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## Mystery helicopter claim over Dr David Kelly death

Police have refused to comment on reports that a helicopter mysteriously landed at the scene of weapons expert Dr David Kelly's death shortly after his body was discovered.



Dr David Kelly Photo: PA

11:58AM BST 14 May 2011

Details released under the Freedom of Information Act reportedly disclose that the aircraft stayed on the ground for five minutes before leaving.

According to its flight log, the helicopter - said to have been hired by Thames Valley Police - landed at Harrowdown Hill in Oxfordshire at 10.55am on July 18 2003, 90 minutes after Dr Kelly's body was found by search teams. The purpose of the flight and who was on board have not been established because details of the flight log have been heavily redacted, the Daily Mail reported.

Dr Andrew Watt, who has raised doubts about the circumstances around Dr Kelly's death, told the paper: "If the purpose of the helicopter flight was innocent, one has to ask why it was kept secret."

Today Thames Valley Police declined to comment on whether the force had hired the aircraft or the reasons behind doing so and why the flight log had apparently been redacted.

A police spokesman said: "We have given, as a police force, all the evidence to the Hutton Inquiry. This was a full inquiry and there is nothing more to say."

Campaigners have been pressing for a full inquest to be held amid claims that the Hutton Inquiry into Dr Kelly's death failed to examine a number of questions surrounding the discovery of his body.

Dr Kelly's death came soon after he was named as the source of BBC reports questioning the accuracy of a Government dossier arguing the case for war in Iraq.

The Hutton Inquiry found the Government weapons inspector committed suicide in woods near his Oxfordshire home. Then Justice Secretary Lord Falconer ruled Lord Hutton's inquiry could take the place of an inquest in the coroner's court.

But a group of doctors denounced the Hutton report as a "whitewash" which "failed adequately to address the cause of death itself and the manner of death".

Attorney General Dominic Grieve is considering a dossier of evidence provided by the doctors, and is expected to announce soon whether he will ask the High Court to order an inquest.

In an open letter to David Cameron in March, the doctors warned they will seek judicial review if Mr Grieve decides no inquest is needed. The dossier - submitted after the Attorney General requested further information about the doctors' case - highlights documents released by police, which show that no fingerprints were recovered from the knife which Dr Kelly allegedly used to slit his wrist and a pack of pills which he apparently took, or from a mobile phone, watch and water bottle found near his body.

And it highlights the fact that the lack of fingerprint evidence was not considered by the Hutton Inquiry, which they said was "insufficient" as a replacement for a normal inquest.

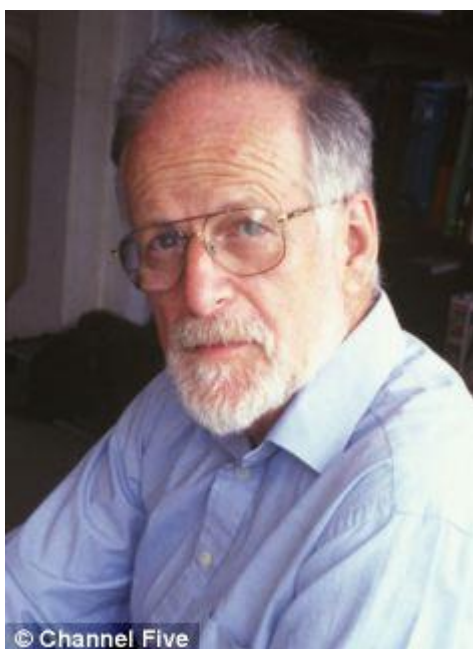
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Daily Mail article - <http://www.dailymail.co.uk/news/article-1386967/Mystery-helicopter-landed-scene-Dr-Kellys-death-body-found.html>

### **Mystery of the helicopter that landed at scene of Dr Kelly's death after his body was found**

By Miles Goslett

UPDATED: 14:27, 14 May 2011



International renown: Mystery still surrounds the death of weapons expert Dr David Kelly in 2003  
A helicopter mysteriously landed at the scene of Dr David Kelly's death shortly after the body was found. The aircraft only remained on the ground for five minutes before leaving, suggesting it either deposited or collected somebody or something.

Details from its flight log, released under the Freedom of Information Act, show that the helicopter – hired by Thames Valley police – landed at Harrowdown Hill in Oxfordshire at 10.55am on July 18, 2003, 90 minutes after the body was discovered by volunteer search teams.

Significantly, the flight log has been heavily redacted, making it impossible to know who was on board or what its exact purpose was. The flight was not mentioned in oral evidence at the Hutton Inquiry, set up by Tony Blair to investigate Dr Kelly's death.

Dr Andrew Watt, who has previously raised questions about the suicide finding reached by Lord Hutton, has written to Attorney General Dominic Grieve drawing his attention to the flight. Dr Watt, a clinical pharmacologist, said: 'If the purpose of the helicopter flight was innocent, one has to ask why it was kept secret.'



Bizarre: A helicopter briefly landed at the scene of Dr Kelly's death - after the body was found - at Harrowdown Hill in Oxfordshire. Details of the aircraft, hired by police, have been withheld (file picture)  
The riddle joins the growing list of unanswered questions about the circumstances of the government weapons inspector's final moments.

It emerges in the same week that Tony Blair and Alastair Campbell were accused of lying to the Chilcot Inquiry into the lead-up to the Iraq war.

The Mail reported yesterday how declassified documents from the inquiry revealed a spy chief disputed Campbell's claim that the dossier was 'not the case for war'.

A senior diplomat also accused the former prime minister of distorting expert reports about the post-war chaos. Dr Kelly is said to have killed himself in woods near his home after being named as the prime source of a BBC report accusing the Labour government of lying to take Britain into war in Iraq.

# TEN UNANSWERED QUESTIONS

**1) Why were there no fingerprints on Dr Kelly's knife, pill packets, water bottle, glasses, mobile or watch? He wore no gloves. Police knew this when they gave evidence to Hutton but the absence of prints wasn't mentioned.**

**2) Lord Hutton said photographic evidence showed Dr Kelly's body was found propped against a tree, yet the first paramedic to reach the scene said he was originally flat on his back. Who moved the body and why?**

**3) Detective Constable Coe of Thames Valley Police, who guarded Dr Kelly's body after it was found, has admitted concealing the presence of an unidentified man at the scene. Why?**

**4) In 2003 Dr Kelly's friend, Mai Pederson, told police Dr Kelly couldn't cut steak because of an old injury to his right arm. How could he have slashed his left wrist? She also said he had a pill phobia.**

**5) Former MP Robert Jackson has said Dr Kelly's GP, Dr Malcolm Warner, told him he saw the corpse immediately after its discovery. When Dr Warner gave evidence to the Hutton Inquiry he failed to report this. Why?**

**6) All medical and scientific reports, and photographs of Dr Kelly's body were secretly classified for 70 years by Lord Hutton after the death. On what legal basis was that done and why?**

**7) The death certificate does not state where he died, as it should, but was registered midway through the Hutton Inquiry anyway, before Hutton concluded how he died. Why?**

**8) According to Dr Kelly's widow, police stripped wallpaper from their sitting room on the night of his disappearance. Why?**

**9) Several key witnesses did not appear at Hutton. They include Paul Weaving, supposedly the last person to see Dr Kelly alive; DC Shields, one of the police first at the scene; Dr Eileen Hickey, the forensic biologist who attended Harrowdown Hill. Why?**

**10) A 110ft communications mast was erected outside Dr Kelly's house immediately after he was declared missing early on July 18. Was it used to communicate with Tony Blair (en route to Tokyo from Washington) and/or his spin chief Alastair Campbell?**

Uniquely for a suspicious death, no coroner's inquest has been held. Instead, the Hutton Inquiry found he committed suicide by swallowing painkillers and cutting his wrist with a blunt knife.

Dr Kelly left no suicide note and had arranged to meet his daughter on July 17, 2003, the day he was last seen alive.

Read more: <http://www.dailymail.co.uk/news/article-1386967/Mystery-helicopter-landed-scene-Dr-Kellys-death-body-found.html#ixzz5Ax4fwtXW>

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# KELLY INVESTIGATION GROUP

SATURDAY, JULY 15, 2006

[HTTP://DR-DAVID-KELLY.BLOGSPOT.CO.UK/2006/07/WHAT-IS-KELLY-INVESTIGATION-GROUP-ON.HTML](http://dr-david-kelly.blogspot.co.uk/2006/07/what-is-kelly-investigation-group-on.html)



## WHAT IS THE 'KELLY INVESTIGATION GROUP'?

On 15th July 2003 British government scientist Dr David Kelly defended himself before a televised Foreign Affairs Committee against the charge that he had accused the British government of using false intelligence to justify invading Iraq. Three days later the world was stunned when he was found dead on Harrowdown Hill. A judgement of 'suicide', planted early on by police to reporters, was reinforced by a hastily-convened 'Hutton Inquiry' which adeptly shifted emphasis away from Dr Kelly's death and onto reprehensibility of key players in government and at the BBC.

Peel off the expensive Hutton gloss, and it becomes apparent that a number of things about Dr Kelly's death do not add up. Oddities and holes in witness statements to the inquiry, glaringly apparent to a careful reader, were missed, or ignored, by trained barristers. A top journalist on a national paper later told me they were *ordered* not to ask too many difficult questions. Was there a cover up? I joined an internet forum, discussed discrepancies in a flurry of e-mails, and was alerted to a letter in a newspaper from David Halpin, a surgeon in Devon, who had written to say (15 December 2003):

*'We have been told that he died from a cut wrist and that he had non-lethal levels of an analgesic in his blood.'*

*'As a past trauma and orthopaedic surgeon, I cannot easily accept that even the deepest cut into one wrist would cause such exsanguination that death resulted. The two arteries are of matchstick size and would have quickly shut down and clotted.'*

Other medical professionals, six of them surgeons, wrote to papers independently, voicing strong doubts that it was medically possible for Dr Kelly to have died of haemorrhage after cutting a single transected ulnar artery. I contacted each of them. The 'Kelly Investigation Group' was starting to evolve.

The official account of Dr Kelly's death was looking more and more implausible. Differences between witness accounts may not be unusual, but the anomalies uncovered from analysing transcripts, looking at medical evidence, and exchanging insights, painted the disturbing picture of a body that was twice moved; blood patterning which did not fit a self-inflicted 'arterial bleed'; a totally inappropriate choice of knife; a single transected artery which would have released no more than a pint of blood; insufficient co-proxamol to have caused death; a disingenuous policeman who lied about the number of colleagues he was with; three men in black at the scene who could not have been policemen; and dental records which were found to be missing on the day of death only to reappear two days later.

Read about these here: <http://www.deadscientists.blogspot.com/>

Five members of the Kelly Investigation Group, three medical, wrote an 11-page letter to the Coroner explaining the anomalies in detail. The letter was ignored. I phoned. He said he had read the letter but the points we raised fell on deaf ears -- he wouldn't budge from the official line. The Hutton Inquiry was a sham - it had no power to subpoena witnesses or have them testify on oath. Nor were they cross-examined. Had Dr Kelly received an inquest these powers could have been implemented. In the event, there was no inquest and no verdict,

only a 'conclusion'.

