

The Murder of Dr. David Kelly

Presently (Feb. 2004), the name of Dr. David Kelly, a microbiologist and intermittently a UN weapon inspector in Iraq, is in public mind. I may later add information about his involvement in a secret briefing to a journalist (Andrew Gilligan of the BBC) of how the English government utilized knowingly wrong arguments for justifying their invasion of Iraq. But this is indeed secondary. The Kelly affair is one among several indications of, how the World has changed since 2001: People (including author and current readers) are being manipulated by authorities, who again control an uncritical press; and the State kills its own citizens when this is found necessary, either to get rid of them, punish them for warning other potential defectors (the Kelly affair) or for creating public emotions (as was the attempted and obtained result of the 9-11 attacks). The opposition to this turn should have nothing to do with the individual political standing of the critical citizen. It is a matter of opposition or adherence to criminal forces in the government.

At least there is a quantitative difference here: whereas the United States generates an attack on its own citizens, claiming some 2,800 lives on September 11th, 2001, the Kelly murder, disguised as a suicide, remains the symbol of a singular case of criminal behaviour of a government towards one of its subjects, though assuming that there are more of the kind. As such, the case desires attention, and as usual, this is only to be found in the Internet. So either is these theses an expression of paranoia, or the once so troublesome press has finally been tamed in a sort of censorship, perhaps so far only involving some 'blind spots.' Please read the following summary before you decide whether to join the league of paranoiacs or remain among the traditional believers in authority. The following text includes long passages from various sources on the net.

Kelly's 'crime,' leaking evidence to a news agency, led to a process of humiliation, culminating in a 45 min televised hearing. This process has been understood as urging to a suicide, and it has, in itself, been a matter of so-called investigation in the Hutton report, to which shall be referred later.

1. Was Dr. Kelly at all in a condition of committing suicide?

After Kelly's death, Foreign Office diplomat David Broucher claimed that Kelly, being asked what he believed would happen to him, if the British troops invaded Iraq, prophetically answered, "I will probably be found dead in the woods." Broucher testified the remark was made at the end of a meeting he had with Kelly in February 2003 in Geneva. Broucher retrospectively found it an indication of a suicide to come. Kelly may have preferred another interpretation. He refers to 'dark actors' playing games in an Email shortly before he died. Kelly was still capable of anger and rage at being 'betrayed' by the Ministry of Defense. Kelly was not the completely depressed, passive broken man some have painted him as. Should he indeed have considered a suicide, he was not in a mentally paralysed condition to explain an amateurish approach.

On the contrary, Kelly had precise future plans about which he was very excited. He was going to retire in a year and one daughter was going to get married in the coming autumn. In eMails from his final day of life, he described such immediate plans. Kelly sent several e-mails three hours before his final walk. He wrote to Gaeta Kingdom at Oxford University saying, "Many thanks for your thoughts and prayers. It has been a remarkably tough time. Should all blow over by early next week, then I will travel to Baghdad a week Friday..." Also an Email to Judith Millers saying, "Judy, I will wait until the end of the week before judging many dark actors play games."

In contrast, there was no suicide note. If Kelly felt he was wronged or betrayed by his employers, surely a parting comment would come forth setting the record straight. More importantly, there was no farewell note to his wife or daughters that explained his actions or that just said good-bye to the ones he loved. Nothing was left on the computer or in handwritten form. This is very unusual for a loving father. It has also been mentioned that Kelly had deeply held religious beliefs, which would preclude any suicide.

Kelly did not leave home in depression. He always had a stroll around 3pm and so also on July 17. Exactly one mile down the road, Kelly met Ruth Absolm, a neighbour.

Ruth claims Kelly "seemed his normal self" and left her with a 'cheerio' and a promise to 'see you later'. She was the last witness, so far reporting, to see him alive.

2. Even if he did want to commit suicide, was this the way for it?

For a skilful microbiologist, the means chosen for suicide was painstakingly slow, extremely low tech and completely out of character. There are very few men on this planet with Kelly's knowledge of the chemical and biological ingredients necessary for an immediate and relatively painless suicide and ready access to labs. Yet, we are led to believe he chose the slowest, primitive and painful method to die.

