

Death of Dr. David Kelly: Disinformation, Censorship and Coverup by the British Media

By [Dr. C. Stephen Frost](#)

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Region: [Europe](#)

Theme: [Media Disinformation](#)

Global Research Editor's Note

Global Research is publishing what the "progressive" British press has refused to publish concerning the mysterious death of Dr. David Kelly.

DISINFORMATION AND CENSORSHIP AT THE GUARDIAN re DR DAVID KELLY

In August 2010, I sent the letter immediately below in response to a Guardian editorial (see ANNEX 1) and an edited version of my letter was published (see ANNEX 2). In October 2010, I sent a letter (see below the letter immediately below) in response to Vikram Dodd's article (see ANNEX 3) and despite much discussion no response was ever published, even in edited form.

Dear Sir,

In response to today's Guardian editorial:

Why are so many people confused about this? It is not a question of whether there should or should not be a proper inquest into Dr Kelly's death. This is NOT a matter for debate.

The laws of this country state very clearly that there MUST be an inquest into any death occurring in the manner in which Dr David Kelly is said to have died.

Further, before a suicide verdict can be returned, it must be proved beyond reasonable doubt that the deceased not only killed himself but also that he intended to kill himself. In the absence of a suicide note, it is obviously extremely difficult to achieve this level of proof. Anyone who cares to examine the transcripts of the evidence heard by Lord Hutton (at the Hutton Inquiry website) can see plainly that Hutton could not be satisfied to the required level of proof, even if he had heard evidence under oath, which he scandalously and crucially did not.

Further, Lord Falconer inappropriately invoked Section 17a of the 1988 Coroners' Act in order to derail the Inquest, "ordering" the Oxfordshire Coroner Nicholas Gardiner to "adjourn indefinitely" his inquest on 13 August 2003. This disgraceful intervention by the then Lord Chancellor, who was unelected and a former flatmate of Tony Blair, constituted a blatant subversion of due process of the law.

In the case of Dr David Kelly, the suicide verdict of Hutton is clearly unsafe and may represent one of the gravest miscarriages of justice ever to occur in this country.

A suicide verdict effectively closes the case for ever, and if the deceased was in fact murdered stops the search for the murderer(s). It also smears the victim (who obviously cannot defend his reputation), his family and his friends. A suicide verdict should not be reached lightly, and if there is any doubt the Coroner should return an open verdict.

The fact that no inquest has been held into Dr David Kelly's death is nothing less than a national disgrace, particularly when one recalls the context in which his death took place.

Yours faithfully,

Dr Stephen Frost

This letter (see below) was submitted to The Guardian in reply to Vikram Dodd's Guardian article (see ANNEX 3). The Guardian despite repeated prompts and discussions has refused or neglected to publish our letter. Right of reply, enshrined in editorial guidelines, has thereby been denied.

LETTER FOR PUBLICATION

Dear Sir,

Vikram Dodd's Comment is Free article of 24 October 2010 has as its headline "The experts are clear on how David Kelly died" followed by "Not a single forensic pathologist has challenged the conclusions of the Hutton inquiry".

The truth is that the experts are far from clear on how Dr David Kelly died, not least perhaps because no inquest has taken place. The continued refusal or neglect to hold an inquest into this important death, which is required by the laws of this country and of Europe, constitutes a blatant subversion of due process of the law. Further, it should be pointed out that forensic pathologists are employed by the Home Office, directly or indirectly.

In January of this year the well known London lawyers Leigh Day & Co., representing five doctors, formally requested that the Ministry of Justice allow the doctors and lawyers sight of all the medical and scientific documents/evidence relating to Dr David Kelly's death which had been secretly classified (at some time unknown in 2004/2005) for 70 years following the publication of the Hutton Report. Despite repeated questions, both before and after the General Election, the Ministry of Justice has been unable to tell us the exact date on which the documents were classified, nor indeed to enlighten us as to the legal basis for classifying the documents, nor for continuing to keep them secret. It is strongly suspected that no such legal basis exists.

On 22 October 2010, our lawyers finally received a reply from Ken Clarke, Secretary of State for Justice, in which he sought to justify not granting our request for sight of all the medical and scientific documents relating to the death. He also informed us that he intended to publish the post-mortem report and the toxicology report on the Internet that very same day. In a long rambling letter he attempted to justify his failure to comply with our lawyers' request by quoting exemptions to disclosure allowed under the Freedom of Information Act. But, we did not seek disclosure under the terms of that Act and that had been made very

clear by our lawyers in January of this year. Further, it seemed extraordinary to us that medical in confidence documents should be published on the Internet for all to see, particularly the post mortem report and the toxicology report, especially in view of the previous government's and this government's oft claimed desire to avoid unnecessary upset to the Kelly family.

