

The Commissioner for Human Rights
Council of Europe
Avenue de l'Europe
F – 67075 Strasbourg
France

Michael Jones
[Address]

By email: commissioner@coe.int

Your reference: CDH 005/14

25 April 2015

Dear Sir,

Thank you for the letter signed by Isil Gachet, dated 24 April 2014, which I have recently received, in response to my letter to you of 4 November 2013. The reason for my late receipt of your communication is that, due to the persistence of attempts upon my life, from a number of sources, as a direct consequence of my efforts since December 2010 to disclose evidence of an historical NHS atrocity, I am currently forced to live in effective exile from my home and from the UK, and hence have only infrequent access to my post. Therefore, please ensure that any response to this letter is also copied to the above email address.

In my original communication to you, I had presented evidence of systematic and ongoing human rights abuses, within the British National Health Service, involving, in particular, my own victimisation at age five (in 1967) to a covert program of pioneering neurological research, to invasive experimental surgery without medical justification, and to the cover-up (since 2008) within a major London NHS Trust, of MRI scan evidence revealing aspects of that surgery. The implication from the combined evidence was that ultimate responsibility for this undertaking lay within certain offices of the British Government, in collusion with various scientific, health, and educational institutions, and that the matter had been maintained under the strictest state secrecy for nearly five decades. My letter and report had also pointed to the failure of the General Medical Council of the UK to respond appropriately to evidence which supported these allegations, and to the failure of the Police to respond either to the historical evidence presented in my report, or to recent evidence of attempts on my life since December 2010, at which time I first came into possession of the key *prima facie* medical evidence which supported my major allegations (see pp.72-79 of the enclosed report for greater detail on these circumstances).

The response from Mr. Gachet, in his letter to me of last April, was to excuse the role of the Commissioner from any specific action in this case by invoking the Commissioner's mandate, which excludes the Commissioner from the requirement of addressing individual complaints. While I accept that, at the time of my original communication, I had not fully exhausted all avenues of regulatory process in the UK, it appears that Mr. Gachet's response fails to fully apprehend the scope and dimensions of the issues raised by my original communication.

To elaborate on this point, while I clearly have a substantial individual complaint against the British National Health Service and the British Government, however that complaint may ultimately be resolved, it is doubtful that I could reasonably be considered an isolated victim in this affair. The experimental surgery in question involved the illicit bodily implantation of a series of highly sophisticated technical devices, which were medically unprecedented (and remain unique to this day), and which were designed to procure seminal and irreplaceable information regarding human neurological processes, essential to the advancement of certain technological fields. Such a singular program would undoubtedly necessitate a massive financial investment, and it is economically inconceivable that such an investment might have been risked upon the fate of a single research subject. That is to say, there must have been other victims of the same form of experimental surgery in addition to myself – probably a limited few – as a means of balancing the risk, but also as a means of ensuring a minimal degree of quantitative sampling in the research data.

Unfortunately, I have no knowledge of the identities, or the fates, of these other research subjects. It seems highly likely that these subjects are either no longer living or, if alive, that unlike myself they remain unaware of the technical details of the abuse they have suffered (just as I was essentially unaware prior to the year 2001, when certain aspects of evidence first came to my attention). In either case, I suspect that the disclosure of the details of my own case would act as a precursor for the subsequent exposition of all other cases. My own case is therefore inextricably bound up with a series of currently unreported cases – a circumstance which reinforces the institutional pressure working against public disclosure of my own ‘individual’ case, and which suggests the need for all related cases to be treated collectively, as a ‘class’.

That the British Government (which, at the time of my ‘tonsillectomy’ operation, was a key signatory to such international protocols as the *Convention of Rome* (1950), and the *Declaration of Helsinki* (1964)) could act through its Department of Health with such cynical contempt for those conventions, in the name of scientific and technological advancement, to systematically ‘brain-rape’ and maim a select group of its most vulnerable citizens (*children*), with a view to their lasting biological enslavement, and under the cloak of rigid state secrecy, can only be interpreted as the most serious organised humanitarian atrocity perpetrated in Europe since WWII. That the Commissioner should be permitted to ‘turn a blind eye’ to my report, by the invoking of his mandate, declining any active role or interest in the resolution of an affair of such scale and significance, is an expression of the utmost banality and complicity, and points to a complete breakdown of the structures of accountability in European human rights legislation.

Conduct of the Parliamentary and Health Service Ombudsman

In his letter to me, Mr. Gachet had referred me to the Parliamentary and Health Service Ombudsman (PHSO). My letter to you of 4 November 2013 had referred to the evidence of two MRI scans, and to the cover-up of the evidence revealed in the first of these by Guy’s & St. Thomas’ NHS Trust (GSTT), who had produced the scan in October 2008.

My complaint against GSTT was referred to the PHSO on 23 September 2013. However, the PHSO declined to investigate the complaint on the basis that it was 'out of time' – there was a gap of 27 months between my obtaining possession of a copy of the MRI scan and my registering the complaint with GSTT, while the PHSO operates a 12-month time-limit on the acceptance of complaints. This was in spite of the fact that there were strong extenuating circumstances which inhibited my ability to make a substantial complaint to GSTT before March 2013; and in spite of the fact also that there were clear overriding reasons in the public interest for the PHSO to waive its standard time-limit.

