

# An Open Letter to the British Prime Minister & Health Secretary

To: the Rt. Hon. Sir Keir Starmer MP, and the Rt. Hon. James Murray MP,

Dear Sirs,

## **UK surgeons engaged in the systematic surgical abuse of children (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 were preceded in September 2013 by correspondence sent directly to Jeremy Hunt, UK Health Secretary at the time, addressing the same issue, and including a submission of CD copies of the MRI scan evidence referred to below by Royal Mail Special Delivery to his Parliamentary postal address. I received no acknowledgement from Jeremy Hunt's office at the time of that correspondence; and during the intervening 13 years I have received no sign of acknowledgement of the historical criminal allegations made in this Open Letter from the offices of 6 successive Prime Ministers and 7 Health Secretaries – each having been addressed in successive editions of the letter posted online.

In the following I make reference to my 202-page report entitled: *Special Operations in Medical Research*, which may be downloaded at: <http://www.somr.info>.

On 9th April 1967, a week before my sixth birthday, I underwent a tonsillectomy procedure at the **North Staffordshire Infirmary** (now the **University Hospital of North Staffordshire**). Before 2001 I had no reason to doubt the authenticity of that procedure. Since the year 2001 I have had occasions to undergo several MRI scan procedures in the UK, which have now revealed evidence that this was not a straightforward tonsillectomy procedure – the first, a Brain MRI scan conducted at St. Thomas' Hospital, London in 2008; the second, an MRI Head scan conducted at the National Hospital for Neurology & Neurosurgery, London in 2013. An image from the second scan, made at NHNN on 6 March 2013, is displayed on the following page: this image reveals the presence of a small rigid box-like structure (or structures), self-evidently of non-biological origin, situated behind the back of my throat, close to the brain-stem:



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

Prior to either of these MRI scan procedures, my tonsillectomy in 1967 was the only occasion I had had surgery under general anaesthetic – hence there can be no doubt that the tonsillectomy operation had been the occasion of these apparent illicit implants to my neck. 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 program of covert medical research (implicitly understood to be neuroscientific research), involving the criminal exploitation of a number of vulnerable research subjects, i.e., *children*.<sup>†</sup>

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. From analysis of the evidence as a whole it emerges that a technological imperative had arisen, amongst key scientific and industrial interests during the late 1960s, to obtain recondite biological data regarding the structure of the brain and its processes – data which at the time was considered essential to the advancement of certain technological fields (in particular, that of **Artificial Intelligence**). See the *Technocracy* section of my report (pp.41-46) for an understanding of why it was considered that the most appropriate material for this research was that of the living brains of infants engaged in day-to-day intellectual activities, with particular emphasis on those at the

\* If reading this in printed form, the series of three of these images (plus a series from the first MRI scan) may be viewed with improved tonal range and clarity on screen at: <http://www.somr.info>.

† I have argued on p.135-136 of my report that it is necessary to infer that, for both economic and research reasons, this alleged covert research program must have included several other children in addition to myself as comparable research subjects, each subject to the same experimental surgery; but that I personally have no direct knowledge of the identities, or the fates, of these other subjects.

stage of language acquisition. Clearly, there were no ethical means for conducting *internal* examinations of children's brains while they actually underwent their education. The nature of the technological imperative was therefore that, as the theoretical and practical progress of information technologies was hampered by the absence of certain recondite biological data that was considered indispensable to it, but for which there were no ethical means to obtain it, we must not halt the progress of science if there is a way to obtain that data, if not by ethical means, then at least by methods that could be kept discrete and securely out of the public domain.