When the authorities stone-wall us, we must fall back on our own resources. Dr Kelly was a highly intelligent, honourable man who wanted the world to know about the terrible dangers of chemical and biological weapons. Judging from the hundreds of e-mails I've received from across the world, many suspect his death, coming at this pivotal time for governments on both sides of the Atlantic, was not suicide -- and they care about what happened to him. Thom Yorke of 'Radiohead' sings:

**'I feel me slipping in and out of consciousness....You will be dispensed with, when you've become inconvenient, up on Harrowdown Hill. That's where I'm lying down. Did I fall or was I pushed? And where's the blood?'**

Join the Kelly Investigation Group and stay informed. Doctors in the group include David Halpin, Searle Sennett, Stephen Frost, Bill McQuillan, John Scurr, Martin Birmstingl, Chris Burns-Cox and Peter Fletcher. QC Michael Powers acts as consultant. We are now working in parallel with Liberal Democrat MP, Norman Baker -- and an important media event is in the pipeline.

Keep abreast of developments and share your views; send me an e-mail:[RowenaThursby@onetel.com](mailto:RowenaThursby@onetel.com) Regular bulletins will be mailed to you.

If you have important information please phone me on **01425 638409**.

Rowena Thursby  
**Kelly Investigation Group**

SUNDAY, OCTOBER 31, 2010

**LETTER TO DOMINIC GRIEVE, ATTORNEY GENERAL FROM EXPERT IN PHARMACOLOGY, DR ANDREW WATT, BA, BMedBiol(Pathology), MBChB, MD(Hons), DipPharmMed,FRCP(Ed)**

Open Letter to the Attorney General regarding the need for an inquest into the death of Dr David Kelly

Yesterday, I sent by recorded delivery a letter to Dominic Grieve QC, requesting that he apply to the High Court for an order that an inquest be held into the death of Dr David Kelly.

The text of that letter follows below, for reference.

25th October 2010

To:  
Dominic Grieve AC  
Attorney General

Open Letter  
The Death of Dr David Kelly - information indicating that a Coroner-led inquest, taking evidence on oath, is needed.

Dear Attorney General

I write to you to request that you apply to the High Court for an order that a Coroner-led inquest be conducted with respect to the death of Dr David Kelly in 2003, as provided for on the grounds enumerated in Subsection 13(1)(b) of the Coroner's Act 1988.

Of the grounds mentioned in Subsection 13(1)(b) I consider the following grounds potentially to be of relevance in an application to the High Court with respect to the death of Dr David Kelly.

1. Rejection of evidence

2. Irregularity of proceedings
3. Insufficiency of inquiry
4. Discovery of new facts or evidence

As I read Subsection 13(1)(b) any one of these deficiencies is sufficient grounds on which to apply for an order from the High Court. Given persistent public concerns about how Dr Kelly met his death I find it difficult to conceive how the High Court could conclude otherwise than such an inquest in is the interests of justice.

I will list some causes for concern under each of the four headings previously mentioned. In some situations it is not immediately clear whether a particular point of concern should most appropriately be considered under a single heading or multiple headings. To avoid unnecessary repetition I will attempt to list a cause for concern under the single heading that appears to me to be most relevant.

The following lists do not purport to be exhaustive. They simply represent causes for concern that I observed after only a few hours reading the Hutton Inquiry transcripts, the Report and other potentially relevant material, as they refer to matters relating to the cause of death of Dr David Kelly.

#### Rejection of Evidence

Lord Hutton made it clear in his introductory statement that decisions about who to call to give evidence rested with him. It seems to me that a number of individuals who could potentially have given useful evidence regarding Dr Kelly's death were excluded from giving evidence. I can only assume that Lord Hutton rejected them as witnesses, hence my including them under the "Rejection of Evidence" heading. Lord Hutton's approach to the evidence of these individuals might equally be classified under the "insufficiency of inquiry" heading.

1. A Detective Constable Shields was stated (by DC Graham Coe) to have been present when DC Coe first saw Dr Kelly's body. DC Shields was not asked to give evidence.
2. Dr Eileen Hickey accompanied her colleague, the forensic biologist Dr Roy Green, and spent some 5 hours at the scene where Dr Kelly's body was found. Dr Hickey was not asked to give evidence, nor so far as I can ascertain was her area(s) of expertise explored by Hutton.
3. Dr Green testified that at least three Scenes of Crimes Officers were present at the scene. None was asked to give evidence of what they might have found or seen.

#### Irregularity of Proceedings

1. When evidence was taken from Dr Roy Green, forensic biologist, he stated in his testimony that his tests were ongoing. He was not asked to give further oral evidence and the results of his tests, so far as I am aware, are not known (at least I can find no public record of the results having been made available to the Hutton Inquiry, or alternatively, made publicly available by the Inquiry).
2. Supposedly, Assistant Chief Constable Page was to give evidence at his second appearance before Lord Hutton about the results of Dr Green's tests. He did not do so in any meaningful way and the absence of information about completed tests conducted by Dr Green was ignored by both Assistant Chief Constable Page and by the Hutton Inquiry. In any case, it was in my view highly irregular that someone who is not a technical expert should be asked to give evidence on a technical subject about which he has negligible or no expertise. In addition, the technical detail of Dr Green's tests was not investigated in oral questioning which seems to me to be grossly irregular and insufficient.

#### Insufficiency of Inquiry

There are numerous individual points where, so it seems to me, Lord Hutton was negligent in terms of conducting a credible and diligent inquiry, equivalent to an inquest.

**This letter, from a retired anaesthetist - published in the Daily Telegraph on 24th August -speaks of the inconclusive nature of one of the secondary averred causes of Dr Kelly's death: co-proxamol poisoning.**

*'the fact that the blood level of Dp was so low as to be below that necessary for cardio-respiratory depression suggests that not many tablets ever arrived in the stomach.'*

Sir

If David Kelly (Letters, August 23) did not die from ulnar artery blood loss, then can we be sure that death was even due to cardio-respiratory depression after ingesting co-proxamol?

The drug contains dextropropoxyphene (Dp) and paracetamol. Paracetamol overdose can cause death but only in excess of three days after ingestion. Dp can cause death within one hour but usually within a mean of five hours.

As a retired anaesthetist with training in pharmacology, I noted that the stomach was empty of capsules, which indicates the Dp was totally absorbed. But the fact that the blood level of Dp was so low as to be below that necessary for cardio-respiratory depression suggests that not many

tablets ever arrived in the stomach. An empty blister pack is not proof of ingestion.

Writing as a citizen of this country, I feel that there are enough untidy ends in this sad saga to justify a coroner's inquest in which scene-of-crime officers and specialists in pharmacokinetics, forensic pathology, toxicology and vascular surgery can explain inconsistencies.

Dr David Rutter  
Romsey, Hampshire

## KELLY'S DEATH: INACCURACY IN MEDIA

by Rowena Thursby

According to a [recent report in the Independent](#), a frog-like jump across the lilly pad has transmuted the cause of Dr David Kelly's death from "haemorrhage" (Hutton Inquiry) to "heart attack" (Independent): "Kelly had heart attack, says pathologist" blares the headline.

Dr Jennifer Dyson, a retired pathologist, tells an Independent reporter, "there seem to have been a lot of pills in his stomach". I am not sure she has paid close attention to the forensic reports given to the Hutton Inquiry. Possibly her words reflect a common assumption: that Dr Kelly ingested all 29 of the tablets missing from the three blister packs beside his body - but did he?

Other than the existence of three blister packs with 29 pills missing found at the death scene, there is no real indication that Dr Kelly took all 29 pills, voluntarily or otherwise. There is more evidence that he did not.

- At the Hutton Inquiry, forensic toxicologist Dr Richard Allan, clearly stated that he found only a fifth of one tablet in Dr Kelly's stomach. He did not find the residue of anything approaching 29 pills.
- Dried regurgitative material was found in a line from both corners of Dr Kelly's mouth to his ears - more was distributed on the ground beside his body. This suggests that a substantial amount of any drug ingested would have been ejected.
- Although [Dr Allan](#) found the amounts of the two components of co-proxamol in Dr Kelly's blood to be possibly consistent with an ingestion of 29 pills, he seemed puzzled that this quantity represented significantly less - more than half - than the amount that would normally cause a fatality.
- Dr Robert Forrest, Home Office forensic toxicologist at the University of Sheffield, points out in a [BMJ article](#) that after death, concentrations of a drug increase - sometimes up to tenfold. If that is the case, Dr Kelly may need only have ingested two or three pills for Dr Allan's findings to make sense.
- US army interpreter Mai Pederson, a close friend and colleague of Dr Kelly's towards the end of his life, maintains that he had a medical condition: "unexplained dysphagia" - a condition that makes it very difficult to swallow pills, while food is taken without any problem.

The Independent further records Dr Dyson as saying: "my suspicion would be that he had a coronary attack, brought on by the circumstances he found himself in and the stress that that entailed".

So is that to say, Dr Kelly was found dead in the woods, with wounds to his wrist, pill packets and a knife beside him,



but that was just coincidental - he died of a heart attack, nothing to do with poisoning or blood loss? Or does Dr Dyson mean the combination of blood loss and poisoning probably caused a heart attack? Only the latter is plausible - but is it so?

In recent days The Times has published a letter (reproduced below) from nine eminent medical specialists - one of them, Sir Barry Jackson, ex-president of the Academy of Forensic Sciences and past surgeon to the queen. They aver that, absent a clotting abnormality, it is 'extremely unlikely' that anyone would bleed to death from a single severed ulnar artery. In recent television interviews two of them have maintained there is a strong consensus on this point across the medical profession.

Venturing opinions, especially medical ones, without reference to the facts of a case seeds false ideas which take root in the public mind. In fairness to Dr Dyson, she did not baldly state, as the headline claims, that Dr Kelly had a heart attack. The reporter turned her opinion into an assertion.

Lord Hutton's conclusions on how Dr Kelly met his death are unsafe. Even the forensic pathologist to the Hutton Inquiry, Dr Nicholas Hunt, told the news-team at Channel 4 News that he would be 'more comfortable' with an inquest. [Today's Daily Mail reports](#) that only one person in five believes Dr Kelly committed suicide. This was no ordinary death - Dr Kelly was at the centre of a political furore which threatened to bring down the British government.

The medical details surrounding Dr Kelly's death and the circumstantial details are complex. The many facets of the case need to be gathered and forensically analysed with care by independent experts in a public forum. Witnesses must be subpoenaed, give evidence under oath and be cross-examined. That didn't happen at the Hutton Inquiry; a full inquest is essential.

SATURDAY, AUGUST 14, 2010



**DR KELLY WAS A BRILLIANT MAN WHO DID HIS BEST FOR HIS COUNTRY. WE OWE IT TO HIM AND TO OURSELVES TO DISCOVER THE TRUE CAUSE OF HIS DEATH.**

**In this powerfully argued article, doctor and barrister, Dr Michael Powers QC explains why justice demands an inquest is held.**

Since his untimely death in July 2003, questions have continued to be raised about the circumstances of Dr David Kelly's death. Many wonder whether he really killed himself and speculate that he was murdered. His sudden death shocked the nation - how could it have happened?

As a specialist practitioner in law and medicine, I feel a responsibility to the two professions to air my doubts about a case that bridges both worlds.

Any question of suicide or murder has to follow the determination of the cause of death. To do otherwise risks putting the cart before the horse. It would, for example, be scientifically and logically unsound to assume suicide and then to set about finding evidence to prove it.

Before asking whether the deceased himself or a third party put the bullet in the head, it is necessary to determine first that there was a hole in the head and secondly that the deceased died because of it.

For 1,000 years, coroners have been investigating sudden, violent and unnatural deaths. They have got good at it. Suicide used to be a crime and a finding of self-murder is an unhappy reflection on the victim and his family and friends.

That is why suicide has to be proved to the same high standard as murder. It has to be proved beyond reasonable doubt that the deceased did the act which killed him with that intention in mind.