It wasn't until six weeks later, on September 3, 2003, that toxicologist Richard Allan (an associate of Dr. Hunt) told the Hutton Inquiry that Dr. Kelly had taken "quite a large overdose" of Co-Proxamol (dextropropoxyphene and paracetamol), the prescription-only drug that his wife took for her arthritis. According to Richard Allan, Kelly "took about 30 tablets...an hour...before (his) death." Allan claims he is 'uncertain' whether the drugs killed Kelly. Mr Allan could not show that Dr Kelly had ingested the 29 tablets said to be missing from the packets found. Only a fifth of one tablet was found in his stomach.

Co-Proxamol has been used as a suicide drug but the "toxic effect may take several days before symptoms develop". According to one study, it is contributing to 18% of British suicides and held responsible for 5%. The fatalities may be caused by cardiac arrest or respiratory depression from dextropropoxyphene (rather acutely) or liver damage from paracetamol (developing only over several days). Clearly Richard Allen is knowledgeable in this area and yet he remains 'uncertain' because other substances mixed with Co-Proxamol, even those as mild as alcohol, might have produced a fatal death. Richard Allen makes no mention of any other more dangerous toxic substances in Kelly's body.

3. Why was the body moved several hours after death?

Kelly's body was found the following morning (July 18th) at 9:30am, Louise Holmes, a member of the Southeast Bedfordshire Emergency Volunteer Group, and her search dog found "Kelly's body sitting up against a tree with blood on his left arm in a secluded glade about 50 yards away from a nearby path surrounded by impenetrable brambles." The livor mortis (death spots) indicated clearly that Dr. Kelly had been lying on his back several hours after death. Strangely, none of the witnesses mentioned anything about rigor mortis (stiffening of the body) that is useful in setting the approximate time of death. Even Dr. Nicholas Hunt, when was asked directly what changes on the body he observed that would have happened after death, failed to mention rigor mortis. He only named livor mortis. Hunt set the time of death within a range of 4:15pm on the 17th to 1:15am the next morning. He based the estimate on body temperature, which he did not take until 7:15pm on the 19th, some seven hours after he arrived on the scene. It is a strange lapse to forget this important measurement, in particular for an experienced forensic pathologist.

4. Dr Kelly should have bled to death – but where was the blood?

Accepting that sudden death cannot be provoked by Co-Proxamol, we are set to believe that Dr. Kelly bled to death from an incised ulnar artery, as Dr. Hunt concluded. The paramedics asserted that, in their professional view, there was very little blood around for an arterial bleed. 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."

Police constable (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.

Actually, even a few 100 ml of blood suffices for a dramatical impression. But then, how will the ulnar (more usual the radial) artery react to a transection? This will induce a vasospasm, making it practically impossible to bleed to death by this 'popular' method, a fact that many potential suiciders have realized too late. Yes, there would be a lot of impressive bleeding. In Kelly's case, there wasn't even that.

5. The scene of the crime

Police officers and an ambulance called to the scene told the (Hutton) inquiry, "His (Kelly's) jeans had ridden up...and there was a patch of blood on the right knee."30 Despite these facts, the head of the search team, PC Jonathan Sawyer, later comments that, "There was no sign of a struggle" and "all the vegetation that was surrounding Dr. Kelly's body was standing upright." How Kelly or Louise Holmes or the ambulance crew or (possibly) his killers got through the 'impenetrable brambles' without crushing some of the vegetation is unexplained. More importantly, the 'ridden up' condition of Kelly's jeans and the visible blood on his right knee could indicate to signs of a struggle or possibly being dragged to a hiding place by his feet while his head was facing the ground, thereby causing his injured knee to drag on the ground and his jeans to be hiked up above his knees (only the left wrist was slit and the right knee displayed the most blood). Local police claim Dr. Kelly was an 'avid walker' and had a 'good local knowledge' of the many footpaths surrounding his home – not the kind of guy who would fall and hurt his knees unassisted.

