

OHCHR  
Palais des Nations  
CH-1211 Geneva 10  
Switzerland

Michael Jones  
[Address]

By email: [civilsociety@ohchr.org](mailto:civilsociety@ohchr.org),  
[nationalinstitutions@ohchr.org](mailto:nationalinstitutions@ohchr.org)

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Dear Sir or Madam,

Further to my letter to your office of 1 October 2013, to which I have yet received no reply, and in which I had enclosed CD copies of two MRI scans, which it was alleged each revealed evidence of an unprecedented historical medical and humanitarian atrocity, conducted within the UK National Health Service in 1967, and which involved myself as a victim aged five years, I write to submit documentary evidence and correspondence in relation to my series of complaints against the two NHS Trusts responsible for producing and reporting on the scans – Guy's & St. Thomas' NHS Foundation Trust (GSTT) on 02/10/2008, and UCLH NHS Foundation Trust (UCLH) on 06/03/2013 – involving allegations that both of the Trusts had covered-up the evidence revealed in each of the respective scans. These submissions include my subsequent correspondence with the office of the UK Parliamentary & Health Service Ombudsman (PHSO) following the referral of each of my complaints to that office, and constitute a formal complaint over the regulatory conduct of the PHSO in respect of its decisions upon those referrals.

The evidence I presented to your office in 2013 proves the existence of illicit surgical implants in my neck area, the presence of which can only be explained by the fact that they were placed there during my 'tonsillectomy' operation aged five at the North Staffordshire Infirmary (an NHS hospital) in 1967. It follows from the analyses in *Part 1* of my report (pp.26-32 & 41-6 – enclosed) that these events were part of a program of pioneering neurological research designed to procure (*covertly*) seminal and irreplaceable information regarding human neurological processes essential to the advancement of certain technological fields. Such a singular research 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 select 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. 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'.

My complaint over the role of the PHSO in its decisions upon my complaints against the two NHS Trusts alleged to have covered-up evidence revealed by my MRI scans, therefore relates in broad terms to the capacity of the PHSO to perform any effective regulatory function within the context of the most serious ethical transgressions conducted within institutions providing State healthcare, and is key to the outcome of whether a series of medical atrocities (and State-crimes) committed against a select *group* of the State's most vulnerable citizens, with a view to their lasting biological enslavement, and under the cloak of rigid State secrecy, is maintained indefinitely under secrecy and suppression, in the narrow national interest; or rather is granted its necessary open acknowledgement and discussion, to safeguard against its possible future repetition, in the wider public interest.

In response to a series of four separate complaints (two against each respective NHS Trust), the PHSO has decided successively either *not to investigate*, or *not to uphold*, each one of these complaints. However, I feel that any objective assessment of the correspondence submitted with this letter, considered in its entirety, cannot avoid the conclusion that the PHSO has distinctly failed in its duty as a regulator, and has even acted wilfully to obstruct the proper interpretation of evidence presented to it, so as to avert its natural obligation of arriving at any findings against the two NHS Trusts. Nevertheless, it has so far proved impossible for me to challenge any of the decisions of the PHSO by seeking judicial reviews of those decisions within the British courts; for the reason that no individual legal advisor has so far been prepared to take on the responsibility of advancing unilaterally an open public discussion of the evidence in support of my claims, as that evidence ultimately leads inexorably to the invocation of the issue of the State's culpability in an historical medical crime, or series of crimes, and which therefore places anyone seen to be advancing those claims in a position of extreme personal vulnerability. For this reason only, there is an absence of judicial will to countenance the truth of the matter, and hence there is currently no available option for me to pursue a judicial examination of my claims at the national level. The purpose of these submissions therefore is to encourage an examination of the regulatory conduct of the PHSO at the supra-national level, in the light of these exemplary and quite extraordinary cases.