In its renowned passion for the "white heat" of technological progress, Wilson's 1964-1970 Labour Government entered into a Faustian pact by which it undertook to suspend all ethical objections to a research program designed to extract the required biological data, in a limited and controlled manner, from a select group of infant research subjects. This required those infants to undergo, covertly, on the pretext of routine tonsillectomies, invasive surgery including the implantation of sophisticated devices designed to extract the data remotely and without the awareness of its subject-host. The nature of this 'devil's pact' was that, as ethical objection to this proposal for the biological enslavement of a select group of children arises only in the event it should become a matter of public discourse, the Government could rely upon the fabric of state secrecy to occlude that possibility; implying that its formal responsibility for having hosted these unspeakable medical atrocities among its public health services would never suffer coherent public examination – preventing it ever being exposed to the light of day. Conversely, Britain stood only to gain immensely from reaping the fruits of its pioneering input to technological progress.

The remainder of this letter will be concerned to outline how since December 2010 the Government has striven to resist and to suppress my efforts to make a public disclosure of the evidence revealed by the two MRI scans discussed above, and has sought to control and manipulate medical and legal opinion to that end. It has also striven to remove all obstacles to the success of a series of organised attempts on my life, designed to eliminate me as the principle source of the threatened disclosure. This includes systematic influence over the police, preventing the police from giving respectful credence to my reports of attempts on my life, or from accepting evidence from myself in relation to those attempts. The result is a life-changing situation in which for 15 years I have had no reasonable protection from the law against a series of organised attempts on my life; for that reason am now homeless because I am unable to reside safely at a single address; and furthermore at age 65 I have no safe access to healthcare at home in the UK for the reason of my outstanding criminal allegation against the NHS – one which NHS Management hopes would simply go away.

### **The systematic cover-up of the evidence by both the NHS and its regulator**

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 reference to the self-evident anomaly pointed out in the image on p.2 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 anterior of the two items pointed out above in detail from the second adjacent image in the series to the one displayed above (shown below with elevated tones), 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

\* Based upon the structural properties of this device apparent from the images, and its positioning adjacent to the brain stem (*medulla*), it is suspected that it may have the function of recording photometric data that is either reflected by, or has been transmitted through, the brain stem. I refer you to the *Technocracy* section of my report (pp.41-46), in particular to the first footnote on p.45 (also to that on p.64), in support of the grounds for my speculation that the progress of digital computing technologies following the late 1960s owes some of its key structural design principles to knowledge acquired through this alleged covert research programme.

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.48-59 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 the fact that I possessed no expert corroboration of the evidence with which to substantiate a complaint during that period, 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.57-59 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. However, in the PHSO’s final investigation report of 4 April 2014, in which it declined to uphold the complaint, it transpired that the PHSO had pursued a deliberately crude and peremptory investigation, 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. Considering that the PHSO refused to provide any challengeable verbatim statement of the medical advisor’s findings, together with the fact that it had declined to conduct any formal assessment of the original MRI scan material itself, it is clear that the PHSO’s intention had been the most peremptory form of investigation, one designed to avoid a substantive assessment of the MRI evidence under dispute; so that the PHSO 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).

The PHSO's apparent complicity in its wilful disregard of the evidence that would have exposed a cover-up was an act of reflexive denial by the regulator that was to become the pattern of response to whatever complaint or legal application I might make between 2013 and the present day, in association with my efforts to make public the evidence of these historical crimes against children – this kind of response by summary rejection is the one I continue to receive systematically from all public institutions in their responses to my claims. There is an overriding incapacity and unwillingness, amongst all public and regulatory bodies, to take the enormity of my complaints seriously, or to conduct fair and proportionate investigations into them, when it is clear to those bodies from the outset that the findings of such an investigation would directly implicate the State and the NHS in a series of covert medical atrocities, and thus present a significant threat to national security.

The seriousness of the historical allegation over events in 1967, and which goes some way to explain this full-scale *omerta* in effect against disclosure of the evidence, is that the event of my fraudulent tonsillectomy cannot be conveniently explained-away in terms of the evil deeds of a 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. That is to say that the evidence directly or indirectly undermines the moral integrity and respectability of a wide range of high-profile national (as well as international) institutions.

