

## **Open Letter to the British Prime Minister and Health Secretary**

To: the Rt. Hon. Boris Johnson MP, and the Rt. Hon. Matt Hancock MP,

Dear Sirs,

### **UK Surgeons Commit Medical Atrocities and State Crime (1967) – Disclosure of Evidence**

This letter is now a perennially updated version of a substantially similar letter, sent on three previous occasions by email to numerous media and human rights organisations in the UK and internationally, firstly on 7 May 2014, secondly on 11 September 2014, and thirdly on 9 January 2017. These three Open Letters had been preceded in September 2013 by correspondence sent directly to Jeremy Hunt, the previous UK Health Secretary, addressing the same issue, and including the submission of CD copies of the MRI scan evidence referred to below by Royal Mail Special Delivery to his parliamentary postal address. Despite the fact that it is now five years since this submission of evidence to the Secretary for Health, I have yet received no communication in acknowledgement from his office, or from anyone else in the Department of Health and Social Care.

In the following I make reference to my 130-page report entitled: *Special Operations in Medical Research*, which may be downloaded at: <http://www.somr.info>.

For the past 53 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, on the pretext 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 (now the University Hospital of North Staffordshire) in 1967, was not merely the straightforward removal of my tonsils, but in fact (and there is no way to mollify the impact of this statement), the execution of a project to surgically implant a series of surreptitious technical devices in my neck area. These several devices include, 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:



**MRI Head sagittal section (detail)\***

My tonsillectomy in 1967 is the only occasion that I have had surgery under general anaesthetic – hence there can be no doubt that the operation was the occasion of these apparent illicit implants. Since the operation took place within the organisational perimeters of state healthcare provision, the evidence ultimately points to the UK Government's culpability, through its Department of Health, in facilitating the plan and execution of a program of covert neuroscientific research, involving the criminal exploitation of a number of vulnerable research subjects.

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 technological drives and aspirations understood to have informed certain scientific endeavours during the period of the late sixties, and which had, as I understand, supplied the key motivation for this alleged covert research program (see the *Technocracy* section of my report, pp.41-46); 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 technological fields (in particular, that of Artificial Intelligence), but which, in 1967, was unobtainable by any other possible (i.e., ethical) means.

In the reporting of the results from the second MRI scan by the National Hospital for Neurology & Neurosurgery ('NHNN'), neither the original radiology report nor the letter subsequently sent to my GP from Dr Dominic Heaney, Consultant Neurologist at NHNN, had included any

\* If reading this document in printed form, these images may be viewed with improved tonal range and clarity on screen at: <http://somr.info/report>.

reference to the self-evident anomaly pointed out in the image above. Following my access to a copy of the MRI scan from the Medical Records Dept. at UCLH NHS Trust, and after studying carefully the scan images, I sent an email to Dr Heaney, on 26 September 2013, asking that he corroborate his awareness of the anomaly. In his reply Dr Heaney refutes my claims that the two box-like structures are of non-biological origin, explaining them in terms of: "*the posterior aspect of the foramen magnum and the lateral mass of C1*" (i.e., the large aperture at the base of the skull, and the first cervical vertebra), and declaring them as "*entirely normal*" (see p.63 of my report).

However, on any objective view this explanation must be untenable. For instance, if one views the forwardmost of the two items pointed out above in detail (shown below with elevated tones), from the MRI image adjacent in the series to the one above, one can quite clearly perceive the internal rectilinear 'G' structure of the object, confirming beyond doubt its artificial construction:



**MRI Head sagittal section (enhanced detail)**

In response therefore to the appearance of a cover-up of this evidence by UCLH NHS Trust, I made a complaint to the Trust on 11 November 2013 (the progress of this complaint is described in detail on pp.60-69 of my report). The response to this complaint by Prof. John Duncan, Divisional Clinical Director of the Queen Square Hospitals, was to offer no further explanation for the apparent anomaly, simply declaring: "*we see no box like structure behind the back of your throat*". Consequently, in view of the obstinacy of this reticence on behalf of three specialists in neuroradiology at the Trust, I had no option other than to refer the complaint to the Parliamentary & Health Service Ombudsman ('PHSO'), which I did on 18 December 2013.