The normal inquest process in the case of David Kelly was interrupted by the order of the Government. Lord Falconer, the Lord Chancellor at the time, exercised a rarely-used power to require the Oxfordshire coroner to adjourn his investigation and to give that responsibility to Lord Hutton.

The coroner had the power to compel witnesses to attend and to give evidence on oath. The Government which took our country to war with Iraq chose not to give these considerable powers to Lord Hutton.

Although there were 24 days of evidence taken over two and a half months, the whole of the medical evidence took no more than a half day. The evidence of the pathologist, toxicologist and forensic biologist can be read in 30 minutes. No one could say this was a detailed investigation into the death.

I was trained as a doctor and during my years in medical practice I often had to pass catheters into the radial artery in the wrist. This is where medics usually feel the pulse. It can even be seen pulsating in many people.

Dr Kelly's wrists were not slit. Neither radial artery was cut. This alone is a strange finding in someone who intends suicide by this method.

Deeper in the wrist on the side of the little finger lies the ulnar artery. It is not used for catheterisation because it is too small. Yet Lord Hutton, on the unchallenged evidence of a single pathologist, concluded that Dr Kelly bled to death from the severance of this single small artery in the left hand.

No courtroom drama would be complete without critical witnesses being challenged through the cross-examination process.

Like all barristers, I received a rigorous training in advocacy and, because of its enormous importance, I take time from my practice to train barristers in this art. A skilful cross-examination is often the key to ascertaining the truth.

None of this happened in Lord Hutton's inquiry and witnesses were simply led through prepared evidence. Reading the transcripts, far from providing any sense of satisfaction, leaves me with feelings of frustration. Opportunity after opportunity was lost to pursue answers until every avenue had been thoroughly explored and every "escape route" closed.

At the very end of his evidence, Dr Nicholas Hunt, the pathologist who had conducted the post-mortem, was asked: 'Is there anything else you would like to say concerning the circumstances leading to Dr Kelly's death?'

Such a question gives the witness who is favourably disposed to the questioner an open opportunity to go further than his witness statement. It is NOT a question ever asked in cross-examination as it provides a free pass to an escape route.

Dr Hunt answered: 'Nothing I could say as a pathologist, no'. He is an experienced expert witness. What on earth did that answer mean? He was there to give evidence as a pathologist. He knew that. Everyone knew that. So why did he give that answer? It begged the question whether there was anything else he knew. Was he concerned about any other forensic or factual evidence? These questions were never asked.

Hutton focused on the so-called dodgy dossier and the conflict between the Government and the BBC which, at that time, was more in the public eye. Because it was taken for granted Dr Kelly had killed himself, the medical evidence was insufficiently explored.

In the absence of any bleeding tendency from a clotting deficiency (and there was no evidence of this) fatal haemorrhage from a severed ulnar artery is so improbable that more evidence was essential before such a conclusion could be reached.

If you want to know how much beer has gone from a full pint glass, it is easy. You can either measure how much has been poured out or measure how much remains. To be confident, you would measure both. The same approach should have been adopted in this case.

As it was not, there is no evidence as to whether there was sufficient haemorrhage from the ulnar artery to cause death. The inquiry fell into the trap of the circular argument: Dr Kelly died, therefore he must have lost sufficient blood.

'In my work as a barrister I meet many medics but I have never met a single doctor who has disagreed with the proposition that it is extremely improbable that haemorrhage from a single, severed ulnar artery would ever be a primary cause of death.'

Yet this extreme unlikelihood was never explored with Dr Hunt. Whatever the reason, this was a serious failure of the Hutton Inquiry. It has understandably led to a suspicion of cover-up. This could not have been the cause of death, the argument goes. If it were not the cause, then what did cause his death? Was it something Dr Kelly did to himself, intending to cause his own death, which has not yet been discovered? Was it part of some elaborate plan by others to end his life?

The only way to stop the many theories which abound is for there now to be a thorough and open investigation by way of a fresh inquest. Surely the Government realises that the way to foster conspiracy theories is to be secretive and to resist calls to disclose all the medical evidence.

We should pay tribute to Dr Kelly. He was a brilliant man who did his best in the service of this country. He deserves our gratitude and respect. We owe it to him and ourselves to ensure the true cause of his death is ascertained.

*Dr Michael J Powers QC is a barrister specialising in medical causation and a Fellow of the Faculty of Forensic and Legal Medicine of the Royal College of Physicians to which he is an appointed examiner.*

*From the "Mail on Sunday", 15 August 2010*

13th August 2010

## TIME FOR A PROPER INQUEST INTO DR KELLY'S DEATH

Sir

Amid the continuing interest surrounding the death of the government weapons inspector, the late Dr David Kelly, we wish to express our concern about the conclusion as to the cause of death in the light of the information now in the public domain. It is extremely unlikely, from a medical perspective, that the primary cause of death would or could have been haemorrhage from a severed ulnar arter in one wrist without any evidence of a blood clotting deficiency.

This small artery, deeper in the wrist than the larger radial artery used to palpate the pulse, would have retracted on being severed and within a short time blood loss would be expected to have ceased.

Insufficient blood would have been lost to threaten life. Absent a quantitative assessment of the blood lost and of the blood remaining in the great vessels, the conclusion that death occurred as a consequence of haemorrhage is unsafe.

The inquiry by Lord Hutton was unsatisfactory with regard to the causation of death. A detailed investigation of all the medical circumstances is now required and we support the call for a proper inquest into the cause of Dr Kelly's death.

### DR MICHAEL J POWERS QC

Barrister, Medical Practitioner and Examiner to the Faculty of Forensic and Legal Medicine, Royal College of Physicians

### PROFESSOR JULIAN BION

Professor of Intensive Care Medicine, Queen Elizabeth Hospital, Birmingham

### DR MARGARET BLOOM

Barrister, Former General Medical Practitioner and Former Deputy Coroner

### DR NEVILLE DAVIS

Consultant Forensic Physician

### DR ELIZABETH DRIVER

Solicitor and Fellow of the Royal College of Pathologists

### SIR BARRY JACKSON

Past president, British Academy of Forensic Sciences

### DR JASON PAYNE-JAMES

Consultant Forensic Physician and Honorary Senior Lecturer, Cameron Forensic Medical Sciences, Barts and The London School of Medicine and Dentistry

### PROFESSOR JOHN FRANCIS NUNN

### DENIS WILKINS

Retired Consultant Vascular Surgeon

## THE STRANGE "SUICIDE" OF DAVID KELLY: Questions for the coroner's inquest

by Renan Talieva

With the release of his report last month, Lord Brian Hutton pronounced the death of scientist David Kelly a suicide. But the evidence given at the inquiry does not substantiate the finding. It is not yet known exactly how he died.

Members of the medical community and the general public are beginning to express growing skepticism about the stated cause of death. In response to their concerns, Oxfordshire coroner Nicholas Gardiner will hold a hearing in March to determine if 'exceptional reasons' compel him to reopen the original inquest.

[1]

There is more than adequate cause to question the current interpretation of the scientist's demise, as set forth by the Hutton report (HR) and the public record of the Hutton inquiry (HI). The official version can be summarized as follows.

Between 3.00 and 3.20 pm on 17 July 2003, Dr Kelly left his Oxfordshire residence after telling his wife he was going for his regular walk. At about 9.20 am on 18 July, his body was found by volunteer searchers in a wooded area on Harrowdown Hill. On the body was a mobile telephone, glasses, key fob, and three 10-

tablet blister packs of coproxamol with 1 tablet remaining. Near the body was a Barbour cap, wristwatch, Sandvig knife, and half-litre bottle of water.

From this it was concluded that although he suffered from no significant mental illness, by the afternoon of 17 July Dr Kelly was feeling isolated and hopeless. When he left the house he took with him several packets of his wife's prescription pain medication, a gardening knife from his desk drawer, and a bottle of water.

He proceeded to one of his favorite haunts, a peaceful and secluded spot, where sometime between 4.15 pm and 1.15 am he removed his watch and glasses, swallowed over 20 pills, and repeatedly slashed at his left wrist, leaving the radial artery intact but completely severing the ulnar artery which caused him to bleed to death, most of the blood soaking into the detritus of the woodland floor.

In the process of stumbling or thrashing about in the undergrowth he possibly sustained minor abrasions to the scalp and lower lip, along with bruising to the lower legs and left side of chest. His demise was further hastened by a less than fatal but more than therapeutic blood level of dextropropoxyphene and paracetamol, and by clinically silent coronary artery disease.

It is an odd and illogical tale, notable for its abundance of conjecture and conflicting witness accounts. The ten questions below highlight some disturbing anomalies.

### **Did Kelly cut his own wrist?**

Forensic pathologist Nicholas Hunt gave no evidence specifying the direction in which the wounds were made to support a conclusion of self-infliction. The presumed scenario is that Dr Kelly drew the knife with his right hand across his left wrist (thumb to little finger).

But the location of arteries in the wrist suggests that in so doing he would have more easily damaged the superficial radial artery on the lateral aspect. It is not likely he would have left the radial artery intact while exerting enough pressure to completely sever the deeper, better protected ulnar artery at the medial aspect. [2]

And forensic biologist Roy Green observed that finding a bloodstain on the right sleeve of Dr Kelly's jacket was 'slightly unusual' [HI] in view of the presumed scenario. The pathologist did not mention blood on the right sleeve in his evidence.

Dr Hunt also made the questionable inference that the apparent removal of the watch 'whilst blood was already flowing' [HI], along with the removal of the spectacles, pointed toward an act of self harm. It seems more likely Dr Kelly would have removed the watch before inflicting the wounds and left his glasses on to facilitate the effort.

Then there is the alleged weapon. If Dr Kelly's intention was to efficiently open an artery, his choice of an old, blunt\* gardening knife seems highly unlikely. As does the horizontal incision of a single wrist.

\*Bluntness is assumed from the pathologist's description of the wound's crushed edges.

### **Did Kelly bleed to death?**

Medical specialists have questioned whether the incised wounds as described by Dr Hunt could have led to fatal haemorrhage. Only the small ulnar artery was cut which, having been completely transected, would have defensively retracted and clotted while blood pressure slowed, thereby greatly inhibiting the flow of blood. [3]

And if one were to accept a verdict of death by exsanguination, why was there not more blood found in the vicinity?

It has been estimated that for a person of Dr Kelly's size to die of haemorrhage, he would need to lose about five pints of blood. But witness accounts did not indicate anything near that amount at the scene.

Paramedic Vanessa Hunt volunteered the observation that there was 'no obvious arterial bleeding. There was no spraying of blood or huge blood loss or any obvious loss on the clothing. ... As to on the ground, I do not remember seeing a sort of huge puddle or anything like that.' [HI] This was seconded by ambulance technician David Bartlett, who commented 'we was surprised there was not more blood on the body if it was an arterial bleed.' [HI]

In rebuttal to these comments, the forensic biologist referred to 'a fair bit of blood' [HI] around the body and surmised that much of it had probably been absorbed by leaf litter covering the ground. He does not appear from the evidence to have tested the premise.

The pathologist's conclusion that '[t]he arterial injury had resulted in the loss of a significant volume of blood,' [HI] seemed to derive from the fact that the artery had been cut rather than from specific evidence at the scene or the post mortem examination. He did not offer an assessment of the amount of blood remaining in the heart and large vessels to support a conclusion of haemorrhage.

### **Did Kelly take an overdose of his wife's medication?**

Although the secondary cause of death was determined to be coproxamol ingestion, forensic toxicologist Alexander Allan reported finding merely 67 milligrammes of paracetamol in the stomach contents (equivalent to one-fifth of one tablet of coproxamol), and blood level concentrations per millilitre of 97 microgrammes for paracetamol and 1.0 microgrammes for dextropropoxyphene (equivalent to approximately 20 tablets).