It seems to us that this Government, by publishing these two highly sensitive reports, hoped to draw a line under the whole affair. However, it will do no such thing. Some weeks ago a 35 page legal document, known as the Memorial, was submitted to the Attorney General Dominic Grieve by our lawyers outlining the formal legal reasons why we think an inquest should take place. Under Section 13 of the 1988 Coroners Act the Attorney General can grant us permission to apply to the High Court (or he can apply himself) for an inquest to be ordered. In order to do this he has only to be satisfied that, were an inquest to take place, the verdict MIGHT be different NOT that it WOULD be different. Section 13 requires that any ONE of six reasons be satisfied for the Attorney General to allow a formal application to the High Court for an inquest into a death. The six reasons are:

- 1) insufficiency of inquiry
- 2) irregularity of proceedings
- 3) rejection of evidence
- 4) new facts or evidence
- 5) fraud (in this context deception)
- 6) refusal or neglect by a coroner to hold an inquest which ought to be held

We need to provide evidence to satisfy ONE reason but the Memorial contains convincing evidence for ALL SIX reasons.

Notwithstanding the extremely strong case for an inquest which has been submitted to the Attorney General in the form of the Memorial, we intend as a matter of urgency to set up a fund so that we are in a position to contest vigorously any refusal by the Attorney General for us to proceed to the High Court by judicially reviewing any such decision.

It is essential in any democracy that due process of law is followed with the utmost rigour.

Yours faithfully,

Dr Stephen Frost

ANNEX 1

Dr David Kelly's unquiet grave

Editorial

The Guardian

Tuesday 17 August 2010

<http://www.guardian.co.uk/commentisfree/2010/aug/17/dr-david-kelly>

“This is the lowest point,” Lord Mandelson records Tony Blair as saying after the death of Dr David Kelly. Even those who cannot bring themselves to commend Mr Blair for giving his book income to charity yesterday will find it hard to argue with his grim comment in 2003. Dr Kelly’s death, after the weapons expert had been outed and hounded over the “sexing up” allegation against the Iraq dossier, was one of the most abject moments in recent history. The death, the intensely political context, and the much criticised Hutton report into the case together explain why, to this day, so many feel so certain that the truth has not been told. And they explain why, whether the doubters are right or not, it remains so absolutely important that the full facts must be public, which at present they are not, and be above suspicion.

Last week a group of senior doctors called for a full inquest to be held into Dr Kelly’s death. They charged that the official verdict – bleeding from self-inflicted incised wounds to his left wrist – recorded by Lord Hutton (whose inquiry in effect replaced the normal inquest procedure) was “extremely unlikely”. Most of the doctors’ claims have in fact been made before. Most of them have been challenged before too, as they were once again yesterday in a letter to the Times by a pathologist who cast doubt both on the doctors’ pathology expertise and their theory that there was not enough loss of blood to support the Hutton verdict.

The difference this time is less in the substance of the campaigners’ arguments than in their context. In spite of the continuing outrage over the Kelly case no new evidence has actually been produced to support any alternative to Hutton’s verdict. The Kelly family, moreover, have not so far lent their support to the new inquest campaign. But there is a new government now, which might be more inclined to act on the call than Labour was. And the cause is being more ardently promoted than ever by the Daily Mail group, which first asked Mr Blair back in 2003 whether he had blood on his hands.

It is reasonable to ask whether, at a time of huge public spending cuts, a fresh inquest with attendant lawyers’ fees would be justifiable. The more so when a significantly different verdict, let alone one which would satisfy those who believe Dr Kelly was murdered, is extremely unlikely. Some people, it is obvious, will never be satisfied. Against that, however, there is the ineradicable importance of these events and the highly unusual denial of a proper inquest in this case. The need remains to get to the bottom of a great public and private agony. A full inquest should be sympathetically considered. But there can be few illusions that it will ever finally lay Dr Kelly’s case to rest.

Comments (151)

ANNEX 2

<http://www.guardian.co.uk/politics/2010/aug/19/david-kelly-inquest-disgrace>

Letters

Lack of Kelly inquest is a national disgrace

The Guardian

Thursday 19 August 2010

It is not a question of whether there should or should not be a proper inquest into Dr David Kelly's death (Editorial, 17 August). This is not a matter for debate. The laws of this country state very clearly that there must be an inquest into any death occurring in the manner in which Dr Kelly is said to have died.

Further, before a suicide verdict can be returned, it must be proved beyond reasonable doubt that the deceased intended to kill himself. In the absence of a suicide note, it is extremely difficult to achieve this level of proof. Anyone who examines the transcripts of the evidence heard by Lord Hutton can see that the required level of proof was not attained, even if Lord Hutton had heard evidence under oath, which he crucially did not.

Further, Lord Falconer inappropriately invoked Section 17a of the 1988 Coroners' Act, "ordering" the coroner Nicholas Gardiner to "adjourn indefinitely" his inquest into Dr Kelly's death on 13 August 2003. This intervention by the then lord chancellor surely constituted a blatant subversion of due process of the law.

In the case of Dr Kelly, the suicide verdict of Lord Hutton is clearly unsafe and may represent one of the gravest miscarriages of justice ever to occur in this country. A suicide verdict effectively closes the case for ever, and if the deceased was in fact murdered stops the search for the murderer(s). A suicide verdict should not be reached lightly, and if there is any doubt the coroner should return an open verdict.