This was my second referral of a complaint to the PHSO – I had earlier referred my complaint of a similar cover-up at Guy's & St. Thomas' NHS Trust ('GSTT') to that office, following GSTT's failure to resolve my complaint to them of 19 March 2013, over the results of a Brain MRI scan conducted at St. Thomas' Radiology Dept. on 2 October 2008 (for details of these allegations and the progress of the complaint against GSTT, see pp.48-60 of my report).

The PHSO had declined to conduct an investigation of my complaint against GSTT on the basis that the complaint was 'out of time' (there was a gap of 27 months between my obtaining a

copy of the MRI scan and making the complaint to GSTT); in spite of there being extenuating circumstances that seriously inhibited my ability to make a substantial complaint 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 12-month time limit on the acceptance of a complaint (see pp.57-60 of my report for an analysis of the PHSO's decision).

The PHSO did agree to conduct an investigation into my complaint against UCLH NHS Trust. Following my receipt of the PHSO's final investigation report on 4 April 2014, it transpires however that the PHSO was determined to conduct a deliberately crude and blinkered investigation into that complaint, relying upon the *informal* advice of one of its contracted Medical Advisors (not himself a specialist in neuroradiology, and an employee of the NHS, hence with questionable independence), given merely *by word of mouth*, and quoted only indirectly in the investigation report, and whom it appears had concurred with the opinions of the specialists at NHNN. From the conduct of its investigation, and its refusal to provide any challengeable verbatim statement of the Medical Advisor's findings, together with the fact that the PHSO had declined to conduct a formal evaluation of the original MRI scan material, it is clear however that the PHSO's intention all along was that of peremptorily dismissing the complaint, so that it appears to have been effectively complicit in the hospital's original cover-up (see pp.65-69 of my report for an analysis of the PHSO's investigation).

In the face of this widespread systemic refusal to countenance the evidence confirming my allegations over events in 1967, affecting not only the responses from specialist departments at several major hospitals, but also that of the chief health service regulator in the UK, one can only estimate that, in the face of so deeply serious an historical allegation against the NHS and against certain offices of the UK Government, there would inevitably be an extraordinary degree of institutional pressure operating against the disclosure of the evidence. The seriousness of the historical allegation over events in 1967, and which goes some way to explain the urgency behind the recent attempts to cover-up the evidence, is that the event of my 'tonsillectomy' cannot be conceived as the responsibility of any single maleficent individual, but must be understood rather as an organised, collegial, and interdisciplinary enterprise, implicating the activities of various offices of state, scientific, health, and educational institutions, and backed by corporate investment.

In this context therefore, it is perhaps understandable that any individual medical expert, whether employed within the NHS or otherwise, would not dare to take on initial responsibility for unilaterally disclosing the evidence, as to do so would be to invoke issues having a bearing upon national security, and would inevitably place that individual in a position of extreme personal vulnerability. This is in spite of the fact that the visual evidence is clear and distinct, even to an untrained eye.

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 through 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.7-10).

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 however 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 19 years since this realisation, 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 the 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-ups by Guy's & St. Thomas' and by UCLH NHS Trusts, 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 under the Data Protection Act to the Information Governance Dept. of St. Thomas' Hospital, in whose Radiology Dept. 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. At the same time I renewed my earlier allegations against certain members of my family who had benefitted financially from my mother's original consent to the fraudulent 'tonsillectomy'. Subsequently, there began a series of attempts on my life, both direct and indirect, and frequently involving attempts at poisoning (these issues are treated in greater depth in *Part 2* of my report, pp.82-98). These attempts, from a variety of sources, were for the most part highly organised and sophisticated, and persisted initially from December 2010 through until the autumn of 2012, meaning that throughout that period I was forced to remain in hiding. Following a period of relative respite in attempts on my life lasting about a year, towards the end of 2013 and until I was forced to depart the UK in February 2014, there was a resurgence of these threats, meaning that I was again unable to reside in my flat, and once more had to maintain constant mobility and secrecy over my whereabouts. After returning to the UK in March 2015, there was a further period of relative respite from attempts to assassinate me, until January 2016 that is, when they began again, this time with a renewed