Dr Allan acknowledged this amount to be three to four times lower than the medically accepted level for fatal overdose. Dr Hunt offered no post mortem evidence of respiratory depression or heart failure consistent with dextropropoxyphene overdose, or of liver damage from paracetamol overdose.

Lord Hutton noted that according to Dr Allan, 'the only way in which paracetamol and dextropropoxyphene could be found in Dr Kelly's blood was by him taking tablets containing them which he would have to ingest.' [HR p 95] But acquaintance Mai Pederson reportedly told police that Dr Kelly had difficulty swallowing pills -- a condition which could be confirmed by family, friends or physician. If true, it is doubtful that he would have voluntarily chosen to ingest over 20 of them.

In addition, as a scientist and biowarfare specialist Dr Kelly would presumably have known how much coproxamol was required to induce overdose, and have had knowledge of and access to faster and more lethal substances.

Nor was it adequately demonstrated at the inquiry that the blister packs found in Dr Kelly's jacket were taken from his wife's prescription.

In his report, Lord Hutton deemed it 'probable that the Coproxamol tablets which Dr Kelly took just before his death came from a store of those tablets which Mrs Kelly, who suffered from arthritis, kept in their home.' [HR p 96] This despite evidence from Detective Constable Eldridge that their identical batch numbers were shared with 1.6 million other packets sold throughout the country.

And Mrs Kelly did not confirm that an equivalent number of tablets were missing from her store at the house.

### **Was Kelly suicidal?**

In the expert opinion of psychiatrist Keith Hawton it was 'well nigh certain' [HI] that Dr Kelly had committed suicide, a conclusion based largely on circumstantial evidence: isolated location of the site, wounds to the wrist, apparent use of a familiar object, presence of several empty blister packs. Less attention was given to the numerous contraindicators of suicidal ideation.

Professor Hawton told the inquiry that Dr Kelly was 'an intensely private man' who kept his emotions bottled up and whose self-esteem was tied to his work. [HI] He theorized that in the wake of the parliamentary hearings, Dr Kelly had begun to see himself as publicly disgraced and to fear the loss of his job. Receiving additional parliamentary questions at about 9.28 am on 17 July possibly led to a perception

that the problem was escalating and increased his sense of hopelessness.

But these suppositions are not borne out by witness accounts or by Dr Kelly's own behavior.

According to MoD colleague Wing Commander John Clark, Kelly had reported being in good spirits when they spoke by telephone on 17 July. Clark and Kelly had agreed on 25 July as the date for him to fly to Iraq to work with the survey group, and the evidence indicated he was eager to resume that effort.

At about 11.18 am that morning, Dr Kelly sent several e-mails to friends and colleagues, most anticipating that it would 'all blow over by early next week' [HI] and indicating his expectation of returning to Baghdad the following Friday. The e-mail messages given as evidence are not indicative of depression, despair, or hopelessness.

Nor did Dr Kelly seem uncharacteristically distraught in encounters with two neighbors after leaving the house. Sometime around 3.00 pm he stopped and chatted amiably for a few minutes with neighbor Ruth Absalom, who described him as '[j]ust his normal self, no different to any other time when I have met him.' [HI] Farmer Paul Weaver also saw Kelly walking through farmland that afternoon, as reported by the 20 July Observer. Weaver commented that Kelly 'seemed happy enough' and had smiled at him. [4]

Professor Hawton in his evidence mentioned three possible factors that might have acted as deterrents against Dr Kelly's suicide.

One was faith. Dr Kelly was acknowledged to have been a practicing member of the Baha'i faith, which strongly condemns the act of suicide.

Another was family. He had arranged with his daughter Rachel the night of 16 July to join him at his home the next evening for a walk and to visit a nearby foal. He was also looking forward to his daughter's wedding in October.

A third was the effect of a previous suicide by a family member, which may decrease the likelihood of the survivor choosing a similar course. Dr Kelly has been quoted by Mai Pederson as saying in regard to his mother's suicide, 'Good God no, I couldn't imagine ever doing that ... I would never do it.' [5]

These mitigating factors, coupled with Professor Hawton's observation that Dr Kelly's 'mood was predominantly reported as being quite upbeat in spite of all his difficulties' with no 'sense of a persistent depressive mood' [HI], and an historical lack of psychiatric problems, contrast sharply with Hawton's depiction of a man suddenly pushed over the edge by additional parliamentary questions and a terminal case of mortification.

Assistant Chief Constable Michael Page confirmed that 'based on early discussions with the inquiry it seemed entirely out of character' for Dr Kelly to have taken his own life. [HI]

### **Was Kelly's body moved?**

Throughout the inquiry it was assumed that the body remained undisturbed until checked for vital signs by the ambulance crew. But there were marked discrepancies in descriptions of body position, particularly whether the body was lying flat or the head and shoulders rested against the tree, and whether the right arm was lying to the side of the body or across the chest.

By all accounts, the first person on the scene was Louise Holmes, a volunteer member of the search team who approached to within a few feet of the body. She stated: 'I could see a body slumped against the bottom of a tree. ... He was at the base of the tree with almost his head and his shoulders just slumped back against the tree. His legs were straight in front of him. His right arm was to the side of him. His left arm had a lot of blood on it and was bent back in a funny position.' [HI]

The second person to view the body was fellow searcher Paul Chapman. From a distance of 15 to 20 metres he saw: 'The body of a gentleman sitting up against a tree... He was sitting with his back up against a tree...' [HI]

Soon after, Detective Constable Graham Coe arrived at the scene. His description was quite different: 'It was laying on its back -- the body was laying on its back by a large tree, the head towards the trunk of the tree.' [HI] He also reported seeing a knife, watch, and small water bottle near the body. Holmes and Chapman did not mention seeing other objects, nor were they questioned about them at the inquiry.

Lord Hutton chose not to quote Chapman directly in his report but related that, 'Mr Chapman then took one of the police officers, Detective Constable Coe, to show him where the body was. Mr Chapman showed Detective Constable Coe the body lying on its back...' [HR p 86] Hutton later commented, 'I have seen a photograph of Dr Kelly's body in the wood which shows that most of his body was lying on the ground but that his head was slumped against the base of the tree - therefore a witness could say either that the body was lying on the ground or slumped against the tree.' [HR p 100]

But Chapman twice used the term 'sitting' to denote body position, which is not to be confused with 'lying.' And subsequent witnesses did not use the term 'slumped' at all, nor did they indicate that any part of the body was resting against the tree.

Police Constables Dean Franklin and Martyn Sawyer were next on the scene. PC Franklin described the victim as 'lying on his back with his right hand to his side and his left hand was sort of inverted with the palm facing down (Indicates), facing up on his back.' [HI] PC Sawyer described the body as '[!]ying on its back with its head at the base of a tree, a large tree. The head was tilted to the left. The right arm was by the side. The left arm was palm down.' [HI]

The ambulance crew arrived soon after and waited while police photographs were taken before checking for vital signs. Hunt stated: 'There was a male on his back, feet towards us. On his left arm, which was outstretched to the left of him, there was some dry blood. ... The only part of the body we moved was Dr Kelly's right arm, which was over the chest, to facilitate us to place the fourth lead on to the chest.' [HI] Bartlett stated: 'They led us up to where the body was laid, feet facing us, laid on its back, left arm out to one side (indicates) and the right arm across the chest.' [HI]

It is possible the body was moved for some reason by police. But no one gave evidence to that effect. DC Coe in particular made a point of telling the inquiry he observed the scene but 'did not go over the body.' [HI] As related by Lord Hutton, Coe 'remained about seven or eight feet away from the body and stayed in that position for about 25 or 30 minutes until two other police officers arrived...' [HR p 86]

The position of the head at the time the body was found is significant in relation to what Bartlett described as stains going from the 'corners of the mouth' towards the 'bottom of the ears.' [HI] These were confirmed by pathologist Hunt to be vomit streaks. The direction of the streaks indicate the head would have been lying flat, not slightly raised. If the head was resting against the tree at the time, the streaks would have come forward down the chin. This raises the further possibility that the body was moved after death but prior to discovery by Holmes.

These disparities could possibly be resolved using the digital photographs taken by search team leader PC Sawyer, supposedly before the body and surrounding area were disturbed. It does not appear that searchers Holmes and Chapman or ambulance crew members Hunt and Bartlett were asked to verify whether the photos accurately reflected the position in which they found the body.

### **Is there reason to suspect foul play?**

ACC Page's stated confidence that Dr Kelly 'met his death at his own hand' [HI] derived from the absence of contravening evidence. But as noted by the following items, there were some intimations of outside involvement. It is not apparent that these were seriously explored by the inquiry.

On the morning of the day he went missing, Dr Kelly sent an e-mail message to Judith Miller, a journalist acquaintance with the New York Times, containing the line: 'I will wait until the end of the week before judging - many dark actors playing games.' [HI exhibit COM/1/15]

David Broucher, British ambassador to the disarmament conference, reported to the inquiry a conversation he recalled having with Dr Kelly at a Geneva meeting in February 2003 (the date and location of which are subject to debate). Broucher had asked Kelly what would happen if Iraq were



invaded, and Kelly had replied, 'I will probably be found dead in the woods.' [HI] Professor Hawton dismissed this as 'pure coincidence' and without relevance to Dr Kelly's death. [HI] Others have strangely twisted it to represent a premonition of his impending suicide. Taken at face value, it could as readily be interpreted to mean he was aware of some threat to his safety.

The coproxamol and knife found at the scene are ideal choices for lending the appearance of suicide, especially if one starts out with that conclusion. Both items could easily be associated with the victim and shown to be readily available to him at his home. Of interest here is the comment by a Thames Valley Police spokesman reported in the 18 July Guardian, the day the body was found. 'Responding to questions about whether the dead man had died of gunshot wounds, the spokesman said that Dr Kelly was not a licensed firearms holder.' [6]

ACC Page gave evidence that he had been contacted by a witness who reported seeing three men dressed in dark or black clothing between 8.30 and 9.30 am on 18 July near the site where Dr Kelly's body was found. ACC Page said he was able to satisfy himself by plotting the movements of the approximately 50 officers at the scene that he was 'aware of the identity of these three individuals.' [HI] He declined to elaborate on their purported activities.

ACC Page told the inquiry that Dr Kelly's dentist had reported the following incident. Upon hearing on 18 July of Dr Kelly's death, she had attempted to retrieve his dental records from the filing cabinet and found them missing; two days later they had reappeared in their expected place in the filing cabinet. According to ACC Page, the police had investigated and 'found no trace of anything untoward.' [HI] There was no evidence from the dentist that she believed the records to have been misplaced.

Dr Hunt's post mortem examination noted three minor abrasions to the scalp, a small abrasion on the inner lower lip, a bruise below the left knee, two bruises below the right knee, and two bruises over the left side of the chest. His supposition that these injuries may have been sustained through contact with the undergrowth or by stumbling about in the brush merits further critical analysis.

### **Who is DC Coe?**

According to evidence given at the inquiry, Detective Constable Graham Coe enjoyed some prominence in the police investigation. He initially took charge of the death scene, and by his own account supervised an exhibits officer during a search of the Kelly residence on 19 July. But he was not mentioned by ACC Page in connection with the case, nor did the search adviser or search team leader seem to be aware of his activities. There is also some question as to how he came to be the first police officer on the scene and who accompanied him.