But further evidence of brutal violence is found. Dr. Kelly's scalp shows three abrasions and the wounds are contaminated with branches and small stones. Dr. Hunt also reported of "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." At least, these findings were reported at the Hutton inquiry, which was replacing the usual coroner's inquest. The local (Oxfordshire) coroner, Nicholas Gardiner, made it official: Kelly died from an 'incised wound' to the left wrist. Strangely enough, Mr. Gardiner, according to BBC News, "refused to reveal the results of toxicology tests until a full inquest." Obviously, one can find further arguments for claiming that a full inquest has never taken place. However, Mr. Gardiner has not yet closed the case.

6. Detective Coe and 'Operation Mason.'

The local police were not the first officials on the spot. The paramedics and other witnesses saw a Detective Constable (DC) Graham Peter Coe and two of his colleagues from the Thames Valley Police (TVP). What they were doing here is obscure, but they were already at the spot when the local police arrived, the next to come after the two volunteers with the search dog and so arriving there before the ambulance. Later, it was claimed that only one (still anonymous) colleague was adjoining DC Coe since it almost demands an explanation when the police is sent out more plentiful. What DC Coe, whose presence on the spot is not challenged, was doing there at all is much more interesting.

A listing of evidence provided to the Hutton inquiry by Thames Valley Police is a reference to a document described thusly, 'TVP Tactical Support Major Incident Policy Book between 1430 17.07.03 and 930 18.07.03. DCI Alan Young. It is labelled 'not for release - Police operational information.' This 'tactical support' mission has been given the codename 'Operation Mason' but it is strictly speaking not known if DC Coe was taking part in that. Of course, the precise content of this mission remains secret, but at least it was reported to the Hutton inquest and thereby we know both of its existence and that it was evaluated as relevant for the examination. The most shocking information is that this 'tactical support' began at 2:30pm on the 17th, 30-60 minutes before Dr. Kelly as usual left the house on his final walk. It ended at 9:30am the following morning about the time DC Coe and his men left the death scene. Pardon me for thinking the worst of DC Coe and TVP's 'Operation Mason,' even if they were only yielding support (to whom?) Their silence can only stimulate my phantasy.

7. The coroner's final inquest was never carried out

It was left up to Dr. Nicholas Hunt, a Home Office Pathologist and loyal government servant, to deliver the verdict to the Hutton Inquiry. However, Thames Valley police had already labelled Dr Kelly's death a 'suicide' even before his body had been examined. According to Dr. Nicholas Hunt, Kelly "had planned his suicide in intricate detail" (Apparently in such intricate detail that even Kelly was not aware of it when sending his morning e-mails and preparing to embark to Iraq). The intricate details include the removal of watch and spectacles, which according to Dr. Hunt "suggested a deliberate act of self-harm" (Kelly's bloody knee and dishevelled jeans were conveniently not mentioned; one also wonders how removing one's glasses is a deliberate act of self harm). Dr. Hunt says the main factor in Kelly's death was "bleeding from an incised wound in his left wrist."

Dr. Hunt's comments were not the result of a final inquest. In a strange irony, the Hutton Inquiry actually prevented a final Coroner's Inquest. In fact, "the inquest was adjourned under Section 17A of the 1988 Coroner's Act which allows a public inquiry conducted by a judge to fulfil the function of an inquest." So it appears that the Hutton Inquiry dedicated to finding the facts behind Kelly's death actually becomes a mechanism for a cover-up. Mr. Gardiner, the Oxford Coroner, was not happy about the "pre-mature death" to his coroner's inquest because five key witnesses refused to let their inquest statements be passed on to the Hutton Inquiry. In fact, fewer than 70 out of 300 witness statements taken by the police were given to Lord Hutton. Why were the majority of witness statements excluded?

8. The press covers the suicide thesis uncritically

The press (or parts of it, at least) was never before afraid to question certain inconsistencies but that has changed in later years. The horrible facts beyond the 9-11 tragedy, covered up by a guilty-looking American government's avoidance of disclosing any fact and destruction of evidence, are a matter of which nothing is spoken. Even the BBC, which was drawn down under its own participation in the Kelly affair, never discussed the possibility that Kelly might have been – just theoretically spoken – the victim of a crime. Except for the Internet (which allows for all facets of opinion), only 'The Guardian' allowed its readers to consider the possibility. Thereby, it may be unwise for the reader of these pages to consider any other possibility than the official version, which was immediately screamed out and repeated endlessly: that Dr. Kelly committed suicide. Alone referring to the possibility of a murder is considered an abhorrent claim. For that reason, the reader is advised not to consider who was committing this crime although, of course, the official cover-up is difficult to miss.