It is also the case that, even at the time of making the complaint to GSTT in March 2013, I had no explicit expert corroboration of the evidence, and therefore no *legal* basis upon which to pursue a complaint, only a rather vain hope that GSTT might voluntarily admit to its own cover-up. In my understanding, the time period during which a complaint is acceptable *begins* at the point at which knowledge of the causes of the complaint is established for the complainant. The PHSO's decision therefore relied mistakenly on their assumption that the notional suspicions I held in December 2010 that the MRI scan may reveal evidence of illicit surgical implants constitute *in themselves* adequate legal knowledge of a cause for complaint.

I submitted a request for a review of the PHSO's decision not to investigate on 25 November 2013, in which I tried to make it clear why their decision was unreasonable. However, following its review the PHSO finalised its decision not to investigate on 31 December. In their decision letter there is no indication that the Review Team had given any serious consideration to the reasons set out in my request, and they maintained intractably their original decision not to investigate the complaint (please see pp.57-60 of my enclosed report, for an analysis of the PHSO's decision).

My letter to you of 4 November 2013 had referred also to the evidence of a second MRI scan, produced at the National Hospital for Neurology and Neurosurgery (NHNN – a part of UCLH NHS Trust) on 6 March 2013. The evidence of a small rigid box-like structure (which was not revealed in the first MRI scan), clearly of non-biological origin, positioned behind the back of my throat, is self-evident and irrefutable in the scan images presented in my report (see pp.60-65 of my report) and on my website (<http://somr.info/rep0.php>). Nevertheless, the response from UCLH NHS Trust, dated 16 December 2013, to my complaint to them over NHNN's apparent cover-up of this evidence, was to flatly deny the existence of the anomaly, claiming the anatomy of my neck as "normal", with "no signs of any foreign body or device whatsoever".

This complaint was then similarly referred to the PHSO on 18 December 2013, who responded, on 9 January 2014, with a decision to investigate the complaint. On 5 March, I enquired with the PHSO over the progress of their investigation. I was informed on 6 March that the complaint had not yet been allocated to an investigator. I then received the PHSO's draft investigation report, dated 14 March 2014, i.e., less than six working-days following its allocation.

The decision of the PHSO's draft investigation report, as well as its subsequent final report (dated 4 April 2014), was *not to uphold* my complaint against UCLH NHS Trust.

Both reports relied on the *informal* verbal advice of its quoted Medical Advisor (himself an employee of the NHS, hence with questionable independence), who apparently had concurred with the opinions of the specialists at NHNN that the MRI scan did not show evidence of any artificial structures in my neck. The quoted Advisor however is not named in the PHSO's report, is not a specialist in neuroradiology, and has submitted no material report of his findings. What is more, it transpired following discussions with the complaint investigator Paul Farrell, that the Advisor had not even undertaken an examination of the original MRI scan (which was of course already in the PHSO's possession), but had merely conducted a cursory examination, during a discussion with Mr. Farrell at his desk, of the three images I had personally copied from the scan and sent to the PHSO as email attachments. It is not acceptable that an independent medical evaluation of the scan should be conducted by the Advisor looking at the derived image-details (only) which have been copied from the original scan material and modified by the patient.

I requested a review of the PHSO's investigation decision on 30 June 2014. In my request I referred to the poor quality of the advice quoted in the investigation reports, and my assessment that, as the Advisor had not himself written the advice, he could not therefore be held legally accountable for any indirect quoted instance of it, and that the advice therefore had the legal value of *hearsay*. I also pointed out that the investigation had overlooked the arguments made throughout my complaint correspondence with respect to: a) the self-evident nature of the evidence; and: b) the systemic constraints operating across the broad institution of the NHS against disclosure of that evidence; and the likelihood that the same constraints now appeared to be affecting the advice of the PHSO's own Advisor (who was after all an NHS employee).

The PHSO's response (dated 17 July 2014) was to refuse to conduct a review, on the basis that my request did not meet their review criteria, on the grounds that I had not pointed out any evidence which the PHSO had overlooked in its investigation. This is untrue however as I had pointed out on p.5 of my request that the PHSO had not conducted an independent medical evaluation of the original MRI scan. For your information, I enclose a copy of my letter requesting a review, as well as the response from Nicola Bubb of the PHSO's Review Team.

From the conduct of its investigation (please see pp.65-69 of my report for a full analysis of the PHSO's investigation, with particular reference to its selection of an 'internal' Advisor, with an inappropriate specialism), it is clear that the PHSO's intention all along was that of conducting a deliberately crude and peremptory investigation, with the initial aim of not upholding the complaint, fully complicit with the cover-up of medical evidence enacted by specialists at NHNN. The only reasonable explanation for this conduct is that, faced with such serious allegations against the NHS and, by implication, against the British Government, as well as incontrovertible evidence which proved those allegations, the PHSO found itself structurally incapable of carrying out any effective independent regulatory action. For it to have done so would have resulted in the disclosure of matters of state-criminality, and which would inevitably have precipitated a national crisis.

