</p> <p><b>mental</b> [24] - 15:8, 15:10, 15:17, 15:22,</p>	<p>17:27, 29:6, 54:22, 57:6, 59:26, 62:27, 82:27, 83:1, 90:14, 93:12, 106:14, 106:15, 106:19, 106:29, 107:7, 112:6, 112:14, 117:4, 147:26, 147:27</p> <p><b>mention</b> [10] - 14:9, 14:17, 60:20, 82:11, 84:15, 90:5, 93:4, 93:5, 95:21, 102:2</p> <p><b>mentioned</b> [17] - 79:18, 79:26, 81:19, 82:21, 83:16, 88:28, 93:8, 96:11, 96:27, 103:4, 103:5, 114:23, 115:17, 146:11, 150:2, 150:4</p> <p><b>mentioning</b> [2] - 79:6, 115:12</p> <p><b>merits</b> [2] - 5:19, 23:7</p> <p><b>mess</b> [2] - 135:20</p> <p><b>messed</b> [1] - 151:23</p> <p><b>met</b> [4] - 53:25, 102:22, 130:8, 136:24</p> <p><b>Michael</b> [1] - 69:10</p> <p><b>MICHAEL</b> [6] - 4:17, 69:13, 88:23, 91:16, 107:20, 114:17</p> <p><b>microphone</b> [1] - 33:11</p> <p><b>mid</b> [2] - 108:20, 109:5</p> <p><b>middle</b> [1] - 114:25</p> <p><b>Midwifery</b> [1] - 21:20</p> <p><b>might</b> [38] - 10:4, 10:9, 10:26, 11:12, 11:13, 13:17, 16:22, 19:26, 19:27, 24:19, 25:1, 25:14, 25:15, 25:22, 26:11, 27:18, 27:19, 29:16, 29:17,</p>	<p>36:28, 38:21, 39:26, 40:8, 40:9, 45:3, 48:13, 66:11, 66:20, 79:7, 79:26, 95:23, 97:2, 117:14, 126:21, 128:28, 139:23, 149:20, 154:22</p> <p><b>mightn't</b> [2] - 80:15, 80:18</p> <p><b>milestones</b> [1] - 24:27</p> <p><b>military</b> [18] - 16:28, 20:6, 23:14, 24:12, 26:27, 28:17, 31:24, 31:27, 31:29, 44:19, 46:2, 73:18, 93:15, 93:19, 106:2, 106:22, 109:27, 112:1</p> <p><b>Military</b> [9] - 53:9, 58:16, 59:28, 61:12, 66:22, 67:2, 92:27, 93:3, 93:22</p> <p><b>mind</b> [10] - 12:7, 44:11, 48:14, 65:8, 83:14, 84:7, 105:1, 113:4, 155:5, 156:15</p> <p><b>mindng</b> [2] - 104:8, 141:1</p> <p><b>minds</b> [1] - 40:20</p> <p><b>mine</b> [2] - 100:9, 101:13</p> <p><b>miniscule</b> [1] - 139:18</p> <p><b>Minister</b> [4] - 33:19, 65:7, 107:25, 122:19</p> <p><b>minor</b> [4] - 27:19, 29:27, 30:13, 31:15</p> <p><b>minority</b> [1] - 121:8</p> <p><b>minute</b> [5] - 118:23, 123:29, 124:13, 144:6, 148:8</p> <p><b>minutes</b> [8] - 47:28, 89:18, 89:22, 118:5, 127:11, 136:28, 152:17</p> <p><b>misled</b> [1] -</p>	<p>154:5</p> <p><b>miss</b> [1] - 87:17</p> <p><b>missing</b> [1] - 139:16</p> <p><b>mission</b> [23] - 8:17, 9:4, 25:7, 25:17, 25:18, 28:18, 28:19, 34:27, 35:4, 35:5, 35:10, 42:19, 43:16, 43:20, 44:25, 45:18, 46:24, 46:25, 46:26, 52:2, 79:25</p> <p><b>missions</b> [14] - 7:28, 8:6, 8:11, 8:21, 9:4, 19:5, 25:25, 26:19, 34:3, 34:7, 34:27, 43:21, 43:26, 114:21</p> <p><b>mitigated</b> [1] - 87:24</p> <p><b>module</b> [2] - 49:27, 122:4</p> <p><b>modules</b> [1] - 122:22</p> <p><b>moment</b> [7] - 16:21, 41:25, 41:26, 75:5, 89:1, 114:6, 126:11</p> <p><b>Monday</b> [1] - 150:25</p> <p><b>money</b> [7] - 108:29, 137:7, 137:8, 137:18, 156:10, 156:11</p> <p><b>monitor</b> [1] - 18:7</p> <p><b>month</b> [7] - 51:6, 129:8, 129:19, 130:26, 141:1, 141:3</p> <p><b>months</b> [11] - 50:16, 51:9, 52:9, 52:10, 52:11, 108:5, 109:8, 109:10, 109:23, 109:24, 162:8</p> <p><b>mood</b> [1] - 77:3</p> <p><b>moon</b> [1] - 105:13</p> <p><b>moral</b> [6] - 117:23, 117:29, 118:7, 118:9, 118:10, 162:18</p> <p><b>morale</b> [1] - 90:27</p> <p><b>morning</b> [23] -</p>	<p>5:4, 5:5, 6:20, 6:21, 48:24, 48:25, 49:4, 49:5, 56:16, 101:8, 101:9, 114:20, 135:5, 136:28, 137:4, 137:20, 139:6, 139:15, 139:19, 139:28, 139:29, 151:5, 158:28</p> <p><b>most</b> [12] - 28:20, 36:25, 73:18, 95:7, 95:8, 95:10, 106:25, 108:7, 135:16, 139:18, 150:29, 151:1</p> <p><b>mother</b> [1] - 152:13</p> <p><b>motions</b> [1] - 74:7</p> <p><b>move</b> [1] - 58:13</p> <p><b>moved</b> [3] - 60:25, 129:17, 145:3</p> <p><b>moves</b> [1] - 91:2</p> <p><b>moving</b> [2] - 77:17</p> <p><b>MR</b> [116] - 3:6, 4:5, 4:6, 4:7, 4:8, 4:12, 4:13, 4:14, 4:15, 4:17, 4:18, 4:19, 4:20, 4:24, 4:25, 4:26, 4:27, 5:5, 6:4, 6:14, 6:18, 6:20, 22:12, 22:15, 22:22, 23:1, 23:4, 33:3, 33:7, 33:10, 33:12, 33:16, 33:18, 41:8, 41:10, 41:13, 41:16, 44:2, 48:24, 48:26, 49:2, 49:4, 56:8, 56:10, 56:13, 56:16, 59:26, 60:5, 61:20, 61:23, 61:25, 61:28, 64:24, 65:1, 65:4, 65:6, 67:19, 67:23, 67:24, 68:3, 68:10, 68:16, 69:9, 69:13, 69:14, 69:16, 88:14, 88:17, 88:23, 88:26, 89:12, 89:17,</p>
---	---	--	---	---	---

<p>91:9, 91:12, 91:16, 91:19, 107:16, 107:20, 114:17, 118:25, 118:28, 120:20, 121:2, 121:20, 121:23, 121:29, 122:9, 124:11, 124:18, 125:12, 125:15, 125:16, 126:3, 126:4, 127:9, 127:17, 127:23, 127:25, 127:29, 128:1, 128:3, 128:10, 141:9, 146:19, 149:20, 149:25, 149:28, 151:26, 153:13, 153:17, 153:20, 160:16, 160:22 <b>MS</b> [9] - 4:11, 4:21, 49:1, 56:13, 61:25, 65:3, 107:20, 107:23, 114:11 <b>Mullingar</b> [13] - 129:12, 129:17, 129:22, 130:12, 134:6, 134:10, 134:28, 150:16, 150:17, 151:17, 155:6, 155:9, 155:17 <b>multiple</b> [1] - 8:23 <b>mushroom</b> [1] - 87:25 <b>must</b> [5] - 3:24, 68:7, 120:14, 128:20, 161:20</p>	<p><b>nationally</b> [1] - 15:7 <b>nature</b> [15] - 11:20, 11:21, 13:9, 14:20, 19:25, 21:3, 31:2, 31:9, 32:13, 33:25, 34:29, 36:6, 39:2, 75:20 <b>nausea</b> [1] - 28:21 <b>naval</b> [1] - 42:15 <b>NCO</b> [18] - 84:10, 106:6, 109:13, 110:8, 110:22, 134:26, 135:28, 140:24, 141:6, 143:20, 150:5, 151:6, 151:27, 153:8, 156:6, 156:7, 156:8, 159:19 <b>NCO's</b> [5] - 109:14, 109:18, 109:22, 110:14, 110:15 <b>NCOs</b> [7] - 85:21, 138:28, 142:15, 144:27, 152:9, 156:21 <b>near</b> [1] - 30:6 <b>nearly</b> [3] - 112:20, 140:7, 152:20 <b>necessarily</b> [4] - 27:11, 39:4, 126:8, 127:8 <b>necessary</b> [5] - 49:21, 69:27, 69:29, 96:24, 128:19 <b>need</b> [12] - 9:7, 12:22, 12:24, 15:23, 21:22, 78:22, 88:3, 89:29, 90:21, 90:25, 91:1, 123:6 <b>needed</b> [5] - 73:7, 73:10, 73:18, 115:2, 125:27 <b>needs</b> [1] - 149:13 <b>nerves</b> [3] - 77:4, 102:4, 102:5 <b>nervous</b> [1] - 51:15 <b>nets</b> [1] - 8:5</p>	<p><b>neuropsychiatr ic</b> [5] - 28:23, 28:28, 47:15, 47:19, 47:24 <b>never</b> [18] - 54:7, 54:12, 56:29, 62:19, 64:20, 126:12, 133:10, 133:11, 133:15, 137:27, 144:21, 152:16, 157:1, 157:6, 159:25, 162:24, 162:29, 163:3 <b>new</b> [10] - 19:19, 37:18, 44:18, 98:15, 98:20, 115:2, 122:24, 123:15, 123:24, 132:27 <b>next</b> [13] - 20:4, 48:22, 48:26, 66:14, 69:1, 70:23, 85:25, 108:17, 115:4, 118:24, 118:28, 119:5, 151:5 <b>nice</b> [8] - 58:11, 59:15, 87:2, 145:18, 145:19, 153:21, 162:11 <b>night</b> [5] - 34:28, 51:29, 80:28, 150:6, 150:23 <b>night's</b> [1] - 122:13 <b>night-time</b> [1] - 34:28 <b>nightmare</b> [1] - 132:21 <b>nightmares</b> [2] - 80:11, 80:12 <b>nights</b> [2] - 150:11, 150:15 <b>nine</b> [1] - 29:25 <b>no-go</b> [1] - 151:15 <b>nobody</b> [15] - 58:9, 60:24, 78:16, 80:1, 85:19, 95:26, 100:14, 102:16, 103:8, 126:7, 126:8, 148:11, 154:13 <b>nominate</b> [1] - 20:15 <b>Non</b> [2] - 74:20, 75:28 <b>non</b> [14] - 20:11,</p>	<p>21:1, 21:6, 21:24, 43:18, 43:20, 43:21, 43:29, 46:6, 46:11, 54:29, 55:5, 55:9, 55:11 <b>non-clinical</b> [4] - 21:1, 21:6, 46:6, 46:11 <b>Non- Commissioned</b> [2] - 74:20, 75:28 <b>non- confidential</b> [2] - 20:11, 21:24 <b>non-malaria</b> [3] - 43:18, 43:20, 43:21 <b>non-malarial</b> [1] - 43:29 <b>non-medical</b> [4] - 54:29, 55:5, 55:9, 55:11 <b>none</b> [3] - 9:29, 55:17, 132:12 <b>nonspecific</b> [2] - 28:9, 48:7 <b>normal</b> [8] - 36:13, 40:17, 53:6, 58:20, 77:21, 123:9, 139:13, 140:22 <b>normally</b> [2] - 35:24, 60:24 <b>Norwegian</b> [1] - 123:2 <b>note</b> [1] - 97:3 <b>noted</b> [1] - 45:5 <b>notes</b> [1] - 146:28 <b>nothing</b> [15] - 17:4, 19:20, 41:4, 41:7, 74:5, 85:20, 85:21, 87:15, 91:28, 100:23, 104:26, 118:14, 135:18, 138:8, 138:17 <b>notice</b> [2] - 122:13, 123:10 <b>noticed</b> [2] - 143:9, 143:15 <b>notwithstandin g</b> [2] - 71:3, 71:14 <b>November</b> [1] - 7:15 <b>nowhere</b> [1] - 83:27 <b>Number</b> [3] - 139:21, 139:23,</p>	<p>158:29 <b>number</b> [33] - 5:8, 8:19, 8:20, 8:22, 9:24, 12:29, 13:21, 16:4, 18:20, 19:6, 22:16, 23:4, 27:26, 28:6, 28:29, 33:29, 34:7, 34:17, 36:7, 45:25, 50:5, 56:17, 61:6, 61:8, 78:7, 89:13, 92:13, 113:14, 120:25, 121:4, 122:26, 154:24 <b>numbers</b> [13] - 12:18, 16:11, 17:24, 17:26, 29:5, 29:24, 29:25, 30:4, 31:12, 31:13, 46:29, 47:25, 116:13 <b>numerical</b> [3] - 20:2, 21:4, 44:22 <b>nurses</b> [1] - 21:20 <b>Nursing</b> [1] - 21:20 <b>nut</b> [1] - 45:28 <b>nuts</b> [1] - 45:3</p>	<p>143:29, 144:6, 144:27, 145:15, 149:8, 149:9, 149:16, 156:10, 157:20, 158:11, 162:22, 162:25, 163:2 <b>occasion</b> [9] - 19:12, 37:21, 50:20, 79:12, 95:24, 95:25, 127:3, 158:18, 158:26 <b>occasions</b> [2] - 61:6, 109:29 <b>occupational</b> [4] - 36:18, 37:2, 37:6, 37:14 <b>occurred</b> [2] - 8:17, 40:19 <b>occurring</b> [1] - 28:28 <b>offensive</b> [1] - 106:25 <b>offer</b> [1] - 47:22 <b>offered</b> [1] - 125:19 <b>office</b> [2] - 29:12, 53:11 <b>officer</b> [2] - 142:10, 153:7 <b>Officer</b> [15] - 19:4, 19:9, 45:11, 46:17, 46:19, 57:8, 59:29, 66:13, 73:19, 82:9, 84:11, 86:6, 98:8, 130:12, 139:3 <b>Officer's</b> [1] - 74:21 <b>officers</b> [1] - 139:22 <b>Officers</b> [9] - 23:16, 23:17, 44:18, 75:27, 75:28, 75:29, 85:21, 144:22, 148:11 <b>officers'</b> [1] - 139:26 <b>official</b> [1] - 90:8 <b>often</b> [1] - 10:5 <b>old</b> [1] - 132:20 <b>older</b> [1] - 157:20 <b>Ombudsman</b> [1] - 157:2 <b>ombudsman</b> [1] - 157:7</p>
<b>O</b>					
<p style="text-align: center;"><b>N</b></p> <p><b>Naas</b> [13] - 84:9, 84:11, 93:5, 93:19, 93:23, 93:27, 94:3, 94:4, 94:14, 94:15, 111:15, 111:21, 115:14 <b>name</b> [5] - 61:28, 107:24, 112:26, 118:10, 133:8 <b>names</b> [3] - 49:19, 69:24, 128:18 <b>narrow</b> [1] - 59:24</p>				<p><b>o'clock</b> [1] - 80:28 <b>obligation</b> [6] - 32:15, 32:16, 32:19, 32:22, 32:24, 66:28 <b>obligations</b> [2] - 21:16, 44:12 <b>obliged</b> [4] - 32:4, 32:5, 71:3, 91:9 <b>obviously</b> [41] - 8:6, 22:17, 26:21, 31:21, 33:25, 34:22, 35:7, 35:13, 36:9, 37:8, 37:17, 65:22, 72:21, 88:19, 99:27, 100:13, 112:29, 119:15, 122:19, 122:28, 135:21, 136:11, 136:20, 137:29, 138:17, 140:3, 141:3, 143:9,</p>	

<p><b>ON</b> [1] - 5:1  <b>onboard</b> [1] - 79:19  <b>once</b> [6] - 24:27, 94:16, 94:20, 105:13, 111:8, 141:1  <b>once-off</b> [1] - 94:20  <b>one</b> [90] - 8:25, 10:14, 13:17, 16:28, 28:27, 29:16, 30:7, 31:16, 34:25, 42:24, 43:10, 44:8, 45:23, 46:28, 47:27, 60:18, 60:25, 61:7, 63:29, 65:26, 66:10, 70:13, 78:20, 83:21, 88:2, 89:26, 89:27, 90:15, 92:15, 94:19, 95:4, 95:24, 95:25, 98:2, 98:8, 98:28, 99:5, 100:4, 101:18, 102:21, 102:23, 102:27, 102:28, 103:13, 108:9, 111:8, 114:13, 119:16, 124:28, 126:29, 127:14, 130:10, 132:17, 135:6, 136:19, 137:1, 137:4, 141:12, 141:17, 141:18, 142:11, 143:9, 143:14, 145:7, 148:5, 149:15, 149:28, 150:6, 152:9, 153:7, 153:20, 156:13, 156:21, 157:26, 158:15, 158:18, 158:26, 159:9, 160:19, 160:25, 161:11, 163:2, 163:3  <b>one-off</b> [1] - 94:19  <b>one-on-one</b> [3] - 101:18, 102:27, 102:28  <b>one-page</b> [1] - 127:14  <b>one-to-one</b> [3] - 102:21, 102:23,</p>	<p>103:13  <b>ones</b> [6] - 7:29, 85:12, 122:23, 139:25, 139:26, 142:15  <b>open</b> [10] - 10:24, 37:7, 47:16, 106:16, 107:27, 110:4, 110:6, 110:20, 112:6, 116:19  <b>opening</b> [2] - 5:13, 163:10  <b>operate</b> [1] - 123:16  <b>operates</b> [1] - 21:11  <b>operational</b> [3] - 24:14, 32:17, 40:4  <b>operations</b> [1] - 77:19  <b>opinion</b> [1] - 57:14  <b>opportunities</b> [1] - 73:24  <b>opportunity</b> [5] - 19:17, 37:17, 79:11, 120:2, 120:10  <b>opposed</b> [1] - 17:13  <b>opted</b> [1] - 114:3  <b>option</b> [6] - 43:29, 44:1, 46:1, 47:9, 105:12, 157:12  <b>options</b> [5] - 47:6, 97:18, 153:28, 155:5, 155:22  <b>oral</b> [1] - 119:16  <b>order</b> [2] - 78:7, 115:24  <b>Orderly</b> [1] - 22:5  <b>orders</b> [2] - 44:20, 124:4  <b>organ</b> [1] - 156:16  <b>organisation</b> [8] - 32:11, 32:22, 32:23, 43:6, 90:12, 90:26, 91:2, 156:3  <b>origin</b> [1] - 123:2  <b>original</b> [1] - 88:26  <b>originally</b> [4] - 34:17, 50:9,</p>	<p>52:20, 129:7  <b>otherwise</b> [2] - 43:12, 45:15  <b>ought</b> [2] - 21:28, 38:9  <b>outcome</b> [2] - 27:18, 37:22  <b>outgoing</b> [1] - 148:4  <b>outlined</b> [1] - 91:4  <b>outset</b> [1] - 128:10  <b>outside</b> [17] - 6:10, 7:5, 21:6, 21:27, 22:24, 82:25, 86:25, 87:13, 115:21, 115:24, 115:27, 116:7, 124:3, 131:23, 132:13, 160:28  <b>overall</b> [4] - 11:13, 20:5, 39:16, 45:14  <b>overseas</b> [47] - 8:6, 8:11, 9:1, 9:4, 12:26, 14:15, 20:15, 20:23, 20:27, 22:9, 24:5, 24:21, 25:1, 28:26, 33:21, 34:2, 34:13, 35:15, 36:24, 40:6, 43:11, 43:14, 45:8, 46:12, 46:16, 51:16, 63:23, 63:29, 64:6, 64:8, 64:10, 64:15, 64:18, 65:10, 71:12, 73:25, 74:19, 75:19, 76:7, 77:5, 77:7, 77:16, 77:25, 109:29, 114:21, 163:3, 163:8  <b>oversight</b> [2] - 91:8, 116:3  <b>overview</b> [2] - 7:22, 9:18  <b>own</b> [34] - 12:7, 15:10, 19:6, 30:10, 38:12, 38:20, 40:20, 60:14, 63:2, 79:28, 83:27, 85:27, 86:7, 96:12, 98:3, 117:27, 122:27,</p>	<p>129:29, 130:23, 132:13, 135:19, 135:20, 138:28, 139:15, 140:9, 144:27, 145:29, 146:2, 146:4, 147:18, 147:23, 162:6, 162:13  <b>owns</b> [1] - 151:6</p>	<p>51:22, 77:19, 79:21, 83:28, 87:27, 90:16, 101:9, 109:25, 110:8, 119:5, 135:3, 135:4, 150:12, 156:7, 156:13  <b>particular</b> [24] - 26:6, 28:10, 30:21, 30:27, 36:23, 39:18, 44:14, 45:23, 47:10, 57:16, 58:1, 59:25, 108:16, 112:10, 120:12, 120:21, 128:24, 128:25, 129:22, 132:18, 142:25, 154:27, 154:28, 158:15  <b>particularly</b> [5] - 7:29, 34:26, 119:17, 122:3, 124:14  <b>parties</b> [8] - 119:10, 119:11, 119:12, 120:2, 120:11, 122:6, 123:15, 124:14  <b>parts</b> [1] - 34:3  <b>party</b> [7] - 3:25, 33:5, 64:28, 91:7, 120:13, 122:2, 122:3  <b>pass</b> [5] - 137:6, 137:9, 137:10, 137:16, 150:13  <b>passed</b> [1] - 65:17  <b>passing</b> [2] - 57:24, 158:22  <b>past</b> [1] - 62:7  <b>patchy</b> [1] - 145:2  <b>patient</b> [16] - 11:16, 13:14, 14:19, 19:17, 30:29, 32:4, 35:26, 37:10, 37:17, 42:15, 43:5, 45:17, 47:13, 78:18, 90:7  <b>Patient</b> [1] - 47:17  <b>patient's</b> [4] - 24:10, 24:13, 37:15, 43:7  <b>patient-driven</b></p>	<p>[1] - 11:16  <b>patient-initiated</b> [1] - 11:16  <b>patients</b> [21] - 11:7, 12:17, 12:29, 15:15, 15:20, 17:29, 29:3, 29:7, 29:28, 30:20, 31:4, 31:12, 31:14, 32:10, 32:21, 35:22, 37:6, 40:12, 42:8, 47:9  <b>Patrick</b> [1] - 56:10  <b>Patrick's</b> [1] - 130:25  <b>patrol</b> [10] - 58:21, 60:7, 60:19, 60:20, 60:25, 61:2, 77:16, 79:14, 79:17  <b>patrols</b> [1] - 58:29  <b>pattern</b> [5] - 90:16, 108:12, 110:12, 112:12, 136:23  <b>pause</b> [1] - 114:7  <b>pay</b> [8] - 137:14, 137:15, 140:8, 156:10, 156:15, 156:17, 156:18, 156:19  <b>PDFORRA</b> [14] - 96:15, 96:16, 96:18, 96:25, 97:9, 97:23, 156:4, 156:5, 156:9, 156:13, 156:17, 156:22, 156:25  <b>peer</b> [1] - 80:1  <b>peers</b> [1] - 58:3  <b>pejorative</b> [2] - 41:24, 43:1  <b>pen</b> [2] - 140:26  <b>pending</b> [1] - 5:20  <b>penicillin</b> [5] - 45:4, 45:28, 45:29, 47:28, 48:1  <b>people</b> [110] - 8:3, 9:5, 9:29, 10:17, 10:22, 10:25, 11:3, 11:4,</p>
