

Complaints Manager
Governance Department, UCLH
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Michael Jones
[Address]

11 November 2013

Patient ID: XXXXXXXX

Dear Sir or Madam,

Complaint re: the failure by Dr. Dominic Heaney, Consultant Neurologist at NHNN, to disclose his awareness of anomalies revealed by my MRI HEAD scan, conducted at NHNN on 06/03/2013.

I write to make the above complaint following successive failures by Dr. Heaney at the National Hospital for Neurology and Neurosurgery to disclose his awareness of anomalies revealed by my MRI Head scan. The first of these failures was in his letter to my GP reporting on the scan findings, dated 18/03/2013. The second was in his letter of response (dated 03/10/2013) to an email communication I sent to his secretary on 26/09/2013.

My initial attendance at an appointment at General Neurology on 08/02/2013 was my first ever attendance at a UCLH department. This appointment resulted from a referral by my GP. A brief history of this is that I had initially approached NHNN without a referral from my GP by a letter addressed to Sharon Sully, dated 05/10/2012 (enclosure1), in which I had sought a second opinion on a previous MRI scan conducted at St. Thomas' Hospital in 2008, enclosing a CD copy of that scan. No private consultation followed from this request, but my concerns were taken up by my GP in January 2013, resulting in her referral.

During my consultation with Dr. Heaney on 08/02/2013 I presented a copy of the earlier MRI scan, and asked Dr. Heaney to explain certain aspects of several images from that scan. However, Dr. Heaney was noticeably reluctant to discuss the items I referred to in any meaningful detail, and appeared nervous and impatient at my request. He was unable or unwilling to identify the specific items I pointed out from the scan. The remainder of the consultation was taken up with a routine neurophysiological examination, and in discussion of the symptoms of occipital pressure I had experienced and reported to my GP. These symptoms may or may not have been related to the concerns I had over images from the earlier scan.

In his letter to my GP following the consultation (enclosure2) Dr. Heaney refers to his observations from the physical examination, and his preliminary conclusions regarding the symptoms of occipital pressure we had discussed. He made no mention of our discussion of the earlier scan, or my request for a second opinion over specific images from that scan. The letter mentions that a further MRI scan is arranged for the 06/03/2013 at NHNN, so that a comparison can be made with the earlier scan.

In his letter to my GP of 18/03/2013, reporting on the findings of the second scan (enclosure3), Dr. Heaney's conclusions are:

"I am reassured that there has not been significant deterioration in the radiological appearances, and that there is no acute lesion to account for his symptoms."

This statement is highly specific in that it relates only to a comparison of any potential difference (deterioration) between the first and second scans, and to the absence of any acute lesion which might explain the symptoms of occipital pressure. It makes no commitment to any statement about the absence of anomalies *in general*, or to any statement intended to allay the concerns that had evidently led me to seek a second opinion over the findings of the earlier scan. The radiological report quoted in his letter consists also of a list of specific exclusions – it makes no inclusive statement about the absence of anomalies in general.

Since acquiring a copy of the first MRI scan from St. Thomas' Radiology Dept. in December 2010, I had received some informal advice (which I am unable to quote directly) that the scan actually revealed evidence of a significant anomaly, but which had been left unreported in the MRI findings report produced by St. Thomas' Radiology. This advice confirmed suspicions that had arisen some years earlier over the propriety of a *tonsillectomy* operation I had at age five, at the North Staffs Infirmary (University Hospital of North Staffs). I became aware of evidence to suggest that the principle purpose of this operation was not simply the removal of my tonsils, but, in fact (and in spite of the seeming improbability of the suggestion), an invasive surgical procedure, without medical justification, as part of a program of pioneering, highly specialised neuroscientific research. Full evidence and analysis of these claims is presented online at my website: <http://somr.info>, which points to a program of *covert* scientific research implicating certain offices of the UK Government and Health Service. For the purposes of this letter it is sufficient to explain that there were issues of extraordinary sensitivity over the contents of the first MRI scan which made it difficult or impossible for any medical professional to openly and honestly discuss the contents of the scan.

