

The Commissioner for Human Rights
Council of Europe
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France

Michael Jones
[Address]

4 November 2013

Dear Sir,

UK Surgeons Commit Medical Atrocities & State-Crime (1967) – Disclosure of Evidence.

This letter duplicates an email attachment to be sent to: 'private.office@coe.int' and 'pressunit@coe.int' email addresses on 06/11/2013. That email also includes an attachment of my 75-page report: *Special Operations in Medical Research*, which is referred to in the following. Included with this letter are hard-copies of the MRI evidence referred to below, in the form of two CD Rom discs.

For the past 46 years the British National Health Service and the British Government have concealed an appalling secret. I am at the centre of the issue, as a 'research subject', of a bizarre medical research program, of a specialised, secretive, and entirely unprecedented nature. These remarks relate to the event of an illicit and covert neurosurgical operation I underwent, a week before my sixth birthday, without my knowledge or consent, under the guise of a routine tonsillectomy procedure.

There is now irrefutable medical evidence (in the form of two Brain MRI scans) confirming that the principle purpose of this operation, conducted by surgeons at the North Staffordshire Infirmary in 1967 (now The University Hospital of North Staffordshire), was not simply the removal of my tonsils, but, in fact, the creation of an opportunity to surgically implant a series of surreptitious technical devices in my neck area – devices which include, for example, as recently revealed in the second MRI scan (conducted at UCLH NHS Trust, London, on 6 March 2013), a small rigid box-like structure (or structures), clearly of non-biological origin, approximately 1cm square, and situated behind the back of my throat, close to the brain-stem (refer to the three images presented on pp.53-55 of my report, or at <http://somr.info/report/rep0.php>).

In addition, the first Brain MRI scan (conducted at St. Thomas' Hospital, London, on 2 October 2008), revealed the presence of a further object in my neck area, apparently of non-biological origin, to the left of the vertebral column (refer to the three images presented on pp.45-47 of my report, or at <http://somr.info/report/>). The original MRI Findings report from St. Thomas' Radiology Dept. made no reference to the anomaly from this scan, concluding with the words: "*no significant intracranial abnormality identified*". Following a complaint to Guy's & St. Thomas' NHS Trust's Complaints Dept., on 19/03/2013, in which I referred to the apparent anomaly in images 13-15 from Series 7 of the scan, pointing out its omission from the Radiologist's report, and alleging a cover-up involving both St. Thomas' Radiology and Guy's Neurology Depts., the Complaints Dept.'s response was to reconfirm the validity of the original findings, declaring the

object referred to as “normal”, and explaining it in terms of the “left vertebral artery”. This explanation however is entirely unconvincing; the revealed structure of the object – its variation in density, indicating a variation in material composition – precludes such an explanation. My conclusion from this response was that the Complaints Dept., faced with the prospect of an unmanageable controversy, felt that it had no alternative but to recapitulate the cover-up which had been instigated four years previously across two separate departments within the Trust. In view of this, on 28/06/2013 I sent a letter to the Metropolitan Police at New Scotland Yard reporting my suspicions of the cover-up at Guy’s & St. Thomas’, together with copies of both MRI scans. I have yet received no communication whatsoever from the police in response to this report (for a full account of the progress of this complaint and relevant correspondence, see pp.45-53 & 55-56 of my report, and: <http://somr.info/report/>).

The suggestion from the evidence referred to above indicating the presence of illicit surgical implants in my neck area is therefore of a level of covert, organised activity, aimed at a piece of highly specialised neurological research, and implicating certain offices of the UK Government, including the Department of Health. Evidence and analysis in support of these statements, including further MRI images, and my account of my medical and family case-history spanning the years 1967 to the present, is presented in my report, and online at the website mentioned above. This includes some theoretical exploration of the likely technological imperatives which I understand must have informed this research program (see the *Technocracy* section of my report, pp.39-44), although it has to be said that, at this point in time, the bulk of the evidence relating to the precise utility of the research remains undisclosed and unavailable to me personally. Nevertheless, the manifestation of such a covert research program, as a technological imperative, in spite of its highly unethical nature, has to be understood on the basis that it promised access to knowledge of human neurological processes essential to the advancement of certain medical and technological fields, but which, in 1967, was unobtainable by any other possible (i.e., ethical) means. The seriousness of the allegation, and which goes some way to explain the urgency behind attempts to cover-up the evidence, is that the event of my ‘tonsillectomy’ cannot be conceived as the responsibility of any single corrupt individual, but must be understood rather as an organised, collegial, and interdisciplinary enterprise, implicating the activities of various offices of state, health and educational institutions, and backed by corporate investment.