<b>P</b>					
<p><b>p.m</b> [2] - 69:2, 69:3  <b>PAGE</b> [1] - 4:2  <b>page</b> [25] - 7:4, 7:11, 16:21, 23:6, 49:10, 49:11, 55:1, 56:20, 56:21, 58:15, 59:22, 89:7, 89:9, 89:15, 97:2, 98:6, 124:25, 126:29, 127:12, 127:14, 128:7, 133:18, 159:3, 159:15  <b>pages</b> [1] - 58:13  <b>paid</b> [2] - 52:20, 156:22  <b>pains</b> [1] - 103:3  <b>panic</b> [1] - 51:29  <b>panicky</b> [4] - 77:13, 80:13, 80:25, 101:28  <b>paper</b> [2] - 74:2, 90:24  <b>parade</b> [10] - 29:24, 139:12, 139:13, 139:21, 150:7, 150:13, 150:25, 151:5, 151:14, 161:20  <b>parading</b> [1] - 77:29  <b>paragraph</b> [3] - 8:10, 119:23, 120:12  <b>parasite</b> [1] - 102:26  <b>parasites</b> [1] - 102:25  <b>parcel</b> [1] - 35:4  <b>pardon</b> [1] - 81:13  <b>part</b> [23] - 8:1, 15:4, 15:6, 21:21, 24:26, 24:29, 35:4, 38:18,</p>					

<p>11:12, 11:19, 11:22, 12:19, 12:22, 14:13, 15:28, 16:1, 16:4, 16:6, 16:7, 16:10, 17:25, 18:14, 20:10, 21:27, 22:5, 22:10, 24:10, 24:15, 26:2, 28:8, 29:5, 29:20, 29:23, 29:27, 30:2, 30:17, 30:24, 31:17, 32:11, 32:16, 32:26, 33:23, 34:23, 35:1, 35:2, 35:5, 36:22, 36:25, 36:27, 36:28, 37:2, 38:14, 38:19, 43:19, 43:20, 45:3, 46:7, 47:6, 56:28, 57:22, 57:25, 57:26, 61:8, 61:17, 63:29, 64:4, 64:8, 64:14, 64:17, 64:21, 67:9, 67:20, 72:24, 74:27, 75:7, 75:22, 75:24, 78:16, 78:17, 78:27, 80:2, 85:9, 88:3, 88:6, 90:18, 95:5, 102:11, 103:10, 106:12, 106:16, 106:18, 114:26, 115:27, 121:8, 126:7, 134:14, 134:16, 136:12, 136:18, 140:12, 141:27, 142:11, 151:29, 159:17, 160:8, 160:10, 162:9, 163:15 <b>people's</b> [1] - 127:5 <b>percent</b> [1] - 140:24 <b>percentage</b> [2] - 17:14, 17:15 <b>perfectly</b> [1] - 45:15 <b>perform</b> [1] - 24:8 <b>performance</b> [2] - 131:8, 131:10 <b>performed</b> [3] - 19:29, 35:12,</p>	<p>109:28 <b>performing</b> [1] - 36:16 <b>perhaps</b> [11] - 12:5, 39:22, 40:6, 40:19, 43:12, 96:11, 101:13, 110:18, 125:23, 154:20, 160:3 <b>period</b> [22] - 25:25, 27:6, 40:20, 52:23, 52:26, 53:25, 59:16, 61:19, 66:3, 66:11, 71:4, 71:15, 71:18, 71:24, 84:1, 84:22, 94:28, 108:3, 112:10, 113:14, 120:27 <b>periods</b> [3] - 43:19, 72:5, 72:8 <b>permission</b> [4] - 3:26, 31:26, 119:27, 119:29 <b>permitted</b> [3] - 49:17, 69:21, 128:15 <b>perpetrators</b> [3] - 49:20, 69:25, 128:18 <b>persisted</b> [1] - 113:15 <b>person</b> [54] - 19:12, 19:14, 20:17, 20:20, 25:28, 37:5, 38:2, 38:3, 38:6, 39:20, 42:15, 45:15, 46:9, 46:13, 46:17, 46:18, 46:20, 46:23, 48:14, 54:29, 60:25, 60:26, 61:21, 63:17, 68:20, 74:21, 78:15, 82:26, 82:29, 83:26, 85:5, 103:8, 105:8, 107:12, 112:5, 115:4, 115:5, 116:20, 117:10, 124:15, 125:26, 125:27, 148:1, 148:4, 157:21, 158:27, 161:10, 161:11, 162:12, 163:11, 163:12 <b>person's</b> [5] -</p>	<p>19:26, 20:13, 32:6, 39:10, 39:13 <b>personal</b> [10] - 17:28, 76:15, 112:29, 130:21, 130:29, 131:9, 131:10, 136:8, 136:9 <b>personally</b> [3] - 18:10, 64:19, 136:12 <b>personnel</b> [15] - 8:22, 8:23, 8:27, 9:1, 9:25, 14:11, 15:25, 16:6, 17:14, 17:16, 19:6, 21:21, 28:26, 43:28, 82:7 <b>Personnel</b> [9] - 73:5, 97:5, 97:26, 99:22, 105:4, 105:7, 105:21, 105:23, 106:22 <b>persons</b> [1] - 40:7 <b>perspective</b> [4] - 10:29, 20:18, 71:23, 82:14 <b>pertinent</b> [1] - 119:23 <b>phase</b> [1] - 70:24 <b>phasing</b> [1] - 77:16 <b>phone</b> [6] - 87:4, 138:6, 140:16, 140:25, 144:2, 152:13 <b>photocopied</b> [1] - 3:24 <b>physical</b> [2] - 117:23, 144:8 <b>pick</b> [3] - 22:23, 31:16, 102:24 <b>picked</b> [2] - 136:14, 136:17 <b>picking</b> [1] - 130:6 <b>picture</b> [1] - 100:10 <b>place</b> [15] - 21:24, 26:10, 36:21, 44:26, 71:19, 87:22, 88:7, 98:20, 98:22, 111:25, 111:26, 127:20, 159:20, 160:7</p>	<p><b>placed</b> [3] - 58:27, 60:19, 60:20 <b>placing</b> [2] - 39:20, 111:13 <b>plan</b> [1] - 13:3 <b>platoon</b> [9] - 70:17, 99:4, 100:2, 100:4, 104:8, 105:14, 158:3, 158:4, 158:8 <b>Platoon</b> [1] - 72:1 <b>platoons</b> [2] - 100:2, 100:9 <b>play</b> [4] - 60:8, 141:29, 142:2, 142:5 <b>played</b> [1] - 143:27 <b>player</b> [1] - 130:23 <b>playing</b> [4] - 143:10, 143:27, 144:12, 145:13 <b>pleasant</b> [1] - 62:5 <b>plenty</b> [3] - 132:15, 132:29, 140:28 <b>Plunkett</b> [1] - 70:7 <b>point</b> [30] - 9:6, 14:28, 15:14, 16:12, 31:11, 31:16, 43:10, 43:13, 66:7, 66:17, 68:10, 68:12, 68:18, 71:6, 77:11, 80:16, 82:17, 85:23, 104:24, 106:3, 120:22, 123:14, 123:24, 126:18, 127:18, 141:7, 152:4, 154:3, 154:6, 160:13 <b>points</b> [2] - 24:19, 34:25 <b>Police</b> [7] - 58:16, 59:29, 61:12, 66:22, 67:2, 92:27, 93:3 <b>policies</b> [1] - 59:4 <b>polite</b> [1] - 58:6 <b>population</b> [4] [1] 5:17, 15:26,</p>	<p>17:16, 17:19 <b>Portlaoise</b> [2] - 87:3, 94:9 <b>position</b> [4] - 9:12, 42:12, 97:3, 134:3 <b>possibility</b> [6] - 19:23, 54:21, 73:14, 82:2, 83:11, 84:19 <b>possible</b> [12] - 19:22, 19:24, 43:23, 43:29, 55:14, 60:21, 60:27, 81:18, 82:1, 82:18, 87:13, 117:12 <b>possibly</b> [5] - 24:17, 37:28, 47:21, 68:5, 86:29 <b>post</b> [2] - 40:17, 138:4 <b>Post</b> [1] - 29:13 <b>post-</b> <b>deployment</b> [1] - 40:17 <b>postdate</b> [1] - 84:24 <b>postdates</b> [1] - 84:27 <b>posted</b> [1] - 72:26 <b>potential</b> [5] - 27:8, 28:2, 30:19, 47:19, 48:7 <b>potentially</b> [4] - 27:10, 28:13, 39:19, 45:8 <b>Power</b> [1] - 32:25 <b>power</b> [3] - 70:15, 150:27, 150:28 <b>practice</b> [5] - 16:7, 21:15, 31:3, 43:9, 101:21 <b>praise</b> [1] - 71:27 <b>Pre</b> [1] - 21:18 <b>pre</b> [7] - 8:2, 9:2, 30:11, 40:11, 40:17, 65:25, 66:2 <b>pre-</b> <b>deployment</b> [5] - 8:2, 9:2, 30:11, 40:11, 40:17 <b>Pre-Hospital</b> [1] - 21:18</p>	<p><b>pre-medical</b> [2] - 65:25, 66:2 <b>precise</b> [1] - 6:1 <b>prefer</b> [1] - 149:3 <b>pregnancy</b> [3] - 52:12, 52:14, 52:18 <b>prepared</b> [4] - 77:15, 77:27, 84:18, 106:16 <b>prescribe</b> [1] - 8:3 <b>prescribed</b> [5] - 10:15, 11:28, 51:3, 76:8, 146:6 <b>prescribing</b> [1] - 23:7 <b>prescription</b> [1] - 9:6 <b>prescriptions</b> [1] - 9:18 <b>present</b> [18] - 11:5, 11:8, 12:19, 16:1, 16:4, 17:16, 17:25, 17:27, 29:5, 29:28, 31:4, 31:12, 31:14, 36:22, 37:18, 39:25, 40:12, 127:13 <b>presentations</b> [2] - 11:14, 29:26 <b>presented</b> [2] - 14:4, 38:25 <b>presenting</b> [3] - 25:22, 27:12, 35:22 <b>presents</b> [2] - 35:27, 46:18 <b>pressure</b> [4] - 60:22, 80:1, 146:15, 153:6 <b>presumably</b> [2] - 18:12, 67:4 <b>presume</b> [6] - 23:27, 24:3, 25:16, 49:25, 56:22, 125:10 <b>pretty</b> [3] - 79:2, 121:21, 124:29 <b>prevalent</b> [1] - 16:28 <b>prevent</b> [1] - 8:3 <b>prevented</b> [1] - 128:28 <b>prevention</b> [2] - 8:4, 24:12 <b>previous</b> [7] - 6:23, 13:25, 24:17, 56:21,</p>
---	---	---	--	--	--