The fact that no inquest has been held into Dr David Kelly's death is nothing less than a national disgrace, particularly when one recalls the context in which his death took place.

Dr Stephen Frost

ANNEX 3

<http://www.guardian.co.uk/commentisfree/2010/oct/24/experts-david-kelly-death-clear>

The experts are clear on how David Kelly died

Not a single forensic pathologist has challenged the conclusions of the Hutton inquiry

Vikram Dodd

guardian.co.uk

Sunday 24 October 2010

And so it goes on. Despite the release on Friday of the postmortem and toxicology reports into the death of the weapons inspector Dr David Kelly, the claims will continue.

The Hutton inquiry into the factors leading to Kelly's death heard expert evidence and then concluded the weapons inspector had committed suicide.

Not one single party to the inquiry, which was more thorough than any inquest would have been, offered any evidence to the contrary. The inquiry into the death in 2003 was vitriolic at times, and ended up with the BBC and Kelly family joining together in a savage battle

against the government.

I sat through Hutton's inquiry, and have sat through many inquests.

Despite Hutton's baffling conclusion that the government bore no blame for pressurising Kelly, his was a more rigorous inquiry into the death than an inquest.

But none of this has satisfied those determined to suggest something more malign was behind Kelly's demise.

Over the years, as new claims have emerged, I have gone back to a group of experts who would be best placed to spot anything untoward, namely forensic pathologists. They are the experts in determining causes of death.

What is striking is their consistency in saying the scientific evidence points to Hutton's inquiry having reached the right conclusion.

The Hutton inquiry found that Kelly, 59, died after cutting an artery in his left wrist, had taken an overdose of Coproxamol painkillers and had heart disease which left his coronary arteries "significantly narrowed".

The doubters, who some call conspiracy theorists, have failed in all the years to produce one single fact to support their claims.

Experts in forensic pathology say that the doubts raised, including those by doctors, were based on partial knowledge or misconceptions.

The critics have claimed that bleeding to death after cutting the ulnar artery was unlikely, and that evidence of large-scale blood loss at the scene was absent.

Dr Andrew Falzon, a consultant forensic pathologist with the Forensic Science Service, said Kelly's heart disease and overdose of Coproxamol meant a smaller loss of blood could kill him than that required to kill a healthy person: "You are going to succumb to a smaller volume of blood loss than if you were a 20-year-old with a healthy heart.

"The heart vessel is already deprived of oxygen because of the blockage of the vessels. With the loss of blood [caused by cutting the ulnar artery], there is less oxygen to the heart. Throw in the toxic level of drug, that makes the heart more sensitive to cardiac arrhythmia [an electrical disturbance] which causes sudden death.

"I'm sure bleeding from the ulnar artery can kill you."

Falzon also said the views of those not trained in forensic pathology, even if they are medically trained, needed to be treated with caution: "People who are not trained to look at causes of death will perceive things differently. It's hard for them to believe certain things can happen."

Professor Peter Vanezis, senior consultant in forensic medicine to the armed forces, said: "These people are more clinicians and are obviously surprised that a person can kill themselves like that." Vanezis said the lack of large amounts of blood in the wood where Kelly was discovered could also be easily explained: "It was outside - it could have gone into the soil."

Dr Andrew Davison, a forensic pathologist at Cardiff University, agreed: “You only have so much blood going around. If you have a heart condition you can’t afford to lose as much blood as a healthy person.”

Professor Derrick Pounder, head of forensic medicine and forensic pathologist at the University of Dundee, said: “It may be that there are several factors in a death. In this case, we know he had taken more than a therapeutic dose of drugs, and that he had some pre-existing heart disease. We have three factors in the death that are known to the public. The cause of death is likely an interplay between the three.”

Professor Chris Milroy, now working in Canada, was a pathology professor at Sheffield University. He said: “I’ve seen nothing yet that proves anything other than Dr Kelly took his own life in the way the Hutton inquiry concluded, by cutting his wrists and taking an overdose.”

Kelly’s heart condition made him unable to withstand loss of blood to the extent that a fit person could. The death was “multifactoral”: due to the cut to his wrist, a toxic dose of drugs and heart disease. The Dextropropoxyphene he took was itself toxic to the heart.

Milroy added: “It is difficult to estimate blood loss from looking at the scene.”

Paramedics have claimed there was a lack of blood at the scene where Kelly’s body was discovered. Professor Guy Ruttly, of Leicester University, said: “The blood could have gone straight into the ground.”

Both said paramedics were trained in saving lives, not in the forensic examination of scenes of death, which required a wholly different set of skills and expertise.

The forensic pathologist who examined Kelly’s body, Dr Nicholas Hunt, gave the formal cause of death as: “Haemorrhage due to incised wounds of the left wrist”, in conjunction with “Coproxamol ingestion and coronary artery atherosclerosis”.

No expert in the field of forensic pathology has to date come forward to doubt that claim. Not one.

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