My report points to the conclusion that this fraudulent experimental operation was sanctioned with my mother’s knowledge and consent, in exchange for the payment to her of significant financial remuneration. My father, however, was not party to this arrangement, and was kept in ignorance over the true nature of the operation, until his suspicions were aroused in response to anomalies in my appearance and in my behaviour, during the months following the operation. There is considerable evidence to indicate that the untimely death of my father during surgery in May 1968, at the age of 41, was a consequence of him openly voicing his suspicions over the propriety of my tonsillectomy, at times aggressively to my mother, and subsequently his being expediently silenced by the combined actions of the family doctor, and surgeons at the North Staffordshire Infirmary (for further elaboration, see the *Evidence* section of my report, pp.6-9).

In spite of the fact that since 1967 I have experienced chronic physical and mental ill-effects, as a direct consequence of these events, there was no clear reason for me to suspect that something

quite so extraordinary as this had taken place, all those years ago, until the year 2001, when certain aspects of evidence first came to my attention.

In the intervening 12 years since 2001, I have been engaged in the difficult process of collecting further evidence in support of these suspicions, though it has to be said that this has been an entirely self-directed and single-handed process, carried out against the persistent efforts by both the police and the medical profession to suppress and deny this evidence. Both the Metropolitan and Staffordshire Police forces have been in possession of partial evidence since 2003, and of conclusive evidence since January 2012, but have so far failed to make an appropriate response to it. This, in combination with the ongoing cover-up by Guy's & St. Thomas' NHS Trust, suggests that both police forces, as well as diverse organisations within the NHS, have been complicit in the suppression of the evidence, in accordance with the dictates of a sophisticated regime of secrecy, operating from within the highest levels of state.

I first came into possession of a copy of the initial Brain MRI scan in December 2010, following a Subject Access Request to St. Thomas' Hospital Radiology Dept., where the scan had been conducted two years previously. My access to this material therefore presented the first serious risk of a public disclosure of this crucial *prima facie* evidence. Subsequently, there began a series of attempts on my life, mainly indirect, and frequently involving attempts at poisoning (these issues are treated in greater depth in the *Appendix* to my report, pp.57-65). These attempts persisted from December 2010 through until the autumn of 2012, meaning that throughout that period I was forced to remain in hiding.

In spite of my alerting the police several times during 2011 to material evidence of attempts at poisoning, they have consistently ignored my reports, and refused to acknowledge the evidence. In fact both the police and the medical profession have relied upon the casual assumption that my claims were delusional in nature, in order to distance themselves from any factual consideration of the evidence (e.g., by doctors at St. Thomas' Hospital refusing to take samples of my body fluids to ascertain evidence of poisoning), meaning that for a two-year period I had no recourse to the law, or to health services, against a clearly evident series of attempts on my life. This response to my allegations is not helped by the fact that any attempt at an initial succinct communication of the content of these claims sounds bizarre and improbable, and resembles the caricature of a classical delusional syndrome. The first response to my reports is therefore invariably one of massive incredulity, and a tendency to 'switch-off' attention to subsequent assertions of the evidence which actually proves those allegations.

This initial scepticism affected the police' response to the evidence I presented to them (excluding the MRI evidence) ten years ago, in 2003. In subsequent anticipation of this inevitable scepticism, and because these concerns have preoccupied my attention throughout the intervening decade, I have had to maintain myself in social and familial isolation, for it has not been possible to discuss these issues with anyone other than prospective figures of authority, or members of the medical or legal professions, upon whom I depended for acknowledgement of the evidence. However, even in spite of the existence of conclusive MRI evidence, none of those professionals has the courage, or the independence, to openly discuss an issue of such extraordinary sensitivity (and horror), and therefore neither to offer explicit corroboration of that evidence, settling instead for the prophylactic response that my claims must be 'delusional'. For

this reason only, the evidence has remained until this point undisclosed. This means that it has been impossible to initiate any process of civil or criminal litigation in the UK as such a process would have depended upon the engagement of lawyers, and the enlisting of expert opinion. In particular, the *General Medical Council* of the UK has dismissed the grounds for a complaint on the basis of the MRI evidence presented to it (in the absence of additional expert corroboration) for the reason that, as stated by the GMC in their response to my complaint: “*we are not able to medically evaluate your scans*” (see pp.63-64 of my report).