<p>150:5, 159:8, 159:9</p> <p><b>primary</b> [4] - 8:4, 11:6, 11:15, 37:15</p> <p><b>principle</b> [2] - 24:13, 124:1</p> <p><b>Private</b> [8] - 130:15, 135:8, 135:9, 136:29, 137:5, 137:29, 141:6, 156:14</p> <p><b>private</b> [5] - 27:27, 103:14, 137:7, 140:23, 143:20</p> <p><b>privately</b> [1] - 114:24</p> <p><b>privates</b> [1] - 140:5</p> <p><b>Privates</b> [6] - 84:10, 93:25, 137:29, 138:2, 151:27, 156:14</p> <p><b>privates'</b> [1] - 139:25</p> <p><b>privilege</b> [2] - 63:28, 108:25</p> <p><b>problem</b> [34] - 8:7, 29:8, 29:10, 31:28, 39:12, 46:14, 59:14, 60:28, 63:18, 73:22, 74:8, 84:20, 85:5, 87:5, 87:19, 87:20, 87:21, 87:22, 87:23, 87:27, 91:28, 94:6, 103:22, 103:23, 103:24, 106:15, 113:27, 115:23, 115:25, 115:28, 117:15, 149:22</p> <p><b>problems</b> [12] - 78:14, 78:19, 82:27, 83:1, 90:18, 91:22, 101:27, 102:13, 145:9, 147:19, 147:27, 148:12</p> <p><b>problems'</b> [1] - 103:10</p> <p><b>procedure</b> [8] - 35:20, 35:29, 52:29, 95:20, 119:7, 152:27, 155:24</p> <p><b>Procedures</b> [1] - 119:21</p>	<p><b>procedures</b> [10] - 35:17, 59:4, 96:13, 96:14, 96:27, 117:13, 119:20, 120:11, 131:14, 132:9</p> <p><b>proceed</b> [4] - 118:24, 118:28, 127:16, 127:22</p> <p><b>proceedings</b> [3] - 56:3, 86:15, 163:20</p> <p><b>process</b> [32] - 10:1, 10:23, 12:13, 13:11, 18:17, 35:25, 36:2, 41:3, 41:5, 41:6, 41:7, 51:5, 62:24, 72:17, 72:26, 76:2, 81:5, 82:19, 88:28, 89:2, 89:9, 96:5, 96:21, 96:25, 97:29, 105:1, 105:3, 106:23, 122:14, 125:24, 133:29</p> <p><b>process</b> [1] - 160:6</p> <p><b>processes</b> [16] - 5:22, 5:24, 47:3, 49:15, 69:20, 72:6, 72:7, 73:12, 73:15, 75:22, 82:24, 86:24, 128:13, 133:22, 153:29, 157:10</p> <p><b>produce</b> [1] - 47:18</p> <p><b>produced</b> [5] - 120:18, 120:23, 122:4, 122:20, 127:4</p> <p><b>professional</b> [3] - 21:15, 44:12, 103:15</p> <p><b>professionals</b> [1] - 114:2</p> <p><b>progress</b> [1] - 136:7</p> <p><b>progression</b> [5] - 24:24, 24:26, 25:12, 43:12, 45:9</p> <p><b>promise</b> [1] - 106:14</p> <p><b>prompted</b> [2] - 57:7, 57:11</p> <p><b>promptly</b> [1] - 24:11</p>	<p><b>proof</b> [2] - 30:21, 75:4</p> <p><b>proper</b> [3] - 83:7, 84:16, 94:8</p> <p><b>properly</b> [4] - 39:24, 77:21, 100:25, 117:14</p> <p><b>prospects</b> [1] - 33:26</p> <p><b>protect</b> [7] - 20:19, 39:29, 40:2, 88:10, 88:12, 117:18</p> <p><b>protected</b> [1] - 32:23</p> <p><b>prove</b> [4] - 75:1, 98:16, 98:17, 144:11</p> <p><b>provide</b> [2] - 31:13, 122:6</p> <p><b>provided</b> [5] - 88:19, 119:27, 120:14, 121:27, 148:20</p> <p><b>providing</b> [2] - 122:5, 126:22</p> <p><b>pseudonym</b> [1] - 49:22</p> <p><b>PSS</b> [13] - 73:4, 73:7, 73:9, 73:10, 73:17, 97:4, 133:6, 133:7, 133:10, 133:11, 148:19, 155:27</p> <p><b>psychiatric</b> [1] - 57:12</p> <p><b>psychiatrist</b> [26] - 48:6, 53:10, 53:14, 53:21, 53:26, 53:28, 54:11, 54:16, 56:19, 76:26, 83:9, 83:11, 83:25, 84:5, 84:12, 84:28, 84:29, 85:9, 87:3, 93:23, 94:4, 94:9, 94:15, 110:25, 111:3, 111:24</p> <p><b>psychiatrists</b> [1] - 15:11</p> <p><b>psychological</b> [6] - 12:5, 13:6, 14:29, 15:4, 15:26, 47:1</p> <p><b>psychologists</b> [1] - 15:11</p> <p><b>pub</b> [2] - 151:6, 151:7</p> <p><b>public</b> [4] -</p>	<p>32:11, 32:24, 87:2, 123:19</p> <p><b>pulled</b> [3] - 112:26, 138:11, 139:27</p> <p><b>punished</b> [1] - 142:14</p> <p><b>punishments</b> [1] - 140:14</p> <p><b>pure</b> [2] - 139:5, 140:10</p> <p><b>purely</b> [3] - 21:1, 21:4, 45:23</p> <p><b>purpose</b> [3] - 20:10, 39:27, 88:9</p> <p><b>purposes</b> [2] - 50:6, 122:22</p> <p><b>push</b> [1] - 118:1</p> <p><b>pushed</b> [4] - 71:7, 71:8, 71:26, 71:29</p> <p><b>pushing</b> [2] - 71:16, 71:27</p> <p><b>put</b> [43] - 27:26, 30:5, 32:1, 33:5, 44:9, 47:6, 64:28, 68:20, 68:24, 75:6, 77:8, 77:13, 77:26, 78:20, 85:4, 88:21, 91:11, 94:9, 95:7, 102:29, 103:9, 103:11, 105:24, 111:2, 114:13, 114:25, 117:27, 119:4, 119:9, 121:6, 122:23, 122:27, 124:16, 126:29, 130:14, 143:25, 146:5, 146:14, 147:16, 161:23, 162:27, 162:28</p> <p><b>putting</b> [3] - 58:20, 85:16, 110:17</p>	<p><b>questioned</b> [2] - 54:11, 149:7</p> <p><b>questioning</b> [2] - 41:16, 91:3</p> <p><b>questions</b> [44] - 22:13, 22:16, 22:19, 23:4, 33:7, 44:9, 53:29, 56:9, 56:17, 59:19, 61:8, 62:2, 62:13, 62:26, 62:28, 63:2, 63:21, 64:29, 65:8, 67:21, 67:22, 68:11, 68:25, 88:15, 91:11, 91:12, 92:1, 92:7, 94:10, 99:16, 99:17, 107:24, 107:29, 114:13, 120:24, 120:26, 121:22, 124:5, 126:13, 149:29, 153:24, 160:19</p> <p><b>quick</b> [1] - 103:1</p> <p><b>quickly</b> [1] - 77:1</p> <p><b>quiet</b> [1] - 143:15</p> <p><b>quieter</b> [1] - 143:16</p> <p><b>quite</b> [16] - 14:2, 28:9, 33:29, 79:18, 98:23, 132:20, 132:24, 138:19, 139:23, 139:24, 143:10, 161:17, 161:21, 162:14, 163:6</p>	<p>35:7, 46:8, 101:21</p> <p><b>rank</b> [13] - 49:22, 67:26, 69:28, 106:11, 116:20, 116:24, 128:20, 135:12, 137:2, 152:2, 152:26, 158:11, 161:12</p> <p><b>ranked</b> [1] - 148:11</p> <p><b>ranking</b> [1] - 142:11</p> <p><b>rated</b> [1] - 148:13</p> <p><b>rather</b> [1] - 58:19</p> <p><b>ray</b> [1] - 102:24</p> <p><b>re</b> [2] - 25:12, 50:18</p> <p><b>RE</b> [2] - 4:8, 41:13</p> <p><b>re-enlisted</b> [1] - 50:18</p> <p><b>RE-EXAMINED</b> [2] - 4:8, 41:13</p> <p><b>re-sign</b> [1] - 25:12</p> <p><b>reach</b> [1] - 30:16</p> <p><b>reaction</b> [3] - 47:29, 48:2, 82:14</p> <p><b>read</b> [3] - 134:7, 159:14, 159:21</p> <p><b>readily</b> [5] - 12:20, 13:10, 14:21, 16:9, 79:17</p> <p><b>reading</b> [2] - 59:4, 59:8</p> <p><b>reads</b> [1] - 159:27</p> <p><b>ready</b> [8] - 48:22, 115:7, 118:24, 118:26, 127:13, 127:21, 150:13</p> <p><b>real</b> [3] - 24:12, 87:17, 120:22</p> <p><b>realise</b> [1] - 87:18</p> <p><b>realised</b> [1] - 144:7</p> <p><b>realising</b> [1] - 87:19</p> <p><b>reality</b> [3] - 73:22, 74:12, 108:15</p> <p><b>really</b> [22] - 23:7, 30:5, 51:18, 58:2, 60:2, 66:27,</p>
<b>R</b>					
<p><b>race</b> [1] - 143:11</p> <p><b>raise</b> [8] - 59:24, 67:14, 82:2, 82:3, 82:6, 82:24, 83:11, 103:2</p> <p><b>raised</b> [12] - 59:28, 60:1, 60:5, 60:10, 60:12, 60:13, 60:17, 67:15, 81:17, 82:17, 103:18, 115:16</p> <p><b>rang</b> [6] - 141:6, 148:10, 152:12, 152:13, 158:19, 158:21</p> <p><b>range</b> [5] - 29:26, 31:14,</p>					
<b>Q</b>					
<p><b>qualified</b> [1] - 157:19</p> <p><b>quarter</b> [1] - 132:8</p> <p><b>quarters</b> [1] - 133:5</p> <p><b>QUESTIONED</b> [6] - 4:9, 4:22, 4:28, 44:5, 114:17, 160:22</p>					

<p>67:17, 84:8, 87:15, 90:21, 92:15, 103:21, 108:29, 117:6, 147:16, 149:11, 153:27, 156:25, 160:13, 162:20, 163:2</p> <p><b>reason</b> [22] - 8:21, 17:23, 45:7, 48:12, 54:7, 54:13, 54:14, 68:11, 69:23, 70:15, 85:14, 86:11, 99:11, 99:28, 101:3, 107:3, 107:5, 120:23, 128:17, 142:25, 159:17, 159:29</p> <p><b>reasonable</b> [4] - 73:11, 73:13, 103:8, 126:7</p> <p><b>reasoning</b> [1] - 30:15</p> <p><b>reasons</b> [8] - 39:23, 44:27, 48:8, 48:9, 49:18, 66:6, 98:28, 154:24</p> <p><b>rece</b> [1] - 79:20</p> <p><b>receive</b> [3] - 83:14, 131:13, 133:13</p> <p><b>received</b> [3] - 89:3, 131:3, 140:16</p> <p><b>receiving</b> [6] - 30:27, 72:5, 123:14, 123:20, 123:22, 134:6</p> <p><b>recession</b> [2] - 147:22, 162:27</p> <p><b>reclassified</b> [1] - 113:18</p> <p><b>recollect</b> [2] - 65:27, 162:7</p> <p><b>recollection</b> [7] - 89:23, 101:12, 121:9, 126:5, 131:16, 132:10, 132:12</p> <p><b>recommendati</b> <b>on</b> [1] - 74:20</p> <p><b>record</b> [3] - 45:5, 46:21, 49:9</p> <p><b>records</b> [2] - 13:26, 14:16</p> <p><b>recovered</b> [1] - 66:16</p>	<p><b>recovery</b> [1] - 83:8</p> <p><b>Recruit</b> [2] - 72:1, 131:29</p> <p><b>recruit</b> [32] - 72:19, 89:17, 94:27, 95:2, 95:5, 96:21, 98:10, 99:1, 99:2, 99:8, 99:12, 99:29, 100:2, 100:3, 100:9, 100:23, 101:2, 105:14, 106:1, 116:22, 117:24, 