Upon locating the body, searchers Holmes and Chapman notified Abingdon police station by mobile phone and were instructed to return to the car and wait for police officers to arrive. Within a few minutes, while walking back to the car, they encountered three men coming up the track, one of whom identified himself as DC Coe.

Chapman told the inquiry, 'As we were going down the path we met three police officers coming the other way that were from CID. We identified ourselves to them. They were not actually aware that (a) the body had been found or we were out searching this area. They I think had just come out on their own initiative to look at the area.' [HI]

DC Coe told the inquiry he had been called out to Abingdon police station at 6.00 am and instructed to 'make some house to house inquiries in the area where Dr Kelly lived.' After speaking to neighbor Ruth Absalom about her encounter with Dr Kelly the previous afternoon, DC Coe and a colleague, whom he identified as Detective Constable Shields, 'went to the area where she had last seen him and made a sort of search towards the river.' [HI]

But search adviser PC Franklin stated he had believed there were only two volunteers out searching at that time, and he had anticipated that after receiving the call he and search team leader PC Sawyer 'were going to be the first team out on the ground.' He evidenced surprise at having found DC Coe and the 'two uniformed police officers' there, commenting 'I had no idea what he was doing there or why he was there. He was just at the scene when PC Sawyer and I arrived.' [HI]

PC Sawyer stated: 'We continued walking up the hill, where I saw DC Coe and two uniformed officers. ...The three officers -- DC Coe and the two uniformed officers -- stayed on the path which leads through the woods.' [HI]

DC Coe affirmed he had only one companion. But at least four other witnesses contradicted his account, specifically stating (some more than once) that he had been accompanied by two other men. Lord Hutton dismissed these discrepancies by noting that 'entirely honest witnesses often give evidence as to what they saw at the scene which differs as to details.' [HR p 100]

It does not appear that the inquiry attempted to verify who DC Coe was with, why they were at the scene, and whether or not he and his two companions were the three men in dark clothing witnessed earlier that morning near Harrowdown Hill.

### **What is Operation 'Mason'?**

One piece of evidence listed on the Hutton inquiry website was 'TVP Tactical Support Major Incident Policy Book: Operation 'Mason' Between 1430 17.07.03 and 0930 18.07.03, DCI Alan Young.' [HI exhibit TVP/10/0099-0105]

In the course of the inquiry PC Sawyer identified Detective Chief Inspector Alan Young as senior investigating officer for the case. ACC Page stated that upon being notified that Dr Kelly's body had been found, he had appointed an unnamed senior investigating officer to 'carry out the technical issues around the investigation.' [HI] It is assumed that both statements referred to the same individual. But the above exhibit indicates his participation began on the afternoon of the day before.

It does not appear that DCI Young gave evidence at the inquiry. Nor was anyone questioned about the tactical support operation under his command, which appears to have commenced at least half an hour before Dr Kelly left his home -- a full 10 hours before his family reported him missing -- and to have terminated at about the time the body was found.

### **Has all of the evidence been considered?**

Unlike a coroner's inquest, the inquiry lacked the authority to request new evidence or compel witnesses to appear. Testimony was not given under oath, nor was it subject to aggressive cross-examination. Key pathological evidence, especially, was not introduced or queried.

The pathologist failed to include assessment of rigor mortis or to establish an approximate time of death -- he offered a nine-hour window based on a temperature reading taken seven hours after gaining access to the body. And his medical evidence did not substantiate haemorrhage, self-infliction, or coproxamol overdose.

In view of the nature of Dr Kelly's work, it is not unreasonable to suspect he may have been killed by someone familiar with the use of techniques and substances which are difficult to detect. But it is unclear whether the necessary sophisticated and exhaustive toxicological analysis was performed to address such a possibility.

As reported by ACC Page, about 500 people were contacted and 300 statements taken in the course of the police investigation, of which five individuals refused to permit their statements to be forwarded to Lord Hutton. The inquiry heard from about 70 individuals whose evidence the police deemed relevant to the proceedings. Those not heard from included Paul Weaver, Mai Pederson, and Gabriella Kraz-Wadsak.

Farmer Paul Weaver may have been the last person to see Dr Kelly alive. The 19 July Guardian reported that Weaver had seen Dr Kelly in the fields near his home on the afternoon of 17 July, and later that day he and councillor John Melling had searched for Kelly in the area between Southmoor and Longworth. [7]

Mai Pederson, considered a friend and confidante of Dr Kelly's, was interviewed by detectives after his

death but declined to give evidence to the inquiry. In a 25 January interview with the Mail on Sunday she claimed to have told police of his aversion to swallowing pills, his feeling about suicide, and his sense that his life might be in danger. [8] Yet ACC Page stated that his conversation with Pederson 'added nothing that was of relevance to my inquiry at all.' [HI]

Gabriella Kraz-Wadsak was identified at the inquiry as an officer in the German army who had worked with Dr Kelly in Iraq and been in contact with him days before his death. In reference to her interview, ACC Page judged it also to be '[n]othing that furthered my inquiries...' [HI]

Conceivably, the missing witness statements and pathology details could shed additional light on Dr Kelly's state of mind or behavior. The coroner has indicated that his review of the case will include evidence not considered by the inquiry.

### **What really happened?**

Lord Hutton was unequivocal in his finding of suicide. With all due respect for his juridical competence, such conviction is not warranted by the evidence offered. The preponderance of circumstantial evidence and the exaggerated political context makes questionable a definitive ruling.

As the pathologist noted, Dr Kelly's death has the appearance of typical self-inflicted injury 'if one ignores all the other features of the case.' [HI]

Throughout the inquiry, Lord Hutton neglected to challenge contradictory evidence or to pursue testimony suggesting an alternative scenario. The most obvious explanation in support of suicide was consistently seized upon with little regard for Dr Kelly's known character and disposition.

Despite the circumstantial evidence, it is doubtful that this particular individual would have chosen such an awkward, messy, and potentially ineffectual method. And notwithstanding expert opinion, it is unlikely that in this specific situation he would have gone to his death without attempting to vindicate himself or to put his affairs in order.

All that has been shown thus far is the circumstance under which Dr Kelly was found dead in the woods. It has not been shown that he went there to kill himself, or that he bled to death from self-inflicted injuries. The inquiry did not reliably establish when or how he died.

Lord Hutton's official version remains unproven, the facts as documented by the inquiry incomplete. A coroner's inquest is needed to render a plausible explanation of events based on rigorous examination of the toxicological and pathological evidence.

It is left to Mr Gardiner, wielding the instruments of subpoena and sworn testimony, to probe more deeply into these questions and uncover the truth about David Kelly's death.

About the author:

**RENAN TALIEVA** is a freelance writer living in the western US, trained in psychological research, with knowledge of suicidal thought and behaviour. He states: 'I have closely followed the Kelly case from the beginning and find it absolutely incredible that the public and the media accept without question the official story.'

## Notes

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<http://www.wsws.org/articles/2004/jan2004/kell-j30.shtml>

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**Wednesday, December 03, 2003**

### **DAVID KELLY COULD NOT HAVE BLED TO DEATH**

A retired anaesthetist wrote to me regarding the fact that, if we are to believe the suicide story, Kelly chose not to cut the radial artery (which is the most easily accessible and the one most suicides choose) but rather to cut the ulnar artery which is much deeper inside the wrist. And not only did he cut it, he

COMPLETELY SEVERED it (see Nicholas Hunt's testimony). Note what the anaesthetist says about an artery which is completely severed.... RT

## **Ulnar artery**

I agree with you about the cutting of the ulnar artery --- nothing about it makes any sense. In fact, as you mention, a completely transected artery retracts immediately and thus stops bleeding, even at a relatively high blood-pressure, as against a partially severed vessel which cannot retract. In fact, it is the cutting of the ulnar artery as an apparent act of suicide which arouses one's suspicion that the alleged suicide was not suicide at all. As I understand it, there is also "confusion" as regards the actual amount of blood lost. Some say there was a lot, others say a little and some say there was just a bit of dried blood. I would imagine for a man of the size of Dr Kelly to die from haemorrhage he would have to lose at least three litres of blood. At autopsy, it would also be clear that the subject had bled to death because there would be very little blood in the heart and the large vessels.

And I might add to bleed to death from a cut blood vessel is not as simple as it sounds because as the blood is lost the blood pressure falls and this, in turn, slows the blood loss. In fact, it is extremely difficult to lose significant amounts of blood at a pressure below 50-60 systolic in a subject who is compensating by vaso-constricting (contracting the blood vessels) for the blood loss. And, although the subject may lose consciousness at this BP, he may not necessarily die. As you know, in order to successfully commit suicide in this way the subject has to cut both radial arteries and prevent vasoconstriction by lying in a warm bath, a truly messy business but, clearly, a situation where one could have no doubt about what was intended. In fact, I suggest that it would be impossible to lose a "lethal" amount of blood from an ulnar artery which had been cut in the manner described for Dr Kelly.

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**Sunday, November 30, 2003**

THE DAVID KELLY STORY

**THE NEW ALCHEMY:  
TURNING MURDER INTO SUICIDE**

**by Rowena Thursby**

28 November, 2003 Updated

## **F O R E W O R D**

When the slant put on the reporting of a case almost guarantees a suicide "verdict", it is important to focus on the players who seed this interpretation.

On 18th July 2003 the world was stunned by the news that Dr David Kelly had been found dead on

Harrowdown Hill near his home in Oxfordshire. Dr Kelly had been caught in the vortex of a political storm & forced to appear before British government committees - one of them televised - investigating alleged revelations he made to the BBC journalist, Andrew Gilligan. Gilligan claimed that Kelly had revealed to him it was Alastair Campbell, Tony Blair's chief aide, who inserted the questionable claim that WMDs could be unleashed in Iraq in 45 minutes, to induce the public to support a war with Iraq.

A public inquiry was set up to look into all the circumstances leading to Kelly's death. A key figure in this drama: pathologist, Nicholas Hunt, appears to have forged a new type of alchemy in forensic science - turning murder into suicide.

>>>>>>>>>>

Nicholas Hunt, the forensic pathologist who testified before Lord Hutton in September, is one of only 35 Home Office-accredited pathologists in the UK. We might imagine, being appointed by the British government, Dr Hunt would be of the highest calibre, displaying impeccable professional judgement. Television news and drama, with their frequent references to "DNA evidence", bolster a view of the forensic pathologist as "never wrong".

However, this article highlights a number of recent cases where flawed assessments by Home Office pathologists have given rise to unsafe convictions, and explores how professional fallibility may have led to similarly erroneous interpretations from Dr Hunt regarding the death of Dr David Kelly. It also raises the more sinister possibility that Hunt's interpretations were weighted deliberately with the express purpose of convincing us this was suicide.

## **ERRORS & OMISSIONS**

One case found to be unsafe as a result of another Home Office pathologist's mistake was that of Stuart Lubbock, who died in the swimming-pool of the UK entertainer, Michael Barrymore. A [BBC report](#) on the case reads as follows:

"A police investigation into the death of a man in Michael Barrymore's swimming pool may have been hampered by a Home Office pathologist's failure to spot crucial evidence..... Dr Heath was brought in when Stuart Lubbock was found dead at the entertainer's Essex home in April last year. He concluded the 31-year-old had drowned. But three other pathologists told the inquest into his death this month that marks on his face indicated he died of asphyxia, possibly from having an arm clamped round his throat during a violent sexual assault."

