

# Who was Behind the Death of Dr. David Kelly? The Case is far from Closed

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

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Region: [Europe](#)

Theme: [Law and Justice](#), [Media Disinformation](#)

## Global Research Editor's Note

*Dr. Stephen Frost contacted Global Research and informed us regarding The British media's coverup pertaining to the details of Dr. David Kelly's death.*

We are publishing below the letter which the Sunday Telegraph refused to publish. This letter was written in response to an article by Andrew Gilligan.

Who is Andrew Gilligan, the Sunday Telegraph journalist who states that "the case is closed" and that "the details of Dr David Kelly's death, made public last week, should provide a final answer to the conspiracy theorists".

Is Andrew Gilligan in a conflict of interest? He is reporting on a case in which he was personally implicated.

It was Gilligan's 2003 report on the BBC's Radio 4 Today programme which triggered the David Kelly affair.

In this report Gilligan quotes "a source" "who believes Downing Street wanted the September intelligence dossier 'sexed up'" to provide a justification for waging war on Iraq. That "source" was Dr. David Kelly, as confirmed by Kelly himself in a written note to his manager Bryan Wells, admitting he met Andrew Gilligan on 22 May 2003.

*A Ministry of Defence statement subsequently referred to Kelly as "an unnamed official", who met Andrew Gilligan.*

"On 9 July 2003 Geoff Hoon, the Defence Secretary, writes to Gavyn Davies, then BBC chairman, asking him to confirm whether Kelly is the 'source'. The BBC refuses. MoD confirms to journalists that Kelly is the official involved.

On 17 July at 3pm, Kelly leaves home, telling his wife he is going for a walk. When he fails to return home by 11.45pm, his family contacts the police. He is found dead in the woods near his home the following morning. 20 July The BBC issues a statement after talking to Kelly's family, naming him as the source of Gilligan's report." ( Will Lee, The Guardian, 2004).

*When the Hutton report was published, the government of Tony Blair was exonerated, while the BBC was heavily criticised, implying the involvement of Andrew Gilligan, the author of the October 24, 2010 article in Annex Part I below entitled: [David Kelly: case](#)*

[closed.](#)

Michel Chossudovsky, November 5, 2010

*A letter (see below) was submitted to the Sunday Telegraph in response to Andrew Gilligan's article re Dr David Kelly published on 24 October 2010 in the same newspaper (see ANNEX 1). After much prompting and discussion, the Sunday Telegraph finally agreed to publish a decimated version of our letter (see ANNEX 2). This in our view constitutes refusal or neglect to publish a reasonable and accurate response to Andrew Gilligan's article. The right of reply, enshrined in editorial guidelines, has been denied to us.*

Dr. Stephen Frost, November 5, 2010

Dear Sir,

Andrew Gilligan's article of 24 October has as its headline "David Kelly inquest: Case closed" followed by "The details of Dr David Kelly's death, made public last week, should provide a final answer to the conspiracy theorists, says Andrew Gilligan"

The truth is that the case is far from closed, 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.

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 Part 1

<http://www.telegraph.co.uk/news/uknews/8083520/David-Kelly-case-closed.html>

David Kelly: case closed

The details of Dr David Kelly's death, made public last week, should provide a final answer to the conspiracy theorists

Andrew Gilligan

24 October 2010

There was, said the pathology report, a band of vomit running from Dr David Kelly's mouth, covering part of his head and staining his green waxed jacket. His body was soiled with dirt from the process of undressing it at the scene and moving it into a bag. And it seems that, contrary to most of what we have read in the past, there was a great deal of blood.

"There was bloodstaining and a pool of blood in an area running from the left arm of the

deceased for a total distance in the order of two to three feet,” said Dr Nicholas Hunt, the pathologist. “There was heavy bloodstaining over the left arm.” There was blood on the front right side of his shirt beneath the left hand, the palm of which was bloodstained.

There were bloodstains over the groin area and the tops of both thighs, the right knee, the right elbow, the right shoulder, the back of the right knee. There was blood on the left arm, the left elbow, the back of the left elbow, the back of the fingers and palm of the right hand, blood on the lining of his Barbour cap, blood on Dr Kelly’s wristwatch, which he’d taken off, blood on the handles of the knife, blood smeared on the bottle of water with which he had taken 29 co-proxamol pills.

I, too, felt a bit soiled when I read the intimate details of Dr Kelly’s death. There is no dignity in a pathology report. But all this, and a good deal more that I’ve spared you, was last week published officially online, for ever, for the whole world to see. Happy now, conspiracy theorists?

The other reason why this document makes unpleasant reading is precisely that it does say what happened. There were, it says, multiple knife wounds over a 40 sq cm area of Dr Kelly’s left wrist, one of them up to a centimetre and a half deep. Some of them, it says, looked like “tentative or hesitation marks”. There was “extensive reddening around the whole injury complex, indicating that they had been inflicted while the victim was alive”. There was also a small abrasion “consistent with the biting of the lips”.

I don’t know about you, but when I read those words I wished I hadn’t. An instant picture of Dr Kelly in his last moments sprang into my head. The only other wounds visible at all were superficial abrasions to the head and minor bruising to the limbs – consistent, says the report, with scraping against rough undergrowth (presumably as his body was removed).

The report describes the various, necessarily intrusive procedures performed on Dr Kelly’s body to discover any less visible signs of foul play. None was found. The brain showed no knocks to the head. The lungs gave no sign of being “overpowered by a volatile chemical”. No mysterious drugs were detected in the bloodstream. Subcutaneous dissection of the arms and legs showed no “restraint-type injury”.