118:1, 121:8, 129:11, 132:18, 150:3, 150:18, 154:4, 155:3, 156:7, 157:18</p> <p><b>recruitment</b> [5] - 70:5, 70:10, 71:15, 71:19, 72:5</p> <p><b>recruits</b> [7] - 70:17, 71:7, 71:29, 96:4, 105:15, 121:10, 132:7</p> <p><b>rectified</b> [1] - 25:26</p> <p><b>Redress</b> [2] - 35:29, 132:9</p> <p><b>redress</b> [1] - 117:14</p> <p><b>refer</b> [7] - 15:16, 16:14, 49:21, 53:10, 69:27, 119:25, 128:19</p> <p><b>Reference</b> [1] - 22:21</p> <p><b>reference</b> [6] - 13:29, 16:21, 40:27, 41:21, 48:19, 109:12</p> <p><b>referenced</b> [1] - 90:1</p> <p><b>referral</b> [3] - 15:22, 57:7, 57:12</p> <p><b>referrals</b> [2] - 15:12, 15:13</p> <p><b>referred</b> [7] - 40:25, 46:17, 55:23, 119:25, 120:3, 123:6, 130:22</p> <p><b>referring</b> [3] - 40:24, 46:23, 69:28</p>	<p><b>refers</b> [1] - 47:18</p> <p><b>reflect</b> [1] - 46:1</p> <p><b>reflected</b> [2] - 10:11, 45:6</p> <p><b>reflection</b> [1] - 17:8</p> <p><b>refrain</b> [3] - 49:19, 69:24, 128:17</p> <p><b>refresh</b> [1] - 89:6</p> <p><b>regard</b> [6] - 39:11, 45:7, 89:2, 90:14, 108:23, 120:16</p> <p><b>regarding</b> [1] - 9:18</p> <p><b>regardless</b> [3] - 16:26, 24:11, 35:5</p> <p><b>regards</b> [3] - 10:20, 11:15, 103:17</p> <p><b>regime</b> [2] - 104:29, 132:7</p> <p><b>Regiment</b> [1] - 70:7</p> <p><b>regiment</b> [1] - 71:20</p> <p><b>regions</b> [1] - 8:1</p> <p><b>Registrar</b> [1] - 97:1</p> <p><b>registration</b> [1] - 61:8</p> <p><b>regular</b> [1] - 59:15</p> <p><b>regularly</b> [2] - 23:21, 111:6</p> <p><b>Regulations</b> [1] - 26:4</p> <p><b>regulations</b> [1] - 36:22</p> <p><b>regulatory</b> [2] - 21:13, 21:21</p> <p><b>reinforced</b> [1] - 23:21</p> <p><b>reinterviewing</b> [1] - 122:14</p> <p><b>reiterate</b> [1] - 5:12</p> <p><b>reject</b> [1] - 126:25</p> <p><b>rejoin</b> [1] - 70:21</p> <p><b>rejoined</b> [3] - 70:29, 71:18, 89:25</p> <p><b>relapse</b> [1] - 53:26</p> <p><b>relate</b> [2] - 66:6, 72:23</p> <p><b>related</b> [2] -</p>	<p>59:27, 74:22</p> <p><b>relation</b> [36] - 5:6, 5:9, 6:25, 9:25, 47:3, 49:16, 49:17, 51:14, 51:24, 56:3, 56:18, 57:27, 57:28, 59:20, 59:21, 60:6, 60:7, 63:5, 69:21, 69:22, 99:21, 104:22, 108:4, 118:29, 120:8, 125:7, 125:27, 128:14, 128:15, 129:13, 131:13, 133:13, 133:22, 134:5, 142:6, 147:5</p> <p><b>relax</b> [1] - 123:18</p> <p><b>released</b> [1] - 31:5</p> <p><b>relevance</b> [1] - 68:18</p> <p><b>relevant</b> [7] - 119:11, 120:1, 121:26, 122:17, 122:23, 123:27, 124:3</p> <p><b>relieved</b> [2] - 150:20, 150:21</p> <p><b>relieving</b> [1] - 138:22</p> <p><b>reluctance</b> [8] - 15:3, 16:27, 17:1, 17:5, 17:10, 17:21, 17:22</p> <p><b>reluctant</b> [7] - 11:13, 16:1, 30:2, 31:7, 39:23, 67:13, 146:13</p> <p><b>rely</b> [3] - 120:13, 123:28, 124:25</p> <p><b>remarks</b> [4] - 57:25, 131:2, 131:8, 151:11</p> <p><b>remember</b> [48] - 22:18, 89:26, 90:10, 95:27, 98:10, 99:1, 99:6, 99:9, 105:10, 130:3, 130:11, 130:16, 131:16, 132:17, 132:22, 136:21, 137:1, 138:12, 138:13, 140:7, 140:14, 140:25, 141:10, 141:11, 141:26,</p>	<p>143:5, 145:29, 146:2, 146:9, 146:11, 146:24, 150:20, 150:26, 151:4, 151:22, 151:25, 154:10, 154:15, 154:20, 155:15, 156:5, 156:6, 156:8, 159:14, 160:2, 162:19, 162:21</p> <p><b>remembers</b> [2] - 126:8</p> <p><b>remind</b> [1] - 120:11</p> <p><b>reminded</b> [2] - 23:25, 23:27</p> <p><b>remit</b> [3] - 6:9, 6:10, 67:18</p> <p><b>remote</b> [1] - 121:18</p> <p><b>remove</b> [2] - 15:8, 60:24</p> <p><b>removed</b> [2] - 60:22, 60:26</p> <p><b>remuneration</b> [1] - 20:26</p> <p><b>repatriation</b> [11] - 14:11, 18:28, 19:7, 19:15, 23:26, 23:27, 28:19, 30:12, 65:25, 102:20, 103:13</p> <p><b>repeat</b> [1] - 91:24</p> <p><b>repeatedly</b> [1] - 34:1</p> <p><b>repellent</b> [1] - 8:5</p> <p><b>repercussions</b> [1] - 60:23</p> <p><b>reply</b> [2] - 91:3, 93:8</p> <p><b>report</b> [24] - 19:21, 23:5, 23:8, 23:12, 24:10, 27:17, 28:17, 30:8, 30:12, 31:18, 34:24, 37:22, 39:23, 40:10, 47:7, 58:28, 65:15, 65:19, 65:27, 68:4, 81:1, 108:10</p> <p><b>reported</b> [3] - 25:17, 40:8, 81:14</p> <p><b>reporting</b> [11] -</p>	<p>17:29, 18:8, 18:15, 25:5, 27:7, 30:7, 30:9, 63:18, 66:21, 67:16, 110:23</p> <p><b>reports</b> [2] - 27:23, 32:29</p> <p><b>representative</b> [2] - 96:16, 156:3</p> <p><b>REPRESENTE</b> <b>D</b> [1] - 3:4</p> <p><b>representing</b> [5] - 62:11, 120:7, 130:1, 162:23, 163:8</p> <p><b>reproduced</b> [1] - 3:25</p> <p><b>request</b> [4] - 122:1, 142:18, 142:21, 142:29</p> <p><b>requested</b> [1] - 128:17</p> <p><b>require</b> [4] - 19:26, 19:27, 36:14, 39:10</p> <p><b>required</b> [11] - 9:5, 15:22, 19:22, 34:10, 37:21, 39:4, 49:19, 60:8, 69:24, 120:21, 123:11</p> <p><b>requirement</b> [1] - 46:15</p> <p><b>requirements</b> [1] - 24:29</p> <p><b>research</b> [2] - 46:28, 47:14</p> <p><b>resided</b> [1] - 61:3</p> <p><b>resources</b> [1] - 125:2</p> <p><b>respect</b> [3] - 5:24, 86:15, 126:17</p> <p><b>respondent</b> [1] - 3:25</p> <p><b>response</b> [4] - 44:16, 44:17, 83:15, 84:16</p> <p><b>responsibility</b> [1] - 42:14</p> <p><b>responsible</b> [4] - 22:5, 61:7, 86:26, 86:27</p> <p><b>rest</b> [6] - 26:8, 39:17, 45:20, 86:13, 96:17, 115:10</p> <p><b>restarted</b> [1] - 43:18</p>
--	---	---	--	---	---

<p><b>restless</b> [1] - 35:2</p> <p><b>restrictions</b> [1] - 20:13</p> <p><b>result</b> [11] - 41:1, 54:17, 55:12, 62:18, 66:1, 76:12, 88:20, 93:12, 128:26, 142:18, 148:29</p> <p><b>results</b> [1] - 38:28</p> <p><b>RESUMED</b> [1] - 5:1</p> <p><b>return</b> [8] - 11:9, 11:10, 19:8, 32:17, 40:3, 58:14, 84:1, 123:1</p> <p><b>returned</b> [2] - 7:18, 53:23</p> <p><b>returning</b> [1] - 58:16</p> <p><b>review</b> [6] - 19:15, 19:26, 37:14, 37:16, 53:2, 53:7</p> <p><b>reviewed</b> [1] - 52:27</p> <p><b>reviews</b> [3] - 14:9, 18:20, 36:8</p> <p><b>revision</b> [1] - 122:15</p> <p><b>rewind</b> [1] - 129:21</p> <p><b>ridiculed</b> [1] - 139:17</p> <p><b>rights</b> [1] - 5:14</p> <p><b>ringing</b> [3] - 144:3, 144:10, 161:5</p> <p><b>riot</b> [1] - 77:16</p> <p><b>rise</b> [2] - 69:2, 127:11</p> <p><b>risk</b> [3] - 27:16, 35:9, 39:20</p> <p><b>risks</b> [1] - 43:15</p> <p><b>Road</b> [1] - 32:5</p> <p><b>roaring</b> [3] - 140:25, 151:11, 151:24</p> <p><b>robust</b> [2] - 71:12, 71:25</p> <p><b>role</b> [4] - 7:14, 62:10, 71:10</p> <p><b>rolling</b> [1] - 116:8</p> <p><b>Room</b> [1] - 58:27</p> <p><b>room</b> [21] - 22:5,</p>	<p>58:27, 60:14, 62:5, 95:26, 95:27, 103:11, 143:22, 143:25, 144:1, 144:2, 150:7, 151:16, 151:17, 151:18, 151:19, 151:20, 151:22, 154:13, 161:18</p> <p><b>rooms</b> [1] - 151:5</p> <p><b>root</b> [2] - 103:22, 103:24</p> <p><b>row</b> [1] - 123:18</p> <p><b>run</b> [5] - 71:27, 98:22, 118:4, 143:23, 143:29</p> <p><b>runs</b> [1] - 153:10</p>	<p><b>screened</b> [1] - 9:2</p> <p><b>second</b> [15] - 20:6, 52:3, 56:20, 63:20, 71:18, 72:19, 89:7, 89:17, 95:3, 97:22, 101:1, 109:26, 110:8, 113:23, 133:4</p> <p><b>secondary</b> [3] - 40:3, 95:28</p> <p><b>secondly</b> [5] - 38:13, 38:20, 114:28, 125:7, 132:11</p> <p><b>section</b> [4] - 8:26, 9:14, 135:3, 156:8</p> <p><b>Section</b> [1] - 9:14</p> <p><b>security</b> [1] - 137:28</p> <p><b>see</b> [50] - 10:5, 15:20, 19:12, 22:7, 30:26, 31:3, 38:6, 39:6, 46:15, 46:16, 46:21, 46:22, 46:23, 46:27, 48:12, 57:2, 65:21, 75:4, 87:10, 87:12, 87:17, 