Inaccessibility of effective regulation at the national level

Following the PHSO's assessment that it was "reasonable" of me to have made a complaint to GSTT within a year of obtaining a copy of the first Brain MRI scan, in the absence of any expert corroboration of the evidence (i.e., on the basis of my notional suspicions alone), and that this justified their decision not to investigate my complaint against GSTT by invoking their 12-month time limit on the acceptance of a complaint, I felt that the judgement of the PHSO was in question – it appeared rather too intractable and impervious to reason in its decision-making. I found this state of affairs quite disconcerting, as I saw no available national route other than the PHSO for pursuing my complaints, having previously been frustrated in my earlier appeal to the General Medical Council. I estimated that it was the sheer magnitude of the atrocity indicated by the evidence in my possession which placed the issue beyond the regulatory power of the PHSO to address or resolve. For the PHSO to resolve the complaint would require it to enlist the expert opinion of one of its Medical Advisors with regard to the MRI scan evidence. In spite of the PHSO's claims to be 'independent of the NHS', it is a prerequisite that all of its contracted Medical Advisors are also employees of the NHS. I could not imagine a situation in which any NHS employee would have the courage to speak out, unilaterally, to reveal the truth of the contents of my MRI scans.

Nevertheless, it was necessary for me to 'go through the motions' of pursuing each of my complaints through the PHSO, to its conclusion. The PHSO responded (at least in respect of the second complaint) with the *appearance* of a regulatory process, in a manner which involved the least degree of administrative inconvenience. However, I think that the collective correspondence of the PHSO at each stage of the two processes displays a remarkable poverty of judgement, and a distinct lack of integrity, and which, in view of the extraordinary content of my allegations, and the self-evident nature of the evidence in support of them, reveals the PHSO's structural inability to offer any effective regulation in the context of the most serious ethical transgressions conducted within the NHS.

Under normal circumstances, it would of course be possible for me to challenge each of the decisions of the PHSO by a process of Judicial Review. Having made numerous attempts since July last year to engage the advice of legal representatives, upon these and one other matter (my concurrent dissatisfaction with the outcome of my complaint against the Metropolitan Police, and subsequent appeal to the Independent Police Complaints Commission – see pp.80-87 of the enclosed report), with a view to seeking Judicial Reviews in each case, experience has shown that a comparable reticence and reluctance to discuss, openly and frankly, the fundamental details of my case prevails amongst all those legal professionals I have attempted to consult. The reality of the situation is manifestly that no person in a professional legal or medical capacity in the UK is prepared to take on the responsibility – in fear for their own personal security – of acting unilaterally towards a disclosure of the evidence, when such action would lead inexorably to the invocation of issues of national security.

This is the nature of the problem I have faced since coming into possession of a copy the first MRI scan from St. Thomas' Hospital in December 2010. The exercise of human

rights legislation at the international level requires firstly that all processes at the national level have first been exhausted. But this is an option which is unavailable to me, under the circumstances of a systemic and state-wide policy of non-disclosure, affecting not only the actions of the police and several major hospitals, but also those of the principle regulatory bodies tasked to oversee the actions of both the police and the National Health Service (the GMC, the PHSO, and the IPCC). These institutions are ultimately composed of individuals, and no such individual has either the courage, or the words, to openly corroborate the appalling and sinister horror indicated by the evidence I have presented.

It is a reasonable analysis, in this context of allegations of historical, organised abuse of a group of minors, for instrumental ends, facilitated by various offices of state, and undertaken within institutions providing state healthcare that, left to its own regulatory devices, no national body will succeed in breaking the *omertà* of silence and denial which prevails over the evidence; meaning that I, for one, shall remain deprived indefinitely of the restorative healthcare appropriate to an open and frank acknowledgement of my actual medical condition. There is simply an absence of political or judicial will to countenance the truth of the matter. This is not a factor of the obscurity or the insignificance of the case, but rather of its singularity and enormity as a humanitarian atrocity. There is an absolute and urgent requirement therefore for a public exposition and discussion of the details of this case, if the public is to have any faith in a guarantee against the repetition of such state-sanctioned ethical atrocity, evidently perpetrated within a European liberal-democratic regime against a group of its most vulnerable citizens.

I would respectfully request that the Commissioner act in the interest of humanitarian principles within the European Union, to initiate international measures to bring about an enquiry into these allegations.

Yours faithfully,

Michael S. Jones

N.b. Access to the complaints correspondence referred to in the above is available from the individual pages of my website at: <http://somr.info/report>. Alternatively, the collected correspondence is available in the form of a zip archive at: http://somr.info/lib/SOMR_corres.zip.

Enclosures:

1. Copy of my 98-page report: *Special Operations in Medical Research* (rev. 25/04/2015) – *Special_Operations_in_Medical_Research.pdf*.
2. Copy of my letter to the PHSO requesting a review of its decision not to uphold my complaint UCLH NHS Trust – *review_request_PHSO_30.6.14.pdf*.
3. Copy of the response from the PHSO's Review Team to the above request – *PHSO_review_letter_17.7.14.pdf*.