File

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Ireland.

18 March 1981

Robert Cardwell

The Prime Minister has seen your letter to me of 17 March about the case of Robert Cardwell. The Prime Minister agrees that Cardwell may be released on licence on the basis summarized in your letter and provided that, like Mrs. McLaughlin, Cardwell signs an undertaking not to leave Northern Ireland without the consent of the Secretary of State.

MICHAEL ALEXANDER

Mike Hopkins, Esq.,
Northern Ireland Office.

From: THE PRIVATE SECRETARY

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NORTHERN IRELAND OFFICE
GREAT GEORGE STREET,
LONDON SW1P 3AJ

And not to leave the letter without consent of S.of S. and then on conditions he attaches not.

17th March 1981

Michael Alexander Esq
Private Secretary to the Prime Minister
10 Downing Street
London SW1

Prime Minister
Agree that Mr Cardwell should be released on the basis described in the penultimate paragraph?
MT 17/3

Dear Michael,

ROBERT CARDWELL

(attached) I wrote to you on 18 November about the cases of Pauline McLaughlin and Robert Cardwell. In your reply of 28 November you said that the Prime Minister was content that the decision as to release should be taken by the Secretary of State, but that she would like to be informed if and when the decision was taken. You will recall that Miss McLaughlin was released on licence on 10 January.

When Cardwell's case was examined in October/November there was still a measure of uncertainty about the precise medical diagnosis and the extent to which Cardwell might be exaggerating his symptoms. These factors made it difficult to make any reliable prognosis. There were also non-medical factors which had to be taken into account - the view of the Lord Chief Justice of Northern Ireland that Cardwell should not be released unless the doctors could give an assurance that he was too ill, or otherwise in such a condition that he could not possibly, by word or gesture, cause danger to others, and the view of the police at that time that he should not be released while he was in possession of his mental faculties lest he should become re-involved in terrorism and perhaps jeopardise the life of a Crown witness at his trial.

The diagnosis and prognosis are now a good deal more positive. In his report of 7 January the senior consultant physician reported in the following terms:- "The outlook is one of progressive deterioration and invalidism. I feel that although there could be some improvement if discharged it is most unlikely that he will ever be more than severely disabled." (It is clear that the consultant meant that the prisoner would never on any view be other than severely disabled.) In addition to the multiple sclerosis, there remains the ever-present risk of death from pulmonary embolism to which I referred in my letter of 18 November.

To complete the picture I should perhaps add that Cardwell suffers from episodes of acute chest pain and blood spitting, has very little control over his bladder or bowels, his speech is badly impaired and he cannot get out of bed without the help of two strong men.

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We have consulted the RUC again about the danger to the public if Cardwell were to be released and in particular whether the life of the Crown witness at his trial might be put at risk. The police view - expressed by the Deputy Chief Constable - is now that Cardwell could be released on licence without serious danger to the public. It is relevant that there have been some recent successful RUC operations against the UVF in Cardwell's home area. The police now say that outbursts like Cardwell's in court are not uncommon, and that there is no intelligence of any continuing threat to the witness. The police conclude that Cardwell's release on licence should not put the witness or anyone else at any greater risk than they are in at present (if he were so minded, and if he still had the necessary authority, Cardwell could have taken steps from prison to have reprisal action taken).

The medical advice which I have summarised is fully endorsed by the senior medical advisers in the Department of Health and Social Services in Belfast. It is clear that by any normal standards Cardwell is bedridden and severely handicapped, and in view of this and the police advice my Secretary of State now feels that the time has come when Cardwell should be released on licence if satisfactory arrangements can be made for his admission to an outside hospital. Before this is done, however, he would like the Prime Minister to be aware not only of the decision but also the background to it.

In our consideration of this and other similar cases we have been very conscious of the criteria used by the Home Office in considering release on medical grounds; we are satisfied that we are not departing in Cardwell's case from the standards which the Home Office apply.

It is now more than two months since Pauline McLaughlin's release on licence, and a decision to release Cardwell is scarcely likely to be seen as a quid pro quo for political reasons. Despite Cardwell's physical state, and the likelihood that he will die in hospital in a relatively short time, we shall include conditions in his licence, similar to those imposed on Pauline McLaughlin, requiring him not to become involved in any way in acts of terrorism. We shall also consider placing him under the formal supervision of a probation officer.

It may well take a little time to make arrangements for Cardwell's admission to hospital, and it may therefore be a week or two, or longer, before he is actually released.

Yours sincerely

Julie Hopkins

M W HOPKINS