In this context, and following my receipt of Dr. Heaney's letter of 18/03/2013, I made a request to the Medical Records Dept. of UCLH for a copy of the second MRI scan produced at NHNN, which I received on 08/05/2013. In the meantime I was engaged in a complaint to Guy's & St. Thomas' NHS Trust over their apparent cover-up of the evidence revealed by the scan made in 2008, and involving both St. Thomas' Radiology and Guy's Neurology Depts. This complaint is now with the office of the Health Service Ombudsman.

After studying closely the contents of the second MRI scan, I became aware of further anomalies revealed by that scan, and which had not been revealed in the earlier scan. I was of course already prepared for the fact that Dr. Heaney may have had compelling reasons for not disclosing his awareness of these anomalies, and so did not immediately take up the issue with him (I received no consultation with him *following* the scan results). It seemed appropriate to await the response to my complaint from Guy's & St. Thomas' before raising an issue over the second scan. However, in coincidence with my referring that complaint to the PHSO, I sent an email to Jill Rayfield (enclosure4), Dr. Heaney's secretary, for the doctor's attention, and asking for his corroboration over the self-evident anomalies revealed in three selected images from the scan.

I received a response by post from Dr. Heaney dated 03/10/2013 (enclosure 5). In my email I had referred to the attached images as revealing: *"the presence of a rigid box-like structure (or structures), apparently of non-biological origin, approximately 1cm square, and situated behind the back of my throat, close to the brain-stem"*, and had superimposed arrows on the images marking out these two items. In his reply Dr. Heaney refutes my claims that these objects are of non-biological origin, explaining them in terms of: *"the posterior aspect of the foramen magnum and the lateral mass of C1"*, and declaring them as *"entirely normal"*.

An objective examination of these three images however must conclude that this explanation is unsustainable. It is patently self-evident that the rigidity and rectilinear character of the two items could not occur biologically, and that their presence in my neck could only have resulted from a surgical implantation, however sinister and distasteful such a conclusion might be to an ethically-

mindful medical professional. While I accept that Dr. Heaney would not have had the knowledge or information required to accurately identify the objects in question, resulting as I allege they do from an illicit, unprecedented surgical implantation, it is not acceptable that he should wilfully 'turn a blind-eye' to their presence, simply because there is no available diagnostic category or medical definition with which to describe them. Such extreme reticence can only be explained, as I have suggested above, in terms of the extraordinary sensitivity implied by such a revelation. The presence of such unidentifiable objects in my neck area could only indicate the suggestion of clandestine (illegal) activities by medical professionals at some point in my earlier medical history, and therefore to disclose knowledge of them would be to break some implicit code of secrecy. For Dr. Heaney to have publicly disclosed his awareness would inevitably have compromised him professionally, and exposed him to personal vulnerability.

For a doctor to take individual responsibility for such a disclosure would be not only to expose a medical crime, but (and this is the essential point) to reveal a matter of *state secrecy*. The covert nature of the research program in question can only be understood in these terms, however bizarre and improbable this statement may sound in an everyday medical context – the MRI evidence in support of it (from both scans) is irrefutable, perhaps even to an untrained eye. The strength of this secrecy resides in the fact that no medical professional has the courage, or the independence, to unilaterally offer explicit corroboration of the evidence, resulting in a 'regime of silence' effective across several major hospitals, and extending as far as the Police and the General Medical Council.

Dr. Heaney's reticence over the evidence therefore does not come as any great surprise to me, though it is hard to avoid astonishment at the bare-faced mendacity of his letter of 3 October. As any approach to the eventual (and inevitable) disclosure of this evidence must be a multilateral one, this complaint to UCLH forms an unavoidable element in this multilateral approach. I am confident that NHNN will ultimately have no choice but to concede the nature of the evidence in its possession.

Yours faithfully,

Michael Jones

Enclosures:

1. Copy letter from myself to Sharon Sully, dated 05/10/2012.
2. Copy letter from Dr. Heaney to my GP, dated 18/02/2013
3. Copy letter from Dr. Heaney to my GP, dated 18/03/2013.
4. Copy of my email to Jill Rayfield, dated 26/09/2013.
5. Copy letter from Dr. Heaney to myself, dated 03/10/2013.