With a view therefore to a prospective examination of the regulatory conduct of the PHSO in its adjudication (or in its refusal to adjudicate) in the case of these four complaints against the two NHS Trusts, I enclose four archives of associated documentation and correspondence, as attached zip archives, named according to their respective PHSO reference numbers. In addition to these archives there are also enclosed four annotated document list files – *DL-A.pdf* - *DL-D.pdf* – to describe the contents of each archive. The attached files are associated as follows:

*DL-A.pdf* – 173713.zip (27 items)

*DL-B.pdf – 179837.zip* (80 items)

*DL-C.pdf – 180294.zip* (21 items)

*DL-D.pdf – 244515.zip* (10 items)

Each archive represents the complete correspondence between the respective NHS Trust and myself, and between the PHSO and myself, with respect to each individual complaint. Lists A&B describe the progress of my two complaints against GSTT, originally dated 19/03/2013 and 15/05/2013; Lists C&D that of my two complaints against UCLH, dated 11/11/2013 and 09/11/2015. Lists A&B also refer to additional items of associated documentary evidence and correspondence with other institutions arising in association with the two complaints, in particular: with the Office of the Information Commissioner; my previous GP practice (Waterloo Health Centre); NHS England; the Community Mental Health Service (CMHT – the North Lambeth Recovery & Support Service of the South London & Maudsley NHS Foundation Trust (SLaM)); SLaM's Complaints Dept.; and the Metropolitan Police Service (MPS).

There are strong indications amongst this associated material that, following events in December 2010 – the month in which I first acquired possession of a copy of the Brain MRI scan made at St. Thomas' Hospital Radiology Dept. – that there was a policy of systematic manipulation of my medical records amongst the various North Lambeth medical organisations involved in my health assessment and care between December 2010 and December 2013, involving serial breaches of Data Protection principles, and repeated false descriptions of my alleged behaviour and mental health condition, to encourage a series of unnecessary referrals to the CMHT, as a set of defensive institutional responses to my efforts to bring to light evidence of an historical medical atrocity. While this is really a separate issue to my concerns over the regulatory conduct of the PHSO in its decisions upon my referred complaints, it undoubtedly had some bearing and influence upon those decision processes.

In each of the document list files, where appropriate, I have included comments and analysis of the correspondence contextually, where the evidence is not otherwise self-explanatory, or I have made references to discussions of the evidence in my 98-page report: *Special Operations in Medical Research*, which is also enclosed along with the document list files in the zip archive: *Lists&Report.zip*.

### **Objections to the decisions of the PHSO in respect of my two complaints against Guy's & St. Thomas' NHS Foundation Trust.**

My first complaint against GSTT alleged the cover-up, across two separate departments of the Trust, of the evidence of an historical medical atrocity, as revealed in my Brain MRI scan made at St. Thomas' Hospital Radiology Dept. on 2 October 2008. That complaint was dated

19 March 2013 (GSTT ref.: N5446; PHSO ref.: HS-173713 – see Document List A), and followed in response to the Trust's eventual fulfilment of a subject access request under the Data Protection Act 1998 for copies of my paper records held by the Trust. Although, since acquiring a copy of the MRI scan itself earlier in December 2010, I had held the notional suspicion that the scan revealed evidence which St. Thomas' Radiology and Guy's Neurology Depts. had left undisclosed in their reports (made in October 2008 and April 2009), in the absence of any expert corroboration of that evidence I had no confidence in making an effective complaint to the Trust, that is, until after the fulfilment of my subject access request on 13 November 2012.

A second complaint was made to the Trust, on 15 May 2013, with regard to my reception at St. Thomas' Hospital A&E Dept. on two occasions in December 2010, when I had presented there with symptoms of suspected mild poisoning (GSTT ref.: N5666; PHSO ref.: HS-179837 – see Document List B). This complaint alleged the prejudicial treatment by two A&E consultants in misinterpreting my reported physical symptoms in terms of psychiatric or 'delusional' ones, and their subsequent refusal to obtain samples of my body fluids upon which to conduct any toxicological analysis, thereby precluding the possibility that I might alert the police to evidence of attempts upon my life. My experiences of clandestine attempts to poison me had begun, for the very first time, in the month of December 2010, and coincided exactly with my request for a copy of my Brain MRI scan from St. Thomas' Hospital Information Governance Dept. Hence, while the eventual complaint was not addressed to the Trust until some 29 months after the events which were the subject of the complaint, my confidence in bringing the complaint at that time depended upon its logical succession to the prior complaint over the cover-up of the evidence of my MRI scan, in which context my allegations of attempted poisoning gained credibility, and independently of which the second complaint had little hope of receiving any serious consideration.