87:26, 87:27, 90:29, 93:4, 93:23, 94:14, 94:15, 94:16, 99:17, 102:18, 102:24, 105:13, 105:17, 109:11, 113:13, 114:29, 115:20, 115:22, 115:28, 116:2, 117:9, 117:12, 117:16, 127:2, 129:21, 135:7, 139:21, 157:20, 161:22</p> <p><b>seeing</b> [5] - 75:3, 97:14, 111:7, 116:13, 152:4</p> <p><b>seek</b> [5] - 6:9, 6:10, 37:6, 112:22, 123:26</p> <p><b>seeked</b> [1] - 112:24</p> <p><b>seeking</b> [1] - 36:12</p> <p><b>seeks</b> [1] - 5:25</p> <p><b>seem</b> [3] - 14:24,</p>	<p>30:5, 125:19</p> <p><b>sees</b> [2] - 38:2, 45:12</p> <p><b>selected</b> [5] - 50:25, 63:23, 64:15, 64:18, 110:8</p> <p><b>selflessness</b> [1] - 117:23</p> <p><b>senior</b> [12] - 26:23, 66:29, 67:26, 68:3, 75:22, 76:4, 101:4, 135:12, 152:1, 152:26, 156:21, 161:12</p> <p><b>Senior</b> [4] - 75:28, 86:6, 130:24, 144:22</p> <p><b>sense</b> [5] - 67:28, 112:5, 122:18, 156:18, 161:26</p> <p><b>sensitive</b> [2] - 45:3, 91:26</p> <p><b>sensitivity</b> [3] - 26:6, 45:13, 46:5</p> <p><b>sent</b> [9] - 25:6, 34:2, 34:14, 74:16, 75:26, 81:20, 93:21, 113:26, 124:13</p> <p><b>sentiments</b> [1] - 124:11</p> <p><b>separate</b> [2] - 36:2, 116:5</p> <p><b>sequence</b> [4] - 7:9, 84:22, 143:6, 143:8</p> <p><b>sequential</b> [1] - 110:12</p> <p><b>sequentially</b> [1] - 108:18</p> <p><b>sergeant</b> [3] - 138:12, 158:4, 158:8</p> <p><b>Sergeant</b> [13] - 59:1, 59:3, 60:14, 63:18, 73:20, 152:10, 152:18, 158:6, 158:9, 158:11, 158:16, 159:18</p> <p><b>serious</b> [3] - 87:12, 107:8, 159:13</p> <p><b>seriously</b> [6] - 104:12, 159:5, 159:16, 159:19, 160:9</p>	<p><b>serve</b> [3] - 64:15, 64:18, 163:5</p> <p><b>served</b> [2] - 122:12, 122:24</p> <p><b>serves</b> [2] - 20:19, 54:25</p> <p><b>service</b> [17] - 11:17, 12:19, 12:20, 12:25, 16:10, 16:11, 16:14, 19:7, 20:15, 34:2, 36:14, 43:4, 53:15, 63:24, 65:10, 73:4, 148:19</p> <p><b>Service</b> [18] - 12:20, 12:23, 16:5, 29:28, 73:5, 97:5, 97:12, 97:13, 97:26, 99:22, 105:4, 105:7, 105:22, 105:24, 106:22, 116:11, 117:9, 117:12</p> <p><b>Services</b> [5] - 3:24, 3:26, 81:27, 111:18, 116:29</p> <p><b>services</b> [1] - 109:29</p> <p><b>servicing</b> [5] - 28:26, 63:28, 64:6, 64:9, 88:12</p> <p><b>set</b> [5] - 37:4, 94:25, 119:20, 125:17, 127:19</p> <p><b>setting</b> [2] - 49:26, 132:16</p> <p><b>seven</b> [2] - 20:3, 143:27</p> <p><b>seven-digit</b> [1] - 20:3</p> <p><b>severe</b> [2] - 31:15, 76:11</p> <p><b>severely</b> [2] - 76:15, 83:18</p> <p><b>sexual</b> [1] - 13:4</p> <p><b>SEÁN</b> [3] - 3:5, 3:6, 3:7</p> <p><b>shadow</b> [1] - 149:14</p> <p><b>share</b> [2] - 21:22, 68:27</p> <p><b>shared</b> [1] - 21:5</p> <p><b>sharing</b> [1] - 163:13</p> <p><b>sheep</b> [2] - 113:26, 138:8</p>	<p><b>shied</b> [1] - 112:8</p> <p><b>shift</b> [3] - 44:22, 44:25, 44:26</p> <p><b>shifts</b> [1] - 59:7</p> <p><b>shite</b> [1] - 153:11</p> <p><b>shoot</b> [1] - 38:5</p> <p><b>short</b> [4] - 89:24, 89:27, 94:29, 95:1</p> <p><b>Short</b> [1] - 114:6</p> <p><b>shortly</b> [2] - 40:26, 123:3</p> <p><b>shouting</b> [2] - 142:16, 151:18</p> <p><b>show</b> [3] - 70:15, 145:6</p> <p><b>shown</b> [1] - 121:4</p> <p><b>shtum</b> [1] - 67:27</p> <p><b>sick</b> [28] - 29:24, 52:21, 53:3, 57:22, 57:26, 57:28, 58:2, 58:7, 59:17, 81:1, 82:28, 83:23, 83:26, 108:10, 110:1, 112:12, 146:19, 146:22, 146:25, 146:27, 146:28, 154:25, 154:26, 154:27, 155:2, 158:20, 158:23</p> <p><b>sickness</b> [2] - 57:18, 57:19</p> <p><b>side</b> [33] - 5:17, 11:28, 12:2, 12:5, 13:6, 14:29, 15:4, 18:8, 19:13, 23:10, 23:11, 25:5, 27:7, 27:24, 28:2, 28:12, 28:14, 28:20, 28:23, 28:28, 30:8, 30:13, 47:15, 47:19, 47:25, 54:24, 55:14, 74:3, 76:12, 77:2, 82:18, 103:18, 122:16</p> <p><b>sides</b> [2] - 72:29, 73:1</p> <p><b>sign</b> [2] - 25:12, 132:23</p> <p><b>significance</b> [2] - 75:23, 103:12</p> <p><b>significant</b> [11] -</p>
<b>S</b>					
<p><b>safely</b> [2] - 32:12, 100:25</p> <p><b>Safety</b> [1] - 32:5</p> <p><b>safety</b> [2] - 32:9, 42:17</p> <p><b>Saharan</b> [3] - 7:29, 34:15, 34:26</p> <p><b>sake</b> [2] - 38:12, 133:3</p> <p><b>salts</b> [2] - 79:16, 79:19</p> <p><b>satisfactory</b> [2] - 82:15, 83:14</p> <p><b>Saturday</b> [2] - 141:14, 150:24</p> <p><b>save</b> [1] - 119:27</p> <p><b>saw</b> [10] - 53:9, 57:8, 64:14, 83:9, 93:5, 94:15, 101:10, 108:2, 108:9, 114:1</p> <p><b>scaffolding</b> [2] - 111:25, 111:26</p> <p><b>scenario</b> [3] - 12:13, 77:26, 111:9</p> <p><b>scenarios</b> [1] - 77:15</p> <p><b>scheduled</b> [1] - 69:2</p> <p><b>school</b> [3] - 95:28, 154:3</p> <p><b>scientific</b> [1] - 47:14</p> <p><b>screen</b> [2] - 134:8, 151:11</p>					

<p>9:24, 14:2, 16:4, 16:11, 17:24, 17:26, 29:5, 31:13, 33:22, 107:28, 108:25</p> <p><b>signing</b> [1] - 24:29</p> <p><b>signing-on</b> [1] - 24:29</p> <p><b>signs</b> [1] - 19:18</p> <p><b>silty</b> [1] - 139:26</p> <p><b>similar</b> [1] - 116:6</p> <p><b>simply</b> [1] - 65:15</p> <p><b>Sinead</b> [1] - 107:25</p> <p><b>single</b> [3] - 17:25, 29:29, 95:27</p> <p><b>sister</b> [1] - 148:17</p> <p><b>sit</b> [1] - 59:2</p> <p><b>site</b> [1] - 114:28</p> <p><b>sitting</b> [6] - 59:8, 138:6, 138:20, 138:25, 158:20, 158:24</p> <p><b>situation</b> [5] - 12:10, 25:27, 114:4, 130:4, 151:24</p> <p><b>situations</b> [1] - 42:9</p> <p><b>six</b> [13] - 28:28, 34:9, 34:10, 51:9, 52:10, 52:11, 108:5, 109:8, 109:10, 109:23, 109:24, 138:20, 143:26</p> <p><b>skiving</b> [1] - 66:27</p> <p><b>sleeping</b> [5] - 35:3, 138:5, 138:11, 138:15, 138:16</p> <p><b>sleeves</b> [1] - 8:5</p> <p><b>slow</b> [1] - 104:13</p> <p><b>slowly</b> [2] - 80:26, 104:14</p> <p><b>small</b> [6] - 12:18, 19:5, 43:10, 88:21, 90:10, 121:8</p> <p><b>smallest</b> [1] - 139:26</p> <p><b>smart</b> [1] - 117:3</p> <p><b>smell</b> [2] - 151:8, 151:12</p>	<p><b>smock</b> [1] - 138:19</p> <p><b>smooth</b> [1] - 139:26</p> <p><b>sniggery</b> [1] - 57:25</p> <p><b>so..</b> [3] - 8:24, 38:7, 104:8</p> <p><b>soccer</b> [3] - 143:27, 143:28, 144:12</p> <p><b>social</b> [1] - 48:9</p> <p><b>soldier</b> [15] - 17:3, 25:6, 27:6, 27:16, 30:10, 39:23, 40:16, 41:2, 41:3, 42:15, 42:24, 99:7, 99:9, 100:24, 157:19</p> <p><b>soldiers</b> [17] - 16:28, 23:9, 24:4, 24:7, 24:22, 24:27, 28:5, 28:15, 29:17, 30:7, 32:28, 33:29, 39:28, 71:9, 84:6, 93:25, 151:27</p> <p><b>SOLE</b> [70] - 4:9, 4:22, 4:28, 5:4, 6:3, 6:12, 22:14, 22:18, 22:25, 33:4, 33:9, 33:11, 33:13, 41:9, 41:11, 44:3, 44:5, 44:8, 48:21, 48:25, 56:9, 59:23, 60:3, 61:21, 64:27, 67:13, 67:20, 67:29, 68:7, 68:15, 68:20, 69:1, 69:8, 88:16, 91:10, 91:14, 107:18, 114:12, 114:17, 114:20, 118:14, 118:17, 118:20, 118:23, 118:26, 120:17, 121:1, 121:15, 121:21, 121:24, 122:1, 123:13, 124:17, 125:13, 126:1, 126:28, 127:10, 127:21, 127:24, 128:9, 140:20, 146:13, 146:17, 149:23, 150:16, 153:14, 160:18, 160:22,</p>	<p>160:25, 163:10</p> <p><b>solely</b> [4] - 36:3, 131:3, 136:4, 136:5</p> <p><b>solicitor</b> [2] - 98:4, 149:9</p> <p><b>SOLICITOR</b> [1] - 3:6</p> <p><b>Solicitors</b> [1] - 119:3</p> <p><b>SOLICITORS</b> [2] - 3:5, 3:7</p> <p><b>solicitors</b> [2] - 98:5, 131:21</p> <p><b>solution</b> [2] - 84:20, 115:20</p> <p><b>solved</b> [2] - 115:23, 115:26</p> <p><b>someone</b> [24] - 14:26, 17:3, 20:14, 22:3, 25:21, 27:12, 29:11, 30:26, 45:10, 45:12, 45:17, 45:29, 47:28, 48:8, 48:10, 72:11, 85:6, 104:12, 106:15, 116:18, 138:23, 152:25, 158:25</p> <p><b>sometimes</b> [6] - 47:26, 64:14, 122:10, 122:13, 123:5, 161:3</p> <p><b>somewhere</b> [2] - 93:5, 108:9</p> <p><b>soon</b> [2] - 87:20, 123:28</p> <p><b>sooner</b> [3] - 111:28, 112:3, 120:19</p> <p><b>sorry</b> [20] - 7:18, 15:13, 16:26, 46:22, 58:1, 60:19, 97:4, 114:7, 118:13, 118:14, 122:7, 134:7, 134:9, 136:10, 137:13, 142:12, 146:13, 146:18, 155:7, 162:5</p> <p><b>sorry..