urgency and intensity, forcing me to leave the UK once more in February 2016 (see pp.107-115 of my report for an account of my applications for political asylum in Turkey, Norway, and Morocco, between October 2014 and November 2017).

I had previously alerted the police several times during 2011 (and periodically since that time) to material evidence of poisoning. However, they have steadfastly ignored my reports and refused to accept or acknowledge the evidence (see pp.99-106 of my report on the progress of complaints against the Metpolice, and subsequent appeals to the IPCC). 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 serious factual consideration of the evidence (e.g., by doctors at St. Thomas' Hospital A&E Dept. refusing to take samples of my body fluids to ascertain evidence of poisoning), meaning that now for a period of *ten years* I have had no recourse to the law or to health services against a clearly evident series of attempts on my life. I am therefore effectively denied the rights to protection under the law, and to appropriate healthcare, which are fundamental rights enjoyed by any other British citizen regardless of circumstances; and so I have been forced to reside as a *de facto* refugee from the UK for the greater part of the period December 2010 to the present.

This persistent refusal across public services to respond appropriately to my allegations is not helped by the fact that any attempt at an initial succinct communication of the content of my claims sounds bizarre and improbable, and indeed resembles a 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 evidences which actually prove the allegations.

This initial scepticism affected the police' response to the evidence I presented to them (excluding the MRI evidence) seventeen years ago, in 2003. In subsequent anticipation of this inevitable scepticism, and because these concerns have preoccupied my attention throughout the intervening period, 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, it has repeatedly proven to be the case that none of those professionals has either the courage, or the independence, to openly discuss an issue of such extraordinary sensitivity (and horror), and therefore no one *dares* (in fear for their own personal security) 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 remains officially undisclosed. This has meant 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 final

response to my complaint: “[W]e are not able to medically evaluate your scans” (see pp.70-71 of my report).

From the progress of my various complaints to the GMC; to the Police and the IPCC; to GSTT and UCLH NHS Trusts; as well as each of my complaints to the Health Service Ombudsman, detailed in *Part 2* of my report, it is apparent that all of those public bodies duty-bound to address my complaints are locked under a regime of systemic denial. The explanation for this is that the evidence disclosed to them reveals activities and undertakings within some of our most respected institutions which are not explicable in the customary terms of isolated instances of individual corruption or malfeasance, or otherwise in terms of bureaucratic mismanagement; but which must rather be understood as an organised and interdisciplinary enterprise, executed among offices of state and diverse public institutions, and with a calculated contempt for all ethical and humanitarian principles. This disclosure therefore forces one to invert the respect previously granted to a wide range of public institutions, as many of those institutions are revealed to have acted wilfully and concertedly in defiance of common ethical standards; and to have done so it seems with the assurance that all ethical objections would ultimately be nullified through the exercise of executive State privilege.

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 incompetence' in which children rather helplessly find themselves 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 (but by soliciting the consent of one of its parents), while it is practically inconceivable that the same form of abuse could be successfully enacted against an adult (for further discussion on this point, see the subsection *Consent* on pp.38-41 of my report).