As a result of my dissatisfaction with the Trust's responses to each of these complaints (dated 03/06/2013 and 11/06/2013, respectively), each complaint was subsequently referred to the PHSO for investigation (on 23/09/2013 and 14/10/2013, respectively). With regard to the first complaint (HS-173713), the PHSO invoked its 12-month time-limit, declining to investigate the complaint, on the basis that my mere possession in December 2010 of a copy of the scan constituted adequate legal knowledge of a cause for complaint, that is, in the absence of an independent expert opinion in support of the allegation that the scan revealed evidence of illicit surgical implants. This judgement on behalf of the PHSO was insupportable, since, under common standards of regulatory practice, the PHSO's 12-month time window should only *begin* from the point in time at which I acquire legally certifiable confirmation of the evidence. In spite of my raising this objection to its decision in subsequent correspondence with the PHSO (see: items 20-27 of the enclosed Document List A), and in addition explaining how the extraordinary circumstances I faced following December 2010 inhibited my ability to make my complaint before March 2013, circumstances which were direct consequences of my efforts to expose this evidence of an historical medical atrocity, the PHSO maintained its decision not to investigate intractably – a

judgement which would be unlikely to survive further judicial scrutiny, were such an option available to me (which unfortunately it wasn't).

Somewhat less controversially, the PHSO similarly declined to investigate the principle element of my second complaint (HS-179837), on the basis that it was 'out of time'. However, by the time of referring the second complaint to the PHSO, the complaint included as an addendum my concerns over the Trust's response to that complaint, as it appeared that, following the Trust's rather brief and arrogant letter written to me in response (dated 11/06/2013 – item 7 of Document List B), St. Thomas' Hospital Mental Health Liaison Service (a dedicated ancillary department to St. Thomas' A&E Dept.) had initiated a referral to the Community Mental Health Team (CMHT), with the intention of securing my detention under the Mental Health Act, on what appeared to be the sole basis of the *written content* of my second letter of complaint (of 15/05/2013 – item 6 of List B). In view of the 'emptiness' of the Trust's letter to me in response to that complaint, the referral figured as the sole meaningful response to the complaint, the effect of which was merely to *replicate* the original cause of that complaint, which after all had alleged the misinterpretation of physical symptoms in terms of psychiatric ones, and was therefore, by definition, in contempt of that complaint. As my concerns over the referral related to the relatively contemporary events of June-July 2013, the PHSO agreed to investigate this isolated aspect of the second complaint, that is, with regard to the origin and medical justification for the referral to the CMHT, as the principle response (or otherwise) to my complaint to the Trust of 15/05/2013.

Following my enquiry with GSTT's Complaints Team over the origin and medical justification for the referral to the CMHT, in my email of 30/09/2013 (item 12 of Document List B), the Team went to considerable lengths to dissemble any association between my complaint of 15/05/2013 and the referral, culminating in the Head of Complaints' (Sally Brooks) letter of denial to me of 28/11/2013 (item 17 of List B) – a denial which, since the emergence (in July 2015) of the evidence Dr. Hodgkiss' referral letter of 18/06/2013 (item 8 of List B), is now revealed to have been made dishonestly. During the PHSO's subsequent investigation (in early 2014) of this issue, neither the PHSO nor I were aware of the existence of Dr. Hodgkiss' letter, as it had been illegally exempted from patient access through an abuse of the 'third-party information' clause of the Data Protection Act. However, had the PHSO's investigation made its enquiries with the appropriate employees and department of the Trust, that is, within St. Thomas' A&E Dept., who were responsible for the investigation into and response letter to my original complaint, then knowledge of the association between my complaint and the referral should not have remained undiscovered. The PHSO however was generally acquiescent to the Trust's efforts to dissemble that association, and instead of making appropriate enquiries with St. Thomas' A&E Dept., sought the divergent explanation for the origin of the referral in my verbal interactions with my GP at that time, deciding on that basis not to uphold the complaint in its final investigation report of 23/01/2014 (item 41 of List B), in spite of the fact that evidence of the GP's consultation notes (item 5 of List B – in the PHSO's possession) clearly stated that the GP Practice had been "compelled" to enact the referral by St. Thomas' Mental Health Liaison Service. That decision was