</b> [1] - 16:19</p> <p><b>sort</b> [7] - 36:8, 59:14, 60:23, 89:21, 111:25, 131:5, 141:23</p> <p><b>sought</b> [5] -</p>	<p>63:29, 108:26, 108:28, 113:1, 113:8</p> <p><b>South</b> [1] - 43:16</p> <p><b>speaking</b> [3] - 58:6, 84:1, 110:5</p> <p><b>spec</b> [1] - 139:27</p> <p><b>specific</b> [9] - 24:18, 33:21, 44:29, 46:6, 46:7, 48:2, 50:7, 94:10, 101:23</p> <p><b>specifically</b> [5] - 28:15, 36:24, 37:1, 49:27, 54:10</p> <p><b>specifics</b> [1] - 150:4</p> <p><b>spend</b> [1] - 159:22</p> <p><b>spent</b> [2] - 150:14, 150:15</p> <p><b>sphere</b> [1] - 10:12</p> <p><b>splitting</b> [1] - 89:21</p> <p><b>spoken</b> [3] - 14:28, 56:29, 61:9</p> <p><b>spot</b> [1] - 61:4</p> <p><b>spreads</b> [1] - 67:9</p> <p><b>Squadron</b> [1] - 73:20</p> <p><b>squadron</b> [1] - 85:18</p> <p><b>square</b> [9] - 29:12, 137:23, 140:9, 140:10, 142:16, 143:21, 151:4, 161:19</p> <p><b>St</b> [1] - 93:9</p> <p><b>stab</b> [1] - 58:21</p> <p><b>staff</b> [3] - 22:5, 140:28, 140:29</p> <p><b>stage</b> [17] - 23:24, 34:1, 35:18, 35:28, 58:17, 65:11, 66:10, 83:21, 92:28, 93:20, 109:27, 111:8, 113:17, 128:11, 128:23, 133:20, 152:12</p> <p><b>stages</b> [1] - 28:17</p> <p><b>stairs</b> [2] - 151:17, 151:19</p> <p><b>stand</b> [1] - 118:9</p>	<p><b>stands</b> [1] - 163:12</p> <p><b>Star</b> [9] - 129:12, 129:18, 129:28, 131:4, 134:11, 134:17, 134:23, 135:22, 150:18</p> <p><b>start</b> [9] - 62:9, 62:22, 101:22, 104:13, 116:8, 123:19, 130:3, 135:25, 145:4</p> <p><b>started</b> [18] - 77:3, 77:9, 80:25, 81:7, 112:14, 119:17, 130:1, 130:4, 135:24, 135:27, 136:2, 137:26, 138:29, 139:11, 144:28, 145:1, 155:6, 155:9</p> <p><b>starting</b> [2] - 98:14, 98:15</p> <p><b>starts</b> [1] - 56:21</p> <p><b>state</b> [4] - 36:9, 57:9, 77:11, 84:6</p> <p><b>State</b> [2] - 71:11, 119:2</p> <p><b>statement</b> [16] - 5:13, 6:22, 7:2, 7:4, 7:9, 8:26, 9:14, 49:7, 49:10, 51:15, 125:22, 128:5, 128:6, 133:9, 137:19, 163:10</p> <p><b>statements</b> [7] - 6:1, 6:4, 50:4, 62:29, 68:7, 76:10, 119:8</p> <p><b>Station</b> [2] - 93:17, 93:18</p> <p><b>statistically</b> [1] - 28:27</p> <p><b>statistics</b> [1] - 33:29</p> <p><b>status</b> [8] - 10:29, 16:29, 21:26, 21:29, 36:4, 37:22, 37:26, 39:10</p> <p><b>stay</b> [2] - 147:20, 161:29</p> <p><b>stays</b> [1] - 90:6</p> <p><b>Stenography</b> [2] - 3:24, 3:26</p> <p><b>stick</b> [2] - 68:7, 152:19</p> <p><b>stigma</b> [3] -</p>	<p>15:8, 82:27, 106:13</p> <p><b>stigmatisation</b> [1] - 112:17</p> <p><b>still</b> [16] - 53:2, 76:16, 76:17, 87:16, 104:11, 106:13, 111:25, 111:26, 111:27, 115:2, 134:3, 134:4, 135:15, 137:16, 149:16, 162:7</p> <p><b>stomach</b> [1] - 103:3</p> <p><b>stonewall</b> [1] - 83:17</p> <p><b>stonewalled</b> [1] - 82:13</p> <p><b>stop</b> [7] - 67:5, 70:19, 70:21, 73:24, 79:15, 141:22, 151:26</p> <p><b>stopped</b> [5] - 25:23, 58:6, 61:7, 111:29</p> <p><b>stopping</b> [2] - 59:29, 138:8</p> <p><b>stories</b> [9] - 74:29, 75:1, 75:6, 75:8, 75:10, 75:15, 80:10, 100:18, 100:20</p> <p><b>story</b> [3] - 90:24, 108:19, 142:14</p> <p><b>straight</b> [2] - 144:5, 153:1</p> <p><b>straightaway</b> [3] - 81:20, 90:9, 144:4</p> <p><b>strain</b> [1] - 36:11</p> <p><b>strangers</b> [1] - 62:5</p> <p><b>stray</b> [1] - 22:23</p> <p><b>strength</b> [2] - 36:20, 78:6</p> <p><b>stress</b> [1] - 57:6</p> <p><b>stressful</b> [4] - 24:5, 35:15, 57:4, 62:4</p> <p><b>stressors</b> [1] - 35:7</p> <p><b>strictly</b> [2] - 22:19, 67:21</p> <p><b>strong</b> [2] - 24:13, 112:5</p> <p><b>stuck</b> [2] - 136:23, 136:26</p> <p><b>study</b> [1] - 31:5</p> <p><b>stuff</b> [11] -</p>
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<p>143:12  <b>tours</b> [2] - 34:9, 34:10  <b>Tours</b> [1] - 8:16  <b>towards</b> [7] - 54:15, 57:15, 61:15, 67:28, 89:9, 136:3, 144:22  <b>toxic</b> [1] - 67:12  <b>tracksuit</b> [3] - 132:20, 132:27, 154:23  <b>train</b> [1] - 77:22  <b>trained</b> [7] - 39:5, 71:8, 77:21, 94:25, 99:7, 99:9, 100:23  <b>training</b> [57] - 38:16, 38:18, 50:12, 50:20, 70:5, 70:9, 71:12, 71:13, 71:22, 72:4, 72:7, 72:19, 72:24, 77:14, 77:25, 89:3, 89:17, 94:28, 95:2, 95:5, 96:21, 101:2, 105:16, 117:25, 118:2, 120:26, 121:9, 121:10, 121:18, 121:22, 129:9, 129:11, 129:13, 129:18, 129:20, 129:28, 131:13, 132:6, 132:14, 132:19, 132:29, 133:21, 134:11, 134:15, 134:18, 134:23, 134:26, 135:28, 140:23, 150:3, 150:12, 150:18, 152:12, 152:19, 155:3, 162:18  <b>Training</b> [4] - 70:8, 98:8, 131:29  <b>transcripts</b> [1] - 119:8  <b>Transcripts</b> [1] - 3:24  <b>transfer</b> [2] - 142:19, 142:29  <b>transferred</b> [3] - 134:20, 142:21, 162:28  <b>traumatic</b> [1] - 54:1</p>	<p><b>treat</b> [1] - 32:16  <b>treated</b> [6] - 37:24, 146:8, 146:9, 146:12, 147:15  <b>treatment</b> [16] - 7:23, 9:7, 29:14, 36:12, 38:10, 38:13, 54:15, 76:24, 86:28, 87:1, 94:2, 94:17, 117:7, 131:5, 134:5, 142:18  <b>TRIBUNAL</b> [3] - 5:1, 69:5, 163:25  <b>Tribunal</b> [91] - 5:14, 5:22, 5:29, 6:5, 6:6, 6:8, 6:24, 7:2, 9:15, 10:3, 15:24, 19:1, 19:28, 22:20, 23:6, 34:1, 46:29, 49:6, 49:14, 49:26, 49:27, 59:25, 62:23, 67:18, 68:27, 74:9, 74:12, 76:2, 79:5, 80:23, 86:3, 86:22, 88:2, 90:13, 92:14, 95:17, 96:8, 96:11, 96:20, 98:3, 98:12, 98:25, 98:28, 98:29, 99:6, 99:23, 100:11, 104:16, 105:2, 118:18, 119:1, 119:7, 119:21, 119:22, 119:28, 120:5, 120:14, 121:12, 121:14, 121:17, 121:19, 122:3, 122:5, 122:11, 122:18, 122:21, 122:26, 122:29, 123:10, 123:14, 123:20, 123:21, 124:4, 124:12, 125:24, 126:22, 126:23, 126:25, 128:4, 128:12, 128:15, 128:23, 131:18, 154:5, 154:22, 156:29, 157:9, 157:12, 159:1, 159:2  <b>Tribunal's</b> [5] - 6:2, 6:25, 60:4,</p>	<p>69:18, 163:16  <b>Tribunal..</b> [1] - 124:23  <b>tried</b> [4] - 111:4, 115:5, 151:23, 152:10  <b>trip</b> [11] - 23:24, 26:16, 45:20, 50:23, 50:25, 51:21, 52:3, 56:6, 78:13, 112:26, 115:7  <b>trips</b> [6] - 8:23, 8:24, 20:23, 43:11, 43:14, 45:8  <b>troop</b> [1] - 79:20  <b>trooper</b> [1] - 106:13  <b>troopers</b> [1] - 84:9  <b>troubles</b> [1] - 147:23  <b>truck</b> [2] - 32:20, 32:21  <b>true</b> [11] - 13:17, 21:17, 25:8, 43:16, 45:25, 64:12, 70:11, 75:15, 88:1, 92:24, 140:4  <b>trump</b> [1] - 44:21  <b>trust</b> [4] - 11:9, 15:20, 29:28, 116:18  <b>truth</b> [3] - 77:23, 113:29, 163:12  <b>try</b> [3] - 92:3, 100:10, 134:14  <b>trying</b> [7] - 65:21, 126:22, 130:7, 130:9, 134:7, 136:20, 136:23  <b>tumbleweed</b> [1] - 111:9  <b>turn</b> [5] - 83:28, 147:18, 147:24, 148:25, 160:25  <b>turned</b> [5] - 138:13, 147:20, 151:13, 151:15, 158:19  <b>twelve</b> [1] - 24:29  <b>twelve-year</b> [1] - 24:29  <b>twice</b> [4] - 94:25, 95:6, 95:18, 121:9</p>	<p><b>Two</b> [4] - 129:11, 134:23, 135:22, 150:17  <b>two</b> [46] - 10:13, 20:3, 30:6, 36:29, 39:23, 42:9, 44:8, 47:6, 49:10, 52:9, 52:24, 52:26, 58:7, 58:8, 63:1, 75:3, 84:9, 85:1, 85:27, 88:20, 93:10, 93:11, 93:12, 93:25, 95:17, 98:21, 100:2, 100:7, 100:9, 109:29, 112:20, 114:13, 