Two further cases showed Dr Heath's findings to be wrong. Steven Taylor, a traveller, spent 10 months on remand facing a murder-charge after Dr Heath said he had strangled his wife. But two other pathologists concluded that marks on Beatrice Taylor's neck were caused by procedures carried out by a mortuary technician. Kenneth Fraser was accused of killing his girlfriend after Dr Heath maintained that she had been hit on the head with a plank of wood. Fraser was released after four other pathologists found she had fallen downstairs. Serious errors like these are not infrequent.

In previous cases Dr Heath was also criticised for omissions A further [case](#) where a crucial omission was made was that of Sally Clark, wrongfully accused of murdering her two children and sent to prison for life.

Her conviction was overturned on appeal after it was discovered that Alan Williams, another Home Office pathologist, had deliberately withheld cerebral spinal fluid test results from the original trial. These indicated one of Clark's children had had bacterial meningitis. Dr Williams, the holder of a distinction award which boosts his salary by an extra £27,000, is currently under investigation by the General Medical Council.

Astonishingly, it is not a question of just a few bad apples in the barrel - the very system which investigates professional incompetence and malpractice is itself flawed. A [Guardian article](#) relates how, after a lengthy investigation, Paula Lannas, a Home Office pathologist, went before a police advisory board in 2001, accused of botching post-mortem examinations.

Paula Lannas's methods of investigation were described as "demonstrating a continuing pattern of inadequate and unsatisfactory examinations and breaches of accepted forensic pathology practice". When the board failed to reach a conclusion due to a "conflict of interest or lack of impartiality" - meaning that members of the board did not feel comfortable passing judgement on a colleague - the case collapsed. Senior Home Office forensic pathologist Nat Cary observed wryly, "It may be a cynical view, but I think they want to keep the lid on things".

Given that at least two of these Home Office pathologists were criticised for some years and yet remained in their jobs, it begs the question: were these government professionals huddling together for protection, or were some of these "mistakes" and "omissions" made deliberately, or allowed to pass, for political reasons?

With fallibility - and corruption - in mind, it may be instructive to review Nicholas Hunt's testimony to the Hutton Inquiry.

## **BLOOD**

What is striking in Nicholas Hunt's account of Dr Kelly's death is the impression he creates of blood everywhere: blood on Kelly's jacket, on his trousers, on his left wrist, on the palm of his right hand, on the right side of his neck, and on the right side of his face. But actually he is not talking of large amounts - only of small patches smeared on the body and clothing.

Contrast this with the paramedics' assertion that, in their professional view, there was very little blood around for an arterial bleed. Normally an artery (which Hunt says was "completely severed") would produce copious amounts of blood spurting from the wound. Yet to quote paramedic Vanessa Hunt:

"....the amount of blood that was around the scene seemed relatively minimal and there was a small patch on his right knee, but no obvious arterial bleeding. There was no spraying of blood or huge blood loss of any obvious loss on the clothing."

PC Franklin, one of the police constables at the scene, reported blood being "puddled around". However, this was not what the paramedics saw contemporaneously. Vanessa Hunt and David Bartlett worked much closer to the body than the two police constables; had there been blood puddled around when they unbuttoned Kelly's shirt to put the electrodes on his chest, they would have been practically kneeling in it. Vanessa Hunt also commented "On his left arm...there was some dry blood"....." - only some blood, while Bartlett expressed surprise there was not more blood on the body itself, suggesting that is what he would

expect to have found with an arterial bleed.

## WRIST INCISIONS

According to Nicholas Hunt, there "was a series of incised wounds, cuts, of varying depth over the front [inside] of the left wrist and they extended.. over about 8 by 5 cm...", some of which he describes as "hesitation marks."

Perhaps we too need to hesitate, and ask: why would this world-class scientist - and according to Keith Hawton the psychiatrist, an "extremely meticulous" man - choose such an astonishingly clumsy and uncertain method of suicide? The following information is from an internet police investigation site:

"Wrist slashing by itself is not a very effective means of committing suicide and few people actually die of it. This is especially true if the victim cuts laterally across the wrist. He or she may do substantial damage to the important tendons which control the fingers. He or she may even cut an important artery or vein but the blood vessels will immediately draw back into the muscles surrounding them, effectively sealing off any major leakage of blood."

Most people attempting suicide in this way slash both wrists with the intention of losing as much blood in as short a time as possible. They also know the importance of immersing the wrists in hot water to help prevent blood coagulation and keep the wound open. Even so, "success" is not guaranteed, and many wake up later in a tub of cold water."

Other internet sources point out that the best way to kill oneself using a knife is to make a longitudinal incision, from the crease of the inside of the wrist up to the elbow. Kelly would surely have been aware of this. It seems surprising that he chose to slash his wrist. As a professional scientist, once Head of Microbiology at Porton Down, one would imagine he might have chosen a much more effective & certain method.

But to follow Nicholas Hunt's version of events, far from acting in the precise and careful manner of a world-class scientist, Kelly apparently kills himself in the most painful manner possible. Hunt tells the inquiry that amongst the multiple incised wounds to the inside of the wrist was one much deeper wound. He says that this represented the severing of the ulnar artery. Why though, would Kelly choose to sever the ulnar artery on the little finger side - one which is deep within the wrist - rather than the radial artery on the thumb side, which is much more accessible. Moreover the ulnar artery was not just cut but **COMPLETELY SEVERED**. How likely is it that Kelly would cut so deep into his own wrist that he would completely sever one of the trickiest arteries to reach?

In his [article](#): "The Murder of David Kelly" Part 1, Jim Rarey points out that cutting the ulnar artery suggests not so much a right-handed Kelly slashing from left to right, missing the superficial radial and cutting deep into the ulnar, as someone other than Kelly standing in front of the body slashing deep into the inside of the wrist (the ulnar side) across to the outside (the radial side) of the wrist.

Hunt describes "hesitation marks" which "are commonly seen prior to a deep cut being made into somebody's skin." These hesitation marks might seem to indicate that this was indeed a genuine suicide - but how do we know that they were not added after the body had been removed from the scene, as part of a staged, state-sanctioned murder? An assassin might have slashed the wrist once while Kelly was unconscious & left the detail to others. There is sufficient evidence - see [article](#), "Dark Actors at the Scene



of Kelly's Death" by Rowena Thursby - to suggest that this may have been a "show" suicide, intended to dupe the layperson into believing this was suicide when it may have been murder made to look like suicide.

## **ABRASIONS**

Nicholas Hunt next mentions abrasions to the left side of Kelly's scalp. But rather than leave the reason for those scalp abrasions open, he jumps in and tries to make them seem perfectly normal:

"... and of course that part of his head was relatively close to the undergrowth."

How many abrasions does one receive on one's head just from walking through a wood? Kelly was a seasoned and vigorous walker, fully capable of ducking under or pushing aside any branches or twigs in his way."

Lord Hutton however, appears to support Hunt's line of reasoning; he asks: "Were those abrasions consistent with having been in contact with the undergrowth?" - as if receiving abrasions from walking through a wood was an everyday occurrence! (One starts to wonder whether there might not be a degree of collusion between the questioner and the witness).

But Hunt does not stop there. His testimony starts to descend into the realms of high farce.

Pleased that Lord Hutton is uncritically following his drift he answers:

"They were entirely, my Lord; particularly branches, pebbles and the like."

Pebbles? Is this man serious? He is in a wood, not on a beach! Woods do not contain pebbles. Even allowing for a slip of the tongue - let us say he meant to say "stones" as, indeed he states later - how is Dr Kelly's scalp supposed to have come into contact with stones? He had three fresh scalp abrasions: are we supposed to believe this cool scientist, whose brain, according to Tom Mangold, could "boil water", been hitting his head repeatedly on the ground?

## **BRUISES**

Hunt next attempts to explain away a number of bruises on Kelly's body:

"There was a bruise below the left knee. There were two bruises below the right knee over the shin and there were two bruises over the left side of his chest. All of these were small..."

When asked how they could have occurred Hunt states:

"They would have occurred following a blunt impact against any firm object and it would not have to a particularly heavy impact....some of them may have been caused as Dr Kelly was stumbling, if you like, at the scene."

First we have Kelly banging his head on the odd stone that happened to be lying on the floor of the wood, and now Hunt now tries to seduce us into imagining Kelly "stumbling at the scene". Why should Kelly have been stumbling at the scene? If the official scenario is to be believed, here was a man, calmly

looking for a place in the wood where he could end his life. According to Keith Hawton, the psychiatrist, having made the decision to commit suicide, Kelly would have felt a sense of peace and calm. So why now are we being asked to accept as consistent the notion that he was "stumbling" around the wood?

We are reassured by Hunt there were "no signs of defensive injuries.... and by that I mean injuries that occur as a result of somebody trying to parry blows from a weapon or trying to grasp a weapon."

But what if someone, or a group, assaulted Kelly without a weapon? Perhaps the bruise on the chest for example occurred as a result of a single sharp push. It is possible that the grazes on the head could have occurred if Kelly had been manhandled. A cut on the mouth mentioned by Hunt, again may have been the result an assault.

Much is made of the possibility of Kelly having been attacked with a knife. Why? Because a knife was found at the scene? Hunt appears to be suggesting that one of the few alternatives to suicide would have been murder at the hands of a random knife-wielder lurking in the wood. The possibility of a small group of state-sponsored professional assassins setting up a suicide scene appears to be regarded as taboo or too hot to mention. Kelly may have been accosted before he reached the wood, abducted, and drugged - and only later placed in the copse with suicide props around him.

When seeking reasons for the cuts and bruises on the scalp, chest and mouth, why is murder-made-to-look-like-suicide not properly explored? Presumably pathologists employed by the Home Office know better than to mention such a scenario.

## **PRE-JUDGING THE CASE**

Throughout his testimony Hunt starts from a position of assuming Kelly's death was probably straightforward suicide:

"The orientation and arrangement of the wounds over the left wrist are typical of self-inflicted injury. Also typical of this was the presence of small cuts called tentative or hesitation marks. The fact that his watch appeared to have been removed whilst blood was already flowing suggests that it had been removed deliberately in order to facilitate access to the wrist. The removal of the watch in that way and indeed the removal of the spectacles are features pointing towards this being an act of self-harm"

Plus, he adds, the "neat way in which the bottle and its top were placed, the lack of obvious sign of trampling of the undergrowth or damage to the clothing..."and the pleasant and private location of the spot.

But is it right to start with a theory, or should the evidence be examined without pre-judgement? When facts are interpreted - or misinterpreted - through a filter of prejudice which says "this looks like suicide" crucial points may be missed.

For example, how does Hunt know the watch was removed whilst blood was already flowing? We are left to assume it is because he found blood on the watch. But blood on the watch need not mean that the watch was still on the wrist. Blood may have splashed onto the watch after it was removed. Moreover it need not have necessarily have been Kelly who removed the watch. Had he removed his own watch it would have made more sense to do so before he started cutting. Another party - a professional assassin intent on creating a suicide-scene - could have removed the watch. So the interpretation of "watch removed by suicidal man in order to gain better access to wrist" is but one possibility. Hunt alights upon

this tortuous explanation either to back his prejudice or to convince his audience that this was straightforward suicide.

Unfortunately the system is set up to regard him as an expert whose interpretation is of great value. But it is still only one interpretation, and can obviously be wrong. The neat placement of the bottle & top need not mean Kelly himself had arranged them. A private spot may be considered by some an ideal location for a suicide - but by others, for a murder.

The possibility of murder is dismissed point by point, without proper examination. No evidence was found, says Hunt, of:

- restraint-type injury
- sustained violent assault
- strangulation or use of arm hold.