subsequently reviewed by the PHSO, on 28/02/2014 (item 56 of List B), in which it was accepted that the 'red-herring' established in the PHSO's investigation of a possible cause for the referral in my interactions with my GP could not reasonably be interpreted as the original cause for the referral. The decision of the review however was not to change the earlier decision not to uphold the complaint, since there remained no direct evidence of an association between my original complaint of 15/05/2013 and the referral to the CMHT of July 2013.

The remaining items of correspondence included in Document List B (items 57-80) relate to the PHSO's decision to re-investigate this complaint following my submission to them of the new evidence of Dr. Hodgkiss' letter of referral, in my email to the PHSO of 30/07/2015 (item 57). Having now received the PHSO's final investigation report (item 79), dated 15/04/2016, in which it has again reached the decision *not to uphold* my complaint against the Trust, it is increasingly apparent to me that the PHSO has employed a range of tactics, similar to the diversionary tactic in its first investigation report described above, including the wilful obstruction of the proper interpretation of evidence presented to it, and the failure to address allegations thoroughly according to their specific contexts, as a means of distancing itself from the substance of those allegations, and the natural conclusions arising from the evidence, and hence of its obligation of arriving at a judgement against the Trust. This much I think should be apparent from a reading of the PHSO's draft investigation report, my Comments in response to that report, the PHSO's subsequent final investigation report, and my additional comments in response to that report (items 76-77 & 79-80 of Document List B).

### **Objections to the decisions of the PHSO in respect of my two complaints against UCLH NHS Foundation Trust.**

My first complaint against UCLH, dated 11/11/2013 (item 6 of Document List C) alleged a cover-up of the medical evidence revealed by my MRI Head scan, made at the National Hospital for Neurology & Neurosurgery (NHNN – a part of UCLH) on 06/03/2013, and referred principally to the report on the scan made by Dr. Dominic Heaney, Consultant Neurologist at NHNN, in his letter to my GP following the scan results (item 3 of List C). This complaint was referred to the PHSO on 18/12/2013, by which time the complaint then implicated the opinions of two further specialists at NHNN, in addition to that of Dr. Heaney. The PHSO agreed to investigate the complaint, and an investigation was conducted during the six working-days prior to 14/03/2014 (the date of the PHSO's draft investigation report – item 16 of List C), but which *did not uphold* the complaint, in the PHSO's final investigation report of 04/04/2014 (item 18 of List C). The investigation was completed however without the PHSO having conducted a thorough, formal, and independent evaluation of the original MRI scan material. It was also completed without acknowledging the arguments made throughout my complaint correspondence (in particular in my Comments in response to the draft investigation report – item 17 of List C) which emphasised the *self-evident* nature of the

evidence revealed in MRI Head scan, and the *systemic constraints* operating across the broad institution of the NHS, which implicitly forbade any NHS employee to disclose openly and freely her/his knowledge of the evidence. These objections to the PHSO's investigation report are made clearly in my letter of 30/06/2014 (item 20 of List C) requesting a review of its final investigation decision. This letter also includes an analysis of the investigator Mr. Paul Farrell's choice of an 'internal' medical advisor, with an inappropriate specialism, who had provided only an *informal verbal opinion* on the scan-images I had attached to my email to the PHSO of 13/01/2014 (item 12 of List C), that is, without conducting a formal evaluation of the original MRI scan, and therefore without submitting any report of his findings. Nevertheless, the PHSO subsequently refused to conduct any review of this decision in response to my review request (see: item 21 of List C).