In addition to that, it follows from the analyses in *Part 1* of my report (pp.26-32 & 41-6) that such an unprecedented and technically sophisticated program of experimental research would undoubtedly necessitate a massive financial investment. It is inconceivable in economic terms 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 select few – as a means of balancing the risk, but also as a means of ensuring a minimal degree of representative sampling in the research data. I have no idea of the identities or the fates of these other research subjects; however, it is clear that my own case is inextricably bound-up with a series of currently unreported cases. The disclosure of my own case would therefore act as a precursor for the subsequent exposition of all other 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'.

Britain was at the time of these crimes against humanity 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). How is it then that the cynical contempt for these conventions evident in this particular abuse of the rights of a select group of children manages to remain perennially unnoticed, sequestered from the public conscience in a manner comparable to that of the interminable, Establishment-driven suppression of cases of historical sexual abuse of children, by members of the *political elite* no less?

My own case does not fit the paradigm of that of a 'conventional' case of sexual abuse (which ultimately may always be blamed on the personal moral aberrations of individuals), but rather exposes something altogether more sinister, cold, calculated, and organised. It crucially reveals something deeply troubling about the ability of adults, both individually and collectively, and under the pressure of a certain kind of instrumental authority, to suspend all considerations of the rights pertaining to children, as if those rights were merely ornamental and non-obligatory.

It is certainly true that 'children's rights', commonly conceived, are categorically different from the human rights which are supposed to accrue universally to adults. The rights of children are habitually conceived in *passive-only* terms, as limitations on the behaviour and actions of adults *towards* children. That is to say, we commonly fail to consider the rights of children as it were '*in their own inalienable right*', independently of that censoriousness towards the risk potential in our own behaviour as adults. The *Universal Declaration of Human Rights* makes no detailed provision for interpreting its articles with respect to the rights of children; hence the additional requirement for a *Convention on the Rights of the Child*, which was ratified by the UK in 1991. Despite this UN treaty being the most widely ratified human rights treaty in the world (or perhaps in explanation of that fact), it appears as a rather high-minded and self-congratulatory document that, having succeeding in establishing several laudable principles on which to formulate a theory of child rights (with an emphasis on *protection*), has very little to say about how these ideals might ever be realised, or why the lived experience of countless millions of children worldwide continues to fail to live up to these high expectations.

Few of us, however, seem to be willing to frame the question of the rights of children along the axis of *autonomy* (as children themselves might be inclined to do). Hence, while the principle of individual autonomy must appear as a fundamental guiding principle in the design of any human rights legislation, the limits upon a child's autonomy that we accept as natural, and as a protective necessity, are not compatible with the limits set socially upon an adult's autonomy. This essential incompatibility makes problematic the assertion of 'universality' in any legal definition of the scope of human rights.

Human rights, therefore, do not accrue in any absolute or unqualified way to children who, after all, are deemed not to possess a competent human volition. In the absence of a competent volition, a child does not quite come to possess the attribute of 'humanity' in the fullest sense of the word. Human rights will only effectively accrue to those who may *will* to protect them. And clearly, we cannot trust *adults* with the protection of the rights of children. We cannot even trust a team of suitably qualified adults with the task of a sincere and sustained inquiry into the



conduct of adults-with-power alleged to have historically abused children (the UK inquiry into cases of historical child abuse), without the integrity of that team being sabotaged from on-high by malicious rumour-mongering operating in the service of the accused.

We ought then to take a less reactionary position on the issue of the rights of children – that is, one that derives less out of the twin impulses of vanity and shame. There would then be less of an insurmountable barrier to the open public acknowledgement and discussion of the undeniable evidence confirming the UK Government's culpability in a series of historical medical atrocities, involving the surgical 'brain rape' of a select group of children, with a view to their lasting biological enslavement, for instrumental and technological ends, and within institutions providing state healthcare (atrocities to which every single office of the UN continues to turn a blind eye). Because essentially, without that discussion, no public body in the UK can claim *with sincerity* to have an interest in safeguarding the rights of children and in their *actual* protection from abuse by those individuals or institutions that maintain power over them.

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

Yours sincerely,

Michael S. Jones

29 October 2020