But had Kelly been frogmarched through the wood with a gun to his back, violent assault or restraint would be unnecessary. And had he been overpowered by a chloroform-type substance, prior to the cutting of his wrists, we would be none the wiser. Interestingly, Hunt was questioned on this last point, which suggests that some kind of assassination was being considered, but he merely refers to the toxicologist's report, which to date has not been made available. Is it hoped that such "details" may be forgotten as the media circus transfers its focus from the details of the death itself onto whose political head will fall?

## **FINAL WORD**

Hunt's final assessment, his own personal interpretation - "there was no pathological evidence to indicate the involvement of a third party in Dr Kelly's death.... the features are quite typical, I would say, of self-inflicted injury if one ignores all the other features of the case" - is the version of events the media reports. The pathologist has spoken - the silent inference being that he is best placed to know - so we must bow to his "expertise". But as we have seen in the introduction, such "expertise" is sometimes questionable.

In Hunt's qualifier - "if one ignores all the other features of the case" - lies the rub. Ignore the fact that Kelly had become an embarrassment to the establishment through divulging inconvenient facts & suppositions to the media? Ignore the fact that he was about to return to Iraq, where his by- now public profile would have guaranteed publicity to the death of WMDs? The fact that this would highlight the mendacity employed in persuading the British and American public to support a war with Iraq? The fact that here was a man scrupulous about a truth they did not want told? The fact that Kelly had met and was discussing book projects with Victoria Roddam, a publisher in Oxford who in an e-mail to the scientist only a week before his death wrote: "I think the time is ripe now more than ever for a title which addresses the relationship between government policy and war - I'm sure you would agree."?\*

Far from ignoring Kelly's pivotal political position at the time of his death, we should surely highlight it: as we explore the physical evidence provided at the death scene, the fact that there were elements in government and intelligence who wanted Kelly silenced has to figure prominently in understanding how he died.

Nicholas Hunt may have been a pathologist doing his job in the way he saw fit, nothing more than that.

Perhaps, like other Home Office pathologists, he was displaying a degree of bias in his interpretations. Alternatively, Hunt may have been party to a degree political sorcery requiring solid indications from this key professional figure that on 17th-18th August, Dr Kelly had killed himself on Harrowdown Hill by slashing his own left wrist.

UPDATED: This is an updated version of the article elsewhere on the Internet dated this date.

URL: <http://www.GuluFuture.com/alchemy.htm>

\*\* See [article](#): "David Kelly and Victoria's Secret" by Jim Rarey.

See also "The Murder of Dr David Kelly", Parts [1](#) and [2](#), by Jim Rarey & [article](#): "Dark Actors at the Scene of Kelly's Death" by Rowena Thursby

More investigations into the circumstances of Kelly's death at [www.deadscientists.blogspot.com](http://www.deadscientists.blogspot.com).

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18 November 2003

Nicholas Gardiner the Oxfordshire Coroner  
(City) Coroner's Office  
New Post Mortem Suite  
John Radcliffe Hospital  
Headley Way  
Oxford  
OX3 9DU

Cc. All National Newspapers.

Dear Mr Gardiner,

**RE: The Death of Dr David Kelly**

I am writing to express my deep concerns over the way the Hutton Inquiry (the Inquiry) into the circumstances surrounding the death of Dr David Kelly has been conducted.

In such a high profile case it is surely questionable that an inquest - where evidence is heard under oath with a jury present - be replaced by an inquiry where evidence is not given under oath and witnesses are not subpoenaed and there is no jury. I understand many witnesses refused to appear at the Inquiry and requested that their statements be withheld. In a straight inquest you, as coroner, would have powers to subpoena witnesses and require them to give evidence under oath. This would both broaden the scope from that of the Inquiry and increase the reliability of testimonies.

In addition, if Lord Hutton's final report reflects the way the Inquiry has been treated in the media, there is a great danger that anomalies regarding the circumstances of Dr Kelly's death may be disregarded or glossed over in favour of political concerns. If I may, I will in this letter outline some of these anomalies which, in my view, throw a suicide verdict into question.

### **The Body Moved and Items Appeared Beside It**

According to testimonies the first people to see the body of Dr Kelly were the SEBEVs (volunteers) Louise Holmes and Paul Chapman. They both described the position of the body as "against" a tree. Neither of the volunteers reported seeing any of the items around the body seen by other witnesses - watch, knife, bottle of water, cap. Nor were they asked by legal counsel whether they had seen them.

Chronologically the next body-witness was DC Coe, who described the body as laying on its back. After him came two police constables PCs Franklin and Sawyer, who also described the body as lying on its back.

In fact all witnesses subsequent to the volunteers, including the pathologist (Dr Nicholas Hunt), described the body as laying on its back and having beside it various items - watch, knife, bottle of water and cap.

The body-witnesses' testimonies indicate that the body appears to have moved after being seen by the volunteers and before being seen by all subsequent witnesses, and that the items next to the body seem to have appeared after the volunteers had left the death scene (the scene).

It is also noteworthy that PC Sawyer reports that the body's jeans were "ridden up". This might be expected if the body was hurriedly dragged from a "sitting-up" position to a "laying-on-its-back" position.

DC Coe took charge of the scene immediately after the volunteers reported to him that they had found a body. It seems that either DC Coe moved the body himself, or he was aware of who did move the body. If the first two body-witness testimonies are correct, then the body was moved. DC Coe maintained that he did not touch the body and did not mention others moving the body, but if the body was first sitting-up and then laying down, and DC Coe was in charge of the scene at the time, then it can only be concluded that in some way DC Coe was involved in moving the body.

Assistant Chief Constable Page mentioned that three individuals in dark clothing were seen by a member of the public acting suspiciously near the scene at the time DC Coe was there. Although Assistant Chief Constable Page told the Inquiry that the three had been accounted for as being members of TVP, it is surely worth investigating whether or not this is actually correct. DC Coe himself might have been one of these three individuals, or have been working with them.

### **The Officers with DC Coe**

First there is the question of the number of officers accompanying DC Coe.

Five witnesses - the two volunteers, PCs Franklin and Sawyer, and the paramedic (Vanessa Hunt) - clearly state that DC Coe was with two officers. Yet DC Coe himself, testifying some time later, maintains that he was with only one other officer - DC Shields.

Thus, in the six statements with regard to the number of officers accompanying DC Coe, all but one of

them - DC Coe's own - state that there are two officers with Coe.

Second, there is the question of whether these officers were in uniform or in plain clothes.

Paul Chapman, identifying them through their Thames Valley Police ID, said they were from CID, so I infer from this they were in plain clothes. Vanessa Hunt testified that DC Coe was with two plain-clothed officers - one "search & rescue" (her interpretation of a man dressed in black polo shirt and trousers), and "one other gentleman". DC Coe himself said he was with only one other companion – the plain-clothed detective, DC Shields.

However PCs Franklin and Sawyer described DC Coe's companions as "uniformed officers".

What are we to infer from these anomalies? If five witnesses say that DC Coe was with two men and he says he was with only one, then it is necessary to find out who is telling the truth. Similarly, if some witnesses say these officers are in plain clothes and others say they are in uniform then that needs to be clarified also. On the face of it, it looks as though DC Coe is not telling the truth about being accompanied by only one officer and that PCs Franklin and Sawyer could also be mistaken about the two officers being "uniformed".

This is surely a matter for cross-examination or much more rigorous scrutiny.

### **Paucity of Blood**

When asked at the end of their testimonies if they have anything to add, each ambulance crew member, paramedic (Vanessa Hunt) and ambulance technician (David Bartlett), independently emphasizes that in their view, there was surprisingly little blood at the scene for an arterial bleed. These assertions may be the most important of the whole Inquiry. The implication from the ambulance crew surely is that if there was very little visible blood produced at the scene for an arterial bleed, then death may not have taken place at that spot or in that manner. Yet far from being probed or examined in any detail as they should have been, these assertions were alternately denigrated by counsel Mr Dingemans, and ignored by counsel Mr Knox.

### **Vomit Stains from Mouth to Ear**

PC Sawyer reported a dark stain (he thought vomit) from the right corner of the mouth to the right ear. David Bartlett also reported that the body had two stains running from both corners of the mouth to each ear. Such stains are clearly consistent with Dr Kelly having vomited in a "laying-on-his-back" position but not in a "sitting-up-against-a-tree" position.

### **Ambulance Crew Saw no Wounds**

Both ambulance crew witnessed the left hand positioned palm-up, and as Dr Hunt reports, it was the left wrist which was wounded. Thus both ambulance crew must have had a good view of the area of the arm and wrist where the five incisions reported by Dr Hunt were made. Yet neither of the ambulance crew members reports seeing any wounds. The blood may have dried onto the wounds and completely covered them but this question needs further exploration.

## **Ulnar Artery not Radial**

The fact that the ulnar artery was severed, but not the radial artery, where the latter is generally far more accessible (closer to the surface) than the former (which is deeper) strongly suggests that the knife-wound was inflicted by drawing the blade from the inside of the wrist (the little finger side closest to the body) to the outside. This is an action that may well have been performed by another party. Yet Dr Hunt's testimony made no mention of the direction in which any of the cuts had been made. I understand that this should be normal procedure for a pathologist's report.

## **Conclusions**

In summary, the points presented above lead to the following possible conclusions:

1. If an arterial bleed was the major cause of death (as stated by Dr Hunt) then there would have been more blood present at the scene of death than was seen by the ambulance crew. Very little blood at the scene suggests that Dr Kelly did not die where his body was found. While Dr Hunt and the forensic biologist (Roy Green) suggest that blood may have disappeared into leaf litter, no evidence has been publicly presented to demonstrate that this was in fact the case.
2. If the cause of Dr Kelly's death was an arterial bleed and there was very little blood at the place where he was found, this suggests he died elsewhere. As has been shown, testimonies suggest that at one point the body was sitting-up, and then later on, laying on its back. This reinforces the suggestion that Dr Kelly did in fact die in a different place and was moved to the copse on Harrowdown Hill. The body may initially have been positioned incorrectly to be consistent with livor mortis and the vomit stains on his face, and had to be repositioned. It is also possible that those setting up the "suicide-scene" were in fact disturbed in their work by the volunteers and that the reason Louise Holmes and Paul Chapman did not see any items surrounding the body was because they had not yet been placed in position.
3. DC Coe was in charge of the scene during the period when the body was moved. It is reasonable to infer from this that either he moved it himself or was aware of others doing so. Secondly, but equally importantly, DC Coe contradicts no fewer than five other witness testimonies when he claims to have been accompanied by just one (and not two) other officers. His testimony appears to be particularly unreliable.
4. Both PCs Sawyer and Franklin report that DC Coe had two uniformed officers with him - contradicting all other testimony. This suggests that their testimony needs rigorous cross-checking with that of witnesses who assert the officers were in plain-clothes.
5. The fact that the ambulance crew state that they did not see actual wounds could indicate that the five incisions in the body's left arm (or some of them) may have been inflicted after they (the ambulance crew) left the scene. An independent examination of the body, or the cause of death evidence, by a second pathologist may be required to ascertain if this is the case.
6. It is remarkable that the ulnar artery was severed rather than the radial given that the radial is far easier to cut - and hence less painful - when attempting suicide. This evidence suggests that the wrist may have been cut by another party.

I trust that you find sufficient material evidence in the above to conclude that Dr David Kelly may well not, in fact, have taken his own life and that another party was involved. If Lord Hutton's final report concludes that Dr Kelly did commit suicide, I would like to strongly recommend your original inquest into Dr Kelly's

death be resumed so that testimonies can be made under oath and with a jury present.