My analysis of Mr Farrell's approach to his investigation (in particular his reliance upon the informal advice of its quoted medical advisor) which concluded that the PHSO were effectively complicit in the cover-up of medical evidence established by the three specialists at NHNN, was assisted by the PHSO's response to a Freedom of Information request I made to the PHSO by email on 11/04/2014 (see: item 19 of List C). This requested information regarding the contracts held between the PHSO and its medical advisors, as well as a list of advisors according to their specialism. The PHSO's response to my FOI request is enclosed in a separate zip archive: *PHSO\_FOI\_response.zip*.

My second complaint to UCLH, dated 09/11/2015 (item 2 of Document List D), was with regard to the content and motivation of a letter written by Dr. Heaney at NHNN, dated 18/11/2013 (item 1 of List D), to Dr. Andrew Hodgkiss, Consultant Liaison Psychiatrist at St. Thomas' Hospital Mental Health Liaison Service (a subsidiary department of the South London & Maudsley NHS Foundation Trust (SLaM) annexed to St. Thomas' Hospital A&E Dept. – GSTT). My allegation in the complaint is that Dr. Heaney deliberately misrepresented the content of my first complaint to UCLH to create the false impression that I was suffering from the symptoms of a delusional psychosis, so as to invoke a psychiatric response from Dr. Hodgkiss, as part of Dr. Heaney's strategy of defence against the serious allegation made in that first complaint that he had failed to disclose his knowledge of the evidence of illicit surgical implants revealed in my MRI Head scan.

Following the final refusal to investigate this complaint by Belinda Crawford, Clinical Risk and Complaint Manager at UCLH, in her email to me of 23/12/2015 (see items 3 to 5 of List D), it was referred to the PHSO on 28/12/2015 (item 6 of List D). The latest correspondence in relation to this complaint was the PHSO's decision of 11/03/2016 *not to take any action* over the complaint, and my request for a review of that decision dated 13/03/2016 (items 8 & 10 of List D). As is made clear in my letter requesting a review, the decision of the PHSO was based upon a misunderstanding of the sequence of events prior to my first complaint to UCLH, through which it had assumed that a consultation had taken place between Dr. Heaney and myself *following* the scan procedure at NHNN on 06/03/2013, and which imagined consultation was interpreted by the PHSO as the source of Dr. Heaney's

ascriptions regarding my mental health in his letter to Dr. Hodgkiss. However, as no such consultation actually took place, and as Dr. Heaney's remarks over my mental health cannot be justified on the basis of either of my written communications, firstly to Dr. Heaney himself (in my email to his secretary of 26/09/2013 – item 4 of List C), and secondly to UCLH's Governance Dept. (in my first complaint to UCLH of 11/11/2013 – item 6 of list C), there is no reason therefore for the PHSO not to investigate my allegations of Dr. Heaney's dishonesty in his letter to Dr. Hodgkiss.

There has yet been no final decision by the PHSO whether it will agree to carry out an investigation into the motivation and content of Dr. Heaney's letter to Dr. Hodgkiss of 18/11/2013. However, the PHSO has not yet agreed to conduct a review of its decision of 11/03/2016, and my experiences of the PHSO's intractability, as a general pattern in its responses to requests for reviews of its decisions, suggests that there is little to hope for from the outcome of a possible review.

Yours faithfully,

Michael S. Jones

Enclosures:

1. Document List A – *DL-A.pdf*.
2. Document List B – *DL-B.pdf*.
3. Document List C – *DL-C.pdf*.
4. Document List D – *DL-D.pdf*.
5. Document Archive A – *173713.zip*.
6. Document Archive B – *179837.zip*.
7. Document Archive C – *180294.zip*.
8. Document Archive D – *244515.zip*.
9. Copy of the PHSO's response to my Freedom of Information Request of 11/04/2014 – *PHSO\_FOI\_response.zip*.
10. Copy of my personal report: *Special Operations in Medical Research* – 98 pages, revised 25/04/2015 – *Special\_Operations\_in\_Medical\_Research.pdf*.