Given the extraordinary extent of official responsibility for these alleged crimes therefore, and their legacy as state secrets, one can understand the utter fear and inhibition felt by any individual medical expert against offering a fully candid medical opinion with respect to the MRI scans, one that risks breaking the established code of secrecy and affirming the enormity of these medical crimes. It is too great a responsibility for an individual clinician to be so bold as to affirm facts that would by implication bring a devastating judgment against the NHS *per se*. It would be unfair to expect clinicians to become selfless whistleblowers and to commit professional suicide if that is this cost of them speaking the truth. That is why a series of neurological experts across three London hospitals were compelled to lie to conceal the evidence (if indeed they weren't explicitly forbidden to disclose it), and the UK Government has thus succeeded in maintaining over 17 years (since October 2008) the wholesale suppression from public disclosure of this *prima facie* evidence of its historical crimes against children.

## **The State's ongoing efforts over 17 years to block public disclosure**

My tonsillectomy in 1967 at age five was a significant life-changing event for me. *Part 1* of my report (pp.1-46) goes into some detail over the chronic physical and mental ill-effects that I experienced during the years following that operation, which for many years could not be explained or diagnosed, but which now appear to have been the direct consequences of that 'tonsillectomy'.

It was a further life-changing event when in 2001 my suspicions over the propriety of my tonsillectomy were first aroused, because, even though at the time (before the emergence of the MRI evidence) I did not have the confidence that I have now in bringing these allegations, it was already clear to me that if proven those allegations would be some of the most serious and consequential ever to be brought against the UK NHS. In the absence of *prima facie* evidence I judged that any attempt to communicate the content of these suspicions would be immediately defended and shot-down as 'delusional' (as the allegations do ironically resemble the caricature of a classical delusional syndrome). I was unable therefore to speak to anyone about the nature of my suspicions, and although I was unable simply to abandon them, any further investigation I might pursue would be an entirely self-directed process carried out in isolation, against persistent efforts by both the police and the medical profession to suppress and deny the evidence. As the content of my allegations made them essentially *unspeakable*, the most significant effect of my discovery in 2001 was that it alienated me entirely from all social, familial, or otherwise publicly available sources of support and advice.

It was a third life-changing event when in December 2010 I made a subject access request to St Thomas' Hospital Information Governance Dept. for a copy of the Brain MRI scan produced at the hospital in October 2008. Exactly at the time I made that request, and before I received the scan copy in response, there began the series of organised attempts on my life that I have discussed above, as attempts to eliminate me as the potential source of a public disclosure, and which have been dominated by the use of sophisticated methods of poisoning. In view of the fact that the police have consistently refused to take my reports of these attempts on my life seriously, or to accept evidence of the attempts when offered to them, my only effective means of defence against the attempts was to go into hiding and maintain constant mobility and secrecy over my whereabouts. That then has been my condition for the past 15 years – as the priority of the State (and the Police) has been to remove all obstacles to the success of attempts on my life, it has been impossible for me to reside safely at a single address since the beginning of those attempts in December 2010.

I must refer you to *Part 2* (pp.47-141), and to the *Addenda* section (pp.142-195), of my report for a detailed exposition of the events that have occurred since my December 2010 request for a copy of the first MRI scan. The following is a list of key items of concern to serve as a précis of the detailed account of events found in those sections of the report:

1. I first conveyed my suspicions over a series of medical crimes at the North Staffs Infirmary, of which I had been a victim in 1967, to both the Metropolitan and Staffordshire Police forces in late 2003, in the form of an early edition of what is now *Part 1* of my report. The *Evidence* section of *Part 1* entails the associated allegation (re: pp.7-10) that my father was murdered by medical professionals in 1968, as a consequence of him openly voicing his suspicions over the propriety of my tonsillectomy (my father had not been part of the arrangement between the NHS and my mother through which it is alleged that my mother received a large financial sum in exchange for her consent for me to undergo the fraudulent tonsillectomy). I also wrote to both those police forces in January 2012, enclosing a copy of the first Brain MRI scan, and referring to evidence of illicit implants revealed in that scan, and to a suspected cover-up of the evidence by Guy's & St. Thomas' NHS Trust. The police have therefore been in possession of circumstantial evidence since 2003, and of conclusive evidence since January 2012, but have so far failed to make an appropriate response to it.
2. To complicate matters, the attempts on my life that began in December 2010 were divided between attempts from two independent sources. Firstly, in November 2010 I renewed allegations I had first made in 2003 against certain members of my family that they had benefitted financially from my mother's corrupt arrangement with the NHS in 1967, implying allegations of money-laundering on their behalf. This resulted in a series of attempts on my life by those family members, beginning with a first such attempt in December 2010. This attempt on my life was direct, involving a visit to my flat by contracted thugs, and was categorically distinct from the much more frequent, sophisticated, and 'indirect' attempts at poisoning that are understood to be financed by UK Establishment interests, or by affiliated corporate interests potentially implicated by my broader allegations. The section of my report entitled: *Attempts on My Life* (pp.83-113) presents a detailed account of the attempts on my life in each category and conveys some of the frustration and injury caused to me due to the police having shown complete and unreasonable disregard to my reports of those attempts over 15 years. The police's response to my report made to them in December 2010 of the attempt on my life by members of my family, and my subsequent complaint over the misconduct of officers involved in that report, is the subject of

the section of the report entitled: *Complaints to the Metropolitan Police*, on pp.114-121.

3. The responses in general to my approaches to the NHS, either in my discussions with individual clinicians regarding my suspicions over the content of my MRI scans, or in my presentations to emergency health services with suspected cases of mild poisoning (involving my reports of attempts on my life as the cause), or to my various complaints submitted to the two NHS Trusts responsible for producing the MRI scans (and hence allegedly having covered-up the evidence), have been met with the principle line of defence that these reports and allegations are all 'delusional'. This defensive response began following my approaches in 2011 to Dr Thomasin Andrews at Guy's Hospital, who had given consultation over the first MRI scan earlier in 2009. In response to my contact with her by email, Dr Andrews, without informing me, made a referral via my GP to mental health services, alleging I had made delusional claims about my MRI scan. These referrals were repeated in 2013, following my complaints to both GSTT and UCLH NHS Trusts over their alleged cover-ups of the MRI evidence. The point is that these referrals were cynical and dishonest, as the clinicians involved all knew the truth about what was revealed in the MRI scans. Moreover, clinicians in 2013 also made false allegations of violent or aggressive behaviour on my part in order to reinforce the MH referrals, and even to try to secure my detention under the Mental Health Act – all of which was defamatory and injurious to my character. The mere existence of these entries on my medical record tended to function as a self-perpetuating myth, predisposing any future clinician redundantly to repeat the same referral process. It was the cynical but highly effective construction of an alibi on behalf of those NHS departments involved, which obviated the need for any future clinician to give due consideration, either to my reports of attempts on my life, or to my allegations of historical NHS crimes, or to recent NHS cover-ups of those crimes. Furthermore, the sharing of this received wisdom between the NHS and the Police, thus extinguishing my various claims and reports as 'delusional', is perhaps the most important contribution to the desired effect of removing any obstacle within the State to the potential success of attempts on my life.\*
4. In order to stay one step ahead of attempts on my life it was necessary for me to keep moving, rarely staying at a single location for more than a day or two, with

\* My interactions with several departments of the NHS and with my GP form the main content of the various sections under pp.48-82 of my report. The cyclical nature of the attempts on my life and their synchronicity with the progress of my various complaints against NHS departments is discussed on pp.94-98.