You may not be convinced that Dr. Kelly was really murdered, and still it is obvious that something is withheld. Should the reader find some aspects of truth missing, then do not forget to question anything else presented by the press and official sources – this is how the Kelly mystery affects us all. May I welcome you to the League of Paranoiacs?

References:

<http://globalresearch.ca/articles/MOO401A.html>
<http://globalresearch.ca/articles/THU311A.html>
<http://www.rense.com/>
<http://www.itv.com/news/429586.html>
<http://www.thetruthseeker.co.uk/article.asp?ID=1164>
<http://www.deadscientists.blogspot.com/>

9. Later Addition

On December 22, 2004, 9 physicians wrote a letter to the Guardian:

Questions over Kelly

<http://politics.guardian.co.uk/kelly/story/0,13747,1378539,00.html><http://politics.guardian.co.uk/ke>

[lly/story/0,13747,1378539,00.html](http://www.bbc.co.uk/1/health/0,13747,1378539,00.html)

Dr David Kelly is the first British citizen whose sudden, unexpected and violent death has been denied an inquest ...

Disquiet expressed recently by paramedics over finding very little blood at the scene of Dr Kelly's death gives credence to our view that it is highly improbable Dr Kelly died of haemorrhage from a transected ulnar artery. From such a wound he would have lost only about a pint of blood, and for death to occur he would need to have lost some five pints. And Co-Proxamol levels in his blood were one-third of what is normally regarded as a fatal dose.

... Given that there is photographic evidence showing the body in two different positions, it must be determined who moved the body, and when and why.

... As things stand, suicide has not been proved, and we still do not know how he died.

(Signed Dr Michael Powers QC, Martin Birnstingl, Chris Burns-Cox, C Stephen Frost, David Halpin, William McQuillan, John Henry Scurr & Searle Sennett)

Ten days before, the Guardian had brought an article, 'Kelly Death Paramedics Query Verdict,' in which the absence of massive bleeding was given as reason.

<http://www.guardian.co.uk/hutton/story/0,1372077,00.html>[http://www.guardian.co.uk/hutton/sto](http://www.guardian.co.uk/hutton/story/0,1372077,00.html)

Uncovering the Truth about the Death of David Kelly

<http://www.globalresearch.ca/index.php?context=viewArticle&code=THU20060917&articleId=3249>

In this review article by Rowena Thursby, the hypothesis was raised that death might be caused by muscle relaxants which, when injected into vascularised tissues, may paralyse all muscles within seconds and stop the breathing of the subject receiving them. In a review of all 187 cases from 10 years in Britain, in which 50-69 year old men had tried to commit suicide by bleeding to death from wrist slashing, not a single case of successful suicide was found. Kelly's is the outstanding example ...

The case has not been forgotten. The track leads to politicians who wanted to involve their country into the War towards Iraq (not just Saddam Hussein) – a War they are about to loose.

September 19, 2006

More than 6 years later it was revealed that David Kelly's autopsy report is to be kept secret for 70 years [\[1\]](#). Lord Hutton had secretly barred the release of all medical records one year after his – *ahem* – spectacular report. This makes the Kelly-murder cover-up now official, only the murderers are still at large – and will remain so while they are enjoying protection by the British government.

[\[1\]http://www.dailymail.co.uk/news/article-1245599/David-Kelly-post-mortem-kept-secret-70-years-doctors-accuse-Lord-Hutton-concealing-vital-information.html](http://www.dailymail.co.uk/news/article-1245599/David-Kelly-post-mortem-kept-secret-70-years-doctors-accuse-Lord-Hutton-concealing-vital-information.html)[\[1\]](#)

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For further study: <http://www.dr-david-kelly.blogspot.com/>