124:28, 128:7, 135:5, 139:2, 139:4, 139:22, 140:2, 140:8, 147:24, 149:28, 160:19, 160:27  <b>two-week</b> [1] - 58:7  <b>type</b> [3] - 10:16, 66:9, 136:3  <b>types</b> [2] - 10:13, 30:1</p>	<p><b>understood</b> [6] - 67:25, 69:26, 70:1, 84:23, 128:22, 131:21  <b>undertake</b> [1] - 25:11  <b>UNDOF</b> [1] - 43:20  <b>unfamiliar</b> [1] - 35:14  <b>unfit</b> [3] - 25:24, 44:24  <b>unfortunately</b> [1] - 53:26  <b>UNIFIL</b> [1] - 35:10  <b>uniform</b> [2] - 132:19, 154:23  <b>uniforms</b> [1] - 155:1  <b>unintentionally</b> [1] - 22:23  <b>union</b> [3] - 96:14, 97:25, 106:23  <b>unique</b> [1] - 71:10  <b>Unit</b> [2] - 22:4, 46:11  <b>unit</b> [21] - 20:12, 20:14, 21:5, 21:24, 22:2, 22:4, 38:2, 39:9, 39:12, 56:28, 67:12, 72:11, 72:25, 72:26, 73:19, 75:23, 76:3, 85:10, 90:10, 90:11, 93:21  <b>units</b> [3] - 75:9, 90:12, 113:27  <b>unless</b> [2] - 31:26, 87:17  <b>unlike</b> [2] - 13:4, 96:3  <b>unlikely</b> [4] - 11:27, 79:8, 79:9, 133:15  <b>unpaid</b> [1] - 52:21  <b>unreasonable</b> [1] - 154:14  <b>unsatisfactory</b> [1] - 119:15  <b>unsuitable</b> [1] - 25:27  <b>UNTIL</b> [1] - 163:25  <b>untreated</b> [1] - 38:19</p>	<p><b>unwell</b> [1] - 92:22  <b>up</b> [62] - 8:20, 13:2, 14:28, 22:23, 30:4, 31:16, 37:4, 43:17, 53:19, 59:4, 72:2, 72:12, 72:28, 73:17, 78:21, 78:29, 80:27, 85:12, 85:15, 87:6, 90:28, 96:23, 98:15, 98:16, 102:25, 103:1, 103:9, 105:14, 106:16, 114:25, 115:11, 116:19, 117:27, 118:9, 129:21, 130:2, 130:8, 130:15, 132:17, 132:18, 135:6, 138:4, 138:11, 138:27, 139:4, 140:2, 143:19, 144:4, 144:6, 147:16, 150:7, 150:26, 151:19, 151:22, 151:23, 156:6, 161:18, 161:22, 163:12  <b>upgraded</b> [2] - 53:24, 66:16  <b>urge</b> [1] - 6:11  <b>urgency</b> [1] - 121:28</p>
<b>U</b>					
<p><b>ultimately</b> [3] - 53:5, 55:20, 147:10  <b>uncle</b> [1] - 150:28  <b>uncle-in-law</b> [1] - 150:28  <b>uncomfortable</b> [1] - 139:23  <b>under</b> [12] - 49:27, 53:13, 53:20, 53:27, 86:26, 94:2, 94:17, 110:25, 111:3, 111:5, 111:23, 118:5  <b>undergo</b> [6] - 9:2, 32:13, 36:26, 37:2, 50:29, 70:5  <b>undergoing</b> [1] - 160:26  <b>underlying</b> [1] - 57:6  <b>undermine</b> [2] - 125:11, 127:1  <b>understandabl</b> e [1] - 51:26</p>					
<b>V</b>					
<p><b>vaccinations</b> [2] - 30:24, 30:25  <b>value</b> [3] - 99:8, 106:2  <b>valued</b> [1] - 99:12  <b>values</b> [6] - 88:10, 117:18, 117:21, 117:22, 117:24, 162:17  <b>varied</b> [1] - 14:12  <b>variety</b> [1] - 82:21  <b>various</b> [9] - 17:26, 24:27, 25:2, 28:17, 35:23, 53:29, 97:18, 108:24,</p>					

155:22 <b>vary</b> [2] - 36:15, 36:25 <b>vast</b> [2] - 18:22, 42:5 <b>vehicle</b> [2] - 61:6, 79:22 <b>vehicles</b> [2] - 61:4, 79:1 <b>versus</b> [2] - 89:22, 90:2 <b>vest</b> [1] - 58:21 <b>view</b> [11] - 13:8, 13:9, 14:20, 47:23, 71:14, 71:16, 88:4, 106:3, 159:12 <b>viewed</b> [1] - 20:23 <b>villages</b> [1] - 77:17 <b>vision</b> [2] - 20:7, 39:11 <b>visit</b> [3] - 56:18, 84:27, 111:15 <b>visiting</b> [6] - 41:18, 41:19, 42:1, 42:2, 42:15, 60:7 <b>visits</b> [2] - 93:10, 93:11 <b>visual</b> [1] - 20:7 <b>vivid</b> [1] - 102:9 <b>volumes</b> [2] - 122:20 <b>voluntary</b> [1] - 122:21 <b>volunteered</b> [1] - 51:21 <b>vomiting</b> [1] - 51:29	<b>warrant</b> [1] - 26:8 <b>warranted</b> [1] - 27:14 <b>WAS</b> [19] - 6:17, 23:1, 33:15, 41:13, 44:5, 49:1, 56:13, 61:25, 65:3, 69:13, 88:23, 91:16, 107:20, 114:17, 127:29, 149:25, 153:17, 160:22, 163:25 <b>ways</b> [3] - 95:17, 108:15, 148:15 <b>weak</b> [1] - 83:3 <b>weapon</b> [1] - 32:12 <b>weapons</b> [5] - 38:4, 42:6, 115:9, 132:28, 141:2 <b>website</b> [1] - 119:22 <b>week</b> [13] - 58:7, 105:20, 111:8, 116:12, 137:12, 139:2, 143:11, 151:2, 152:11, 152:19, 161:11, 161:24 <b>weekend</b> [4] - 141:14, 141:17, 150:22, 161:5 <b>weeks</b> [12] - 45:18, 58:8, 59:3, 61:1, 74:16, 98:21, 129:21, 130:7, 139:2, 139:4, 140:2, 141:15 <b>welcome</b> [1] - 118:22 <b>well-</b> <b>foundedness</b> [3] - 49:18, 69:22, 128:16 <b>well-known</b> [2] - 130:22, 130:27 <b>what..</b> [2] - 101:12, 111:6 <b>WHELEHAN</b> [5] - 4:24, 127:29, 149:25, 153:17, 160:22 <b>Whelehan</b> [40] - 119:5, 120:8, 124:26, 125:9, 126:12, 126:15, 127:25, 128:3,	128:10, 129:1, 130:13, 131:2, 133:3, 134:3, 135:26, 135:28, 137:20, 138:3, 140:26, 142:7, 144:25, 145:8, 147:6, 148:19, 149:29, 150:2, 152:18, 153:13, 153:20, 153:23, 153:27, 153:29, 154:15, 155:14, 157:11, 159:21, 160:16, 160:20, 163:14, 163:20 <b>Whelehan'</b> [2] - 130:15, 130:16 <b>Whelehan's</b> [1] - 128:6 <b>whereas</b> [4] - 16:6, 31:26, 38:5, 99:8 <b>whichever</b> [1] - 149:3 <b>whole</b> [11] - 26:28, 85:10, 85:18, 90:12, 99:4, 103:11, 132:22, 140:12, 142:12, 142:13, 143:12 <b>wider</b> [1] - 90:16 <b>willing</b> [3] - 15:25, 15:27, 84:17 <b>winter</b> [1] - 150:19 <b>wish</b> [5] - 88:21, 91:11, 107:8, 119:4, 128:29 <b>wishes</b> [3] - 64:28, 120:13, 126:29 <b>WITNESS</b> [12] - 4:2, 68:29, 114:15, 118:16, 118:19, 118:22, 140:21, 146:16, 146:18, 149:22, 150:17, 160:17 <b>witness</b> [20] - 6:14, 48:22, 48:26, 64:29, 68:16, 68:21, 69:1, 69:9, 118:24, 118:29, 119:5, 119:18, 119:25, 120:1, 121:6, 123:6,	123:9, 127:1, 127:2, 133:9 <b>witnessed</b> [5] - 64:14, 161:15, 161:16, 161:17, 161:24 <b>witnesses</b> [7] - 5:8, 5:28, 6:8, 108:24, 121:6, 122:14, 162:16 <b>wondered</b> [1] - 80:29 <b>word</b> [5] - 10:11, 43:2, 60:18, 101:28, 105:16 <b>words</b> [3] - 94:16, 102:20, 103:7 <b>workplace</b> [2] - 63:8, 63:12 <b>works</b> [3] - 17:3, 21:8, 114:1 <b>workshop</b> [1] - 79:1 <b>world</b> [4] - 31:17, 31:23, 31:24, 95:2 <b>worried</b> [1] - 11:22 <b>worry</b> [4] - 11:13, 105:11, 143:6, 159:11 <b>worrying</b> [2] - 80:3, 154:14 <b>worse</b> [4] - 52:1, 85:26, 99:4, 107:13 <b>worsened</b> [1] - 51:28 <b>worst</b> [1] - 140:13 <b>worthless</b> [1] - 130:19 <b>worthwhile</b> [1] - 108:26 <b>wow</b> [1] - 118:3 <b>wrapped</b> [1] - 138:16 <b>wrecked</b> [1] - 151:1 <b>write</b> [1] - 140:26 <b>writing</b> [2] - 84:24, 85:15 <b>written</b> [3] - 3:26, 74:1, 127:7 <b>wrongs</b> [1] - 5:14 <b>Wrongs</b> [2] - 35:29, 132:9	<b>wrote</b> [1] - 85:9	<b>Z</b>
				<b>X</b>	<b>zone</b> [1] - 130:28 <b>zoned</b> [1] - 131:6 <b>zoning</b> [1] - 130:6
				<b>X-ray</b> [1] - 102:24	
				<b>Y</b>	<b>€</b>
				<b>year</b> [27] - 11:5, 11:15, 14:14, 15:14, 20:3, 24:28, 24:29, 27:5, 29:4, 36:9, 36:13, 36:15, 36:19, 36:26, 36:27, 36:29, 37:2, 66:2, 70:23, 80:20, 80:24, 101:22, 108:10, 108:16, 108:17, 109:19, 110:13 <b>years</b> [32] - 7:21, 10:6, 14:1, 15:8, 18:24, 26:18, 28:10, 29:21, 29:22, 29:25, 30:27, 34:8, 40:20, 40:28, 47:26, 48:11, 48:20, 52:24, 52:26, 56:6, 57:25, 59:5, 100:7, 109:6, 112:20, 113:14, 126:9, 132:14, 145:12, 151:8, 155:15, 162:26 <b>yesterday</b> [3] - 119:1, 121:5, 131:19 <b>young</b> [2] - 117:24, 160:29 <b>younger</b> [1] - 162:12 <b>your..</b> [1] - 112:13 <b>yourself</b> [15] - 10:9, 34:7, 34:11, 51:19, 52:17, 54:17, 70:25, 70:28, 80:8, 99:3, 99:28, 114:4, 118:1, 130:8, 161:23	
<b>W</b>					<b>€40</b> [1] - 137:12 <b>€50</b> [2] - 137:12, 137:14
<b>wait</b> [1] - 123:18 <b>waiting</b> [1] - 138:1 <b>wake</b> [1] - 80:27 <b>walk</b> [5] - 29:11, 58:7, 151:16, 151:18, 151:21 <b>walked</b> [2] - 61:18, 151:14 <b>walking</b> [2] - 51:18, 140:11 <b>warden</b> [1] - 113:26 <b>warm</b> [3] - 138:5, 138:17					