This complete refusal to acknowledge the substance of my allegations amongst the relevant regulatory bodies at the national level implies of course that I do not have the option of pursuing any international judicial appeal, as any such process would require that all procedures of litigation at the national level have first been exhausted.

From the progress of my complaints to the Police, the GMC, and to Guy's & St. Thomas' NHS Trust, outlined in the *Appendix* to the report, it is apparent that those public bodies duty-bound to address my complaints are locked into a kind of systemic denial, the explanation for which is that the evidence disclosed to them reveals activities and undertakings within some of our most respected institutions, which are not explicable simply in terms of an isolated instance of individual corruption or malfeasance, but which must rather be understood as an organised and interdisciplinary enterprise, involving offices of state and diverse public institutions, as well as medical professionals bound by a duty of care; and which are parallel, in microcosm, to some of the atrocious medical experiments committed under the Nazi regime. Such a disclosure therefore traduces some of the fundamental moral and ethical principles which we rely on institutions bearing a duty of care to maintain, particularly with respect to the treatment of vulnerable individuals (in this case a five-year-old child), and relativises the state's commitment to humanitarian principles, when those principles are so easily circumvented by the state acting covertly.

In terms of our accustomed expectations in civil society, with regard to the duty of care held by offices of state towards its most vulnerable citizens, the matter is almost inconceivable – yet undoubtedly it happened. In particular, the case is instructive for what it reveals about the status of children's rights in an advanced democratic society such as the UK. For instance, it reveals how the category of legal disenfranchisement applied to children may be exploited to facilitate (in this particular case) the surgical brain-rape of a child for instrumental purposes, in the absence of the child's knowledge or consent, while it is practically inconceivable that the same form of abuse could be successfully enacted against an adult.

Britain being a key signatory to such international protocols as the European Convention on Human Rights (1950), and the World Medical Association Declaration of Helsinki: *Ethical Principles for Medical Research Involving Human Subjects* (1964), we might expect that the respect established for these protocols would inhibit the exercise of such abuses. However, it is rather as if the apparent contempt for these conventions evident in this particular abuse of the rights of a child does not quite signify, for the reason that the rights of children are habitually conceived in *passive-only* terms, so that by removing the factor of the child's volition from the equation, in effect the child does not come to possess the attribute of 'humanity' in the fullest sense of the word.

Nevertheless, in the face of a full and honest enquiry into the circumstances of these events, it would not be possible to sustain this kind of disavowal, merely for the sake of administrative convenience, or to preserve the appearance of untainted public morality. The operative concept of the rights of a child, passively conceived, has not succeeded in protecting this child from organised and systematic abuse by scientific and technical institutions demanding solutions to otherwise insoluble research dilemma. As the ultimate *criminal* responsibility for this undertaking lies within certain offices of the UK Government, including the Dept. of Health, its disclosure unavoidably threatens the integrity and stability of the UK State. In international terms, it undermines the credibility of those humanitarian principles which have informed the political cohesion and accountability of the European Project since 1945.

Such exceptional events as these require supreme efforts of understanding, and while the enormity of scandal implied by this disclosure has so far prevented its open public discussion, it is imperative that such a discussion actually takes place, if we are to have any guarantee against the repetition of such state-sanctioned ethical atrocity, within a contemporary liberal-democratic regime such as the UK.

For full details of the evidence, my conclusions, as well as relevant complaints and correspondence, please refer to my report, or to my website: <http://somr.info/>.

Yours faithfully,

Michael Jones

Enclosures:

1. CD copy* of Brain MRI scan ("MRI 1") made at St. Thomas' Radiology Dept., Guy's & St. Thomas' NHS Trust, London, UK, on 02/10/2008. The three images referred to in my report (pp.45-47) are images 13, 14, & 15 from Series 7 of the scan (*coronal* sections).
2. CD copy* of MRI HEAD scan ("MRI 2") made at National Hospital for Neurology and Neurosurgery, UCLH NHS Trust, London, UK, on 06/03/2013. The three images referred to in my report (pp.53-55) are images 51, 52, & 53, from the 128-image sequence located in the top folder named 'AAH Scout' (*sagittal* sections), in the scan explorer window which opens when running the scan application.

* These items compatible with Microsoft Windows platforms only.