frequent travel abroad in order to maximise the effect of mobility in enhancing my personal security. This has been my condition of existence for the greater part of the period December 2010 to the present; although there have been some periods of relative respite in attempts on my life, only for them to be re-engaged at a later date, with the intention apparently of taking me strategically by surprise. It is understood that the attempts to poison me are organised by Establishment and affiliated corporate interests, backed by unlimited resources, which means that there are very few locations abroad that are beyond their practical reach (although I find I have better effective sanctuary when staying within Muslim populations). As I have no safe access to healthcare in the UK, and no protection from the law there against persistent attempts on my life, my condition is best described as one of *de facto statelessness*. It was reasonable under these circumstances for me to make applications for political asylum in various countries I visited. These were mostly unsuccessful, except for my application in Turkey in October 2014 – the Turks accepted my request for international protection after I asked four separate hospitals in Istanbul to assess my MRI scans, and then gave the contact details of the Neurology Depts. at the hospitals to the Turkish Immigration Office. Some months later, in March 2015, my landlord in the UK issued a Notice to Quit on my tenancy in London. For that reason it was necessary to return home temporarily, which resulted in Turkey ending my asylum status (a decision not however in concordance with the 1951 Refugee Convention). A detailed account of my applications for asylum is given in pp.122-130 of my report. See also the second addendum to the report: *Swedish Asylum Applications*, on pp.183-195.

5. Between December 2010 and February 2014 I had regular access to my flat in London (a social housing tenancy), but chiefly for the reason of the threat to my life from members of my family, it was not possible to reside there as normal for much of that period. Following an attempt on my life there in February 2014, understood to have originated from members of my family, it became impossible to stay there at all due to the persistence within the flat of a lethal toxic hazard (this also prevented me from safely removing my belongings from the flat). It was a breach of my tenancy agreement if I should not occupy the flat for at least 6 months a year – this was the basis for the landlord's NTQ in March 2015. However, the landlord did not act upon that Notice until October 2017, at which point a possession claim ensued in the London county courts. My defence of course was that the series of attempts on my life at the flat meant that I was unable safely to reside there for reasons that were beyond my personal control. To have any possibility of success that defence required my appointed solicitor to acknowledge the attempts on my life as the appreciable grounds for my

perceived 'non-occupation' and to make that case in court. That would have entailed a public airing of the evidence relating to a series of attempts on my life in court – a disclosure that would of course have wrecked the Establishment strategy of removing all obstacles to the success of those attempts. The first addendum to my report: *A Miscarriage of Civil Justice* (pp.143-182) provides an extensive analysis of the conduct of my defence case between January 2018 and February 2019, in which the case is made that my defence team had colluded, including with MoJ staff and with the claimant's legal team, to avoid at any cost the risk of such a public disclosure in court. As part of that strategy my solicitor had actually committed fraud by false representation (contrary to S.2 of the Fraud Act 2006) in order to obtain illegal access to my full medical records from my GP Practice (evidence of this crime did not come into my possession until February 2023). My defence team were able to exploit the spurious mental health referrals existing in those records, to echo the received wisdom that my reports of attempts on my life were 'delusional', and thus eliminate that as my defence against the possession claim. Important case papers were unlawfully withheld from my attention for the duration of the case and I was not alerted to this perversion of my defence. Consequently, I lost possession of the flat at a hearing at Clerkenwell & Shoreditch County Court on 4 October 2018, and was thereafter evicted from the flat on 28 January 2019, and subsequently lost possession of the entirety of the belongings I kept there. I have since been officially homeless. The Metropolitan Police Service, with deliberate disregard to the *Victims' Code of Practice*, to the *Fraud Act 2006*, and to the *Home Office Crime Recording Rules*, has steadfastly refused to record or investigate a crime in response to my report to it in October 2024 of my solicitor's offence of fraud committed in January 2018; which now leaves me without any option for redress against the loss of my home and belongings as a consequence of that fraud (re: pp.166-182 of my report for extensive detail).

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

Yours sincerely,

Michael S. Jones

19 May 2026