Yours sincerely,

**Friday, November 14, 2003**

## **DAVID KELLY AND VICTORIA'S SECRET**

**by Jim Rarey**

No, it's not the Victoria's Secret of the soft porn lingerie ads. This is a different Victoria who may have innocently provided the final impetus for the assassination of David Kelly.

In Part I of this writer's \*article, "the Murder of David Kelly" we detailed the numerous red flags in the evidence and testimony submitted at the Hutton inquiry into Kelly's death that showed conclusively that his death was not a suicide. One of the more important "clues" was evidence that his body had been moved after he died to the scene in which it was found. Other testimony showed it to be very doubtful that Kelly had inflicted the knife wounds on his left wrist that severed an unlikely artery but left the most easily reached artery untouched.

In Part II of the article, we detailed Kelly's extensive involvement with and/or knowledge of the bio/chemical weapons programs of the U.K., U.S. and Russia. One author reports Kelly also had visited the Israeli bio/chemical weapons facility. Kelly almost certainly would have been aware of the involvement of two U.K. scientists at Porton Down simultaneously as paid consultants to South Africa's notorious bioweapons program. He had also served as an inspector in Iraq of that country's WMD programs.

We also recited the deplorable treatment Kelly had been subjected to by the Ministry of Defence (MoD) Personnel Department in withholding any pay increase over a three-year period as Kelly approached retirement.

However the public perception of Kelly was as the "single source" of statements made by BBC reporter Andrew Gilligan to the effect that the government had "sexed up" the dossier used to justify the war against Iraq. Kelly had voluntarily disclosed to his MoD superiors he had met with Gilligan but denied he made the statements Gilligan attributed to his source.

In a July 9th press conference, the MoD confirmed that Dr. Kelly was Gilligan's source. Kelly was hauled before the parliament's Foreign Affairs Committee for a grilling but convinced committee members he had not provided statements ascribed to him by Gilligan. The committee chairman, MP Donald Anderson wrote a letter to Secretary of State Jack Straw confirming the committee's judgment and adding their view



that, “Dr. Kelly had been poorly treated by his government..”

Kelly told his wife he felt he had been betrayed. We did not understand the depth and duplicitous nature of that betrayal until further reviewing testimony at the Hutton inquiry, particularly that of Richard Hatfield, Director of MoD Personnel.

Hatfield had no personnel management experience when he was appointed to that job in June of 2001. He had been Policy Director of MoD and a member of the Joint Intelligence Committee. On July 7th Hatfield met with Kelly to review (and get Kelly’s approval) of a clarification the MoD intended to issue to clarify inaccurate information in Gilligan’s report without naming Kelly. What Hatfield knew, but did not tell Kelly, was that MoD intended to confirm Kelly’s name as the source to the press if any reporter mentioned his name after the charade of a “Q & A” session designed to lead to Kelly.

When Kelly learned of this deception it must have infuriated him. Indeed, if it had been Hatfield’s body that was “found dead in the woods” Dr. Kelly might have been a prime suspect in the death.

Another BBC reporter, Susan Watts, claimed on the evening program Newsnight, that Kelly made statements to her indicating he had lied to the MoD about statements he made to reporters. Later, after Kelly’s death, Watts had to back off from that allegation when the inquiry reviewed transcripts of a taped conversation Watts had with Kelly (without Kelly knowing it was being taped) and hearing an enhanced version of the tape recording.

However, in the interim the media, led by Tom Mangold who claimed to be “Kelly’s best friend” and until very recently was himself a BBC reporter, claimed Kelly was so shamed by being branded a liar that he killed himself.

However, that was belied by Kelly’s actions and communications right up to the morning of the day he disappeared (July 17th). He did not at all appear to be depressed and was looking forward to returning to Iraq to continue the search for weapons of mass destruction (WMD).

However, he did communicate in an e-mail the day before his death that there were “many dark actors playing games.” Ironically, that e-mail was to Judith Miller, the New York Times reporter and CFR stalwart who probably was one of those dark actors. Miller, along with two other women was a close confidante of Kelly’s. The second was Olivia Bosch, a long-time functionary of the CFR’s sister organization in the U.K. the Royal Institute of International Affairs (RIIA). The third was a U.S. Army intelligence agent named Mai Pederson.

In part two of the article, we suggested that Kelly’s mistreatment by MoD had made him a resentful employee and, with all his dangerous knowledge, a prime candidate for elimination.

However, information new to this writer since that article provides a much stronger motive for the assassination of Dr. Kelly.

For several months, Kelly had been communicating with Victoria Roddam, a commissioning editor for Oneworld Publications based in Oxford. One week before Kelly’s death, she had sent him an e-mail that said in part, “I think the time is ripe now more than ever for a title which addresses the relationship between government, policy and war-I’m sure you would agree.” They had been discussing Kelly

authoring a book to be published by Victoria's company.

Another document found among Kelly's effects at his home and removed by police was an undated handwritten note from Roddam with a list of suggested topics to be included in the book, any one of which would have sent the elite in several countries into a containment mode.

One such topic was the ethics of biological warfare, a sticking point that could be responsible for a string of deaths of world-class microbiologists in various countries.

A second one was the involvement of corporations in biological warfare.

A third was the role of the pharmaceutical and biotech industries in biowarfare as well as prevention and containment.

Yet another was the connection between Russia and Iraq with WMD.

Victoria had also listed a look at the proliferation in the arms trade as well a look into the Royal United Services Institute-Whitehall.

Finally, in the document there was a cryptic one-line reference to the rules of the Royal Institute of International Affairs (RIIA).

Recall Kelly was a neophyte member of the RIIA and likely would not have known what rules, if any, the organization had on members authoring books on sensitive subjects. He probably would have inquired disclosing his intentions. He also may have discussed it with his fellow member and confidante, Olivia Bosch.

It would have been in character for him to discuss the project with Judith Miller and perhaps seek her advice as she had authored several books on topic. He may even have discussed it with his spiritual advisor Mai Pederson.

At any rate, Kelly's and Victoria's project was no longer a secret (if it ever was). And now David Kelly has joined the growing list of world-class microbiologists who have met mysterious deaths and/or been murdered.

\*The Murder of David Kelly (Parts I & II) can be found at:

<http://www.worldnewsstand.net/MediumRare/Archives.htm>

Permission is granted to reproduce this article in its entirety.

The author is a freelance writer based in Romulus, Michigan. He is a former newspaper editor and investigative reporter, a retired customs administrator and accountant, and a student of history and the U.S. Constitution.

If you would like to receive Medium Rare articles directly, please contact the author at [jimrarey@comcast.net](mailto:jimrarey@comcast.net).

- posted by Rowena @ 8:04 AM

**Thursday, November 06, 2003**

## **WAS DC COE'S THIRD MAN ONE OF THE "MEN IN BLACK"?**

Reviewing some of the Hutton testimonies, I focused on the variations in the descriptions of the one or two people accompanying DC Coe\*:

- DC Coe says there was one other person with him - DC Shields
- Louise Holmes says there were three "police officers"
- Paul Chapman says "three police officers" but then elaborates "they were from CID"
- PCs Franklin & Sawyer both say "two uniformed officers" were with DC Coe
- Vanessa Hunt says one DC, one search & rescue, and "one other gentleman"
- David Bartlett does not give a coherent enough description

How do we account for the differences? If my understanding is correct, detective constables are always in plain clothes, not in uniform. Both Chapman and Vanessa Hunt say that at least one is a detective. Chapman thinks they are all from CID, which would mean that they were all in plain clothes. PCs Franklin & Sawyer however, both use the same phrase: "two uniformed officers" which suggests that they have agreed beforehand this is what they would both say at the inquiry. Vanessa Hunt, along with Chapman, contradicts this & says there was one Detective Constable - Coe - but then "one search & rescue" and "one other gentleman" - which indicates that she regards them as being all in plain clothes, not in uniform.

Let's say then they were NOT in uniform and that PCs Franklin and Sawyer were covering up the fact that the three were all in plain clothes. It was important to hide the identity of at least one of them, which is why DC Coe fails to mention him in his evidence at the inquiry. So who is this mystery third man & why was it so important to hide his identity?

Maybe there is a clue in Vanessa Hunt's assertion that there was "one search & rescue":

VANESSA HUNT: "There was an officer in regulation clothing who directed us to two or three other officers in combat trousers and black polo shirts and we followed them along the track."

Vanessa Hunt had noted that Franklin & Sawyer and other search and rescuers were wearing black polo shirts. Had Coe's two companions been ordinary "uniformed officers" as Franklin & Sawyer maintain, she would have said so. Note in the quote above she talks of "regulation clothing" - so this is a phrase she could have used.

I suggest that the "third man" may actually been one of the "men in black" spotted earlier that morning - around 8.30 - 9.30am - by a member of the public - see Asst Chief Constable Page's second testimony - and had taken off his black balaclava (say) in order to blend in with the search & rescue team. Otherwise why would Coe not admit to the Hutton Inquiry that one of his companions was a search & rescue officer

& offer us his name? So worried is he about revealing the identity of this man he denies that he even exists! It's possibly because he was NOT a search & rescue officer, but someone much more sinister, that he could not be identified.

Rowena Thursby

**Join Kelly Group and receive regular mailings: write to me at RowenaThursby@onetel.net.uk**

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\*

Q. Who were you with at this time?

DC COE: Detective Constable Shields.

Q. It is just the two of you?

DC COE: Yes.

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LOUISE HOLMES: We walked back towards the car. On the way to the car we met three police officers and Paul took them back to show them where the body was, and I went back to the car.

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PAUL CHAPMAN: As we were going down the path we met three police officers coming the other way that were from CID.....

...they showed me their Thames Valley Police identification.

Q. Do you recall their names?

A. Only one of them was DC Coe.

---

POLICE CONSTABLE DEAN FRANKLIN: two uniformed police officers and DC Coe.

---

PC SAWYER: We continued walking up the hill, where I saw DC Coe and two uniformed officers.

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MS HUNT: Initially there were three people on the track, what I now know to be detective constable, one was the search and rescue and there was another gentleman there.

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DAVID BARTLETT: We got to the end of the lane, there were some more police officers there. I think it was two or three, I cannot remember, I think it was two, took us up into the woods which was like right angles to the track. As we walked up they were in front of us putting the marker posts in and told us to stay between the two posts.

- posted by Rowena @ 3:28 PM

**Friday, October 24, 2003**

### **DAVID KELLY DISCUSSED BOOK DEAL WITH OXFORD PUBLISHER APRIL 2003**

On 11 April 2003 Victoria Roddam of Oneworld Publications in Oxford sent David Kelly an e-mail subsequent to a meeting she had with him on Friday 4th April about possible book projects.

She writes:

*"As I said last week, if you can think of any other individuals who it might be useful for us to contact regarding these projects we talked about and the ideas we discussed, I would be very grateful - particularly those who might specialise in the areas where policy and ethics collide.*

*Also if you could suggest anyone who might be useful in authoring or recommending an author for a book on the arms trade, this would be most useful."*

It looks like much of the book-project talk revolved around AREAS WHERE POLICY AND ETHICS COLLIDE.

In a later mail Ms Roddam pushes the idea again:

*"In light of recent events, I think the time is ripe now more than ever for a title which addresses the relationship between government, policy and war - I'm sure you would agree."*

This shows that discussions revolved heavily around these highly sensitive areas. And not only was Kelly's interest focused in these areas - he was also pointing Victoria Roddam in the direction of others who were willing to write about them. Could this be a key motive for Kelly's assassination?

I wonder, with Kelly out of the way, will the authors Kelly came up with for Ms Roddam be writing on "areas where policy and ethics collide" now?

Or will they have they got the message?

Rowena Thursby