There was no evidence of “compression of the neck, such as by manual strangulation, ligature strangulation or the use of an arm hold”. There was no evidence from the post-mortem, or observations at the scene, to “indicate that the deceased had been dragged or otherwise transported to the location at which his body was found”. Another conspiracist claim dashed.

There was, said Dr Hunt, “a total lack of classical ‘defence’ wounds against a sharp weapon attack”, such wounds being typically to the palms or forearms. When somebody is murdered with a knife, the bloodstains left on the ground and clothing are often jagged and jerky, and spread all over the place, because the victim has been fighting for his life. But at the scene of Dr Kelly’s death, the blood, though extensive, was “relatively passive” in distribution. There was no obvious trampling to the undergrowth, no damage to his clothing.

The bloodstains on the removed wristwatch are significant, says the pathologist: “The fact that the watch appears to have been removed while blood was already flowing suggests that it has been removed deliberately in order to facilitate access to the wrist.” The water bottle and its top, also bloodstained, were placed neatly on the ground.

Dr Hunt spent seven and a quarter hours at the scene of death, then just under three hours carrying out the post-mortem. His conclusion is clear: the orientation and arrangement of the wounds on the left wrist “are typical of self-inflicted injury”, as is the rest of the layout of the death scene, and there is no evidence whatever to support any other finding.

As this previously “secret” pathology report is released, I’m in an unusual position. Contrary to various claims, this report was never quite “suppressed”. As one of those at the centre of the David Kelly affair, and a party to the Hutton Inquiry, it was shared with my lawyers back in 2003. I could have seen it if I’d wanted to – but I never wanted to.

Because even without the crushing detail supplied by Dr Hunt, I had very little doubt that Dr Kelly committed suicide. Even if you believe that the British government goes round bumping off its own employees in cold blood – which I do not – what motive could they possibly have had for killing Dr Kelly? How could it possibly have been in their interest to murder him?

By the time he died, Dr Kelly was no longer an obscure official. He had been at the centre of a national row. His death plunged the last government into the greatest crisis in its history, a crisis from which it never fully recovered. Killing him was guaranteed to create such a crisis, as anyone with an iota of sense would have known.

Yes, I was both appalled – and surprised – when I first heard he’d died. He hadn’t struck me as the suicidal type, if there is such a thing. He was well used to confrontation and pressure: he’d been a weapons inspector in Iraq, for goodness’ sake. And by the day of his death, the worst of the pressure was essentially over: the battle between Downing Street and the BBC over my sexed-up dossier story, for which Dr Kelly was the source, had reached stalemate.

But on the day of his dying, I knew nothing of how badly Dr Kelly had been treated. After learning what he went through at the hands of his employers, it is easier to understand the road that led him to that Oxfordshire hillside.

Alastair Campbell’s determination to use Dr Kelly to, in his words, “f—” me saw him placed under great pressure. Having come forward to his bosses under a promise that his identity would be kept secret, he was effectively surrendered to the world – after Campbell decided that “the biggest thing needed was the source out”. Ministry of Defence press officers gave journalists a series of clues which enabled anyone with Google to guess who he was. They kindly confirmed Dr Kelly’s name to anyone who guessed right. One newspaper was allowed to put more than 20 names to the MoD before it got to Dr Kelly’s.

Once outed, Dr Kelly was openly belittled by Jack Straw. He was intensively interviewed, forced into televised interrogation, coached in what to say, then blurted an untruth in the blaze of publicity – an untruth which, on the morning of his death, his bosses told him they would investigate. Dr Kelly defined himself by his work and his reputation for integrity. The fear of losing that work, and that reputation, must have been terrifying to him, even if it was almost certainly unfounded.

What this week’s report does do, however, is show the murder theory to be even more absurd and fantastic than it already was. For Dr Kelly to be killed, it would have needed someone to force 29 pills down his throat, making him swallow them without protest. Then they would have had to get him to sit on the ground without any restraint, making no attempt to defend himself, while they sawed away at his wrist with a knife. That knife, by

the way, came from the desk drawer in Dr Kelly's study, so they would also have had to burgle his house to get it.

This week's publication has also demolished several of the Kelly conspiracy theory's most treasured pillars: the "lack" of blood, the "movement" of the body, and the "suppression" of the report itself. Will it silence the conspiracy theorists? I rather doubt it. Several of them were still in full flow yesterday.

There are, to be fair, a number of questions the report does not address. Dr Hunt himself subsequently changed one of the conclusions shown in it. The cause of death was rare – Dr Kelly was reportedly the only person in England to die in that way the whole of that year. Operation Mason, the police investigation into his death, started nine hours before he was even reported missing.

Yet most of these facts, too, turn out to have seemingly plausible explanations. The pathologist did change his view of the precise cause of Dr Kelly's death, but still ruled out the possibility that foul play was involved. Thames Valley police have said that the start time of Op Mason was chosen in retrospect to reflect the period of interest.

The fact that a cause of death is rare does not mean that it is unheard of, or impossible. Various doctors have questioned whether Dr Kelly could have bled to death from cutting the ulnar, one of the smaller arteries. But the actual cause of death is the combination of the severed artery with two other things: Dr Kelly's long-standing heart condition of coronary artery atherosclerosis, and his swallowing of the tablets. There are just as many, if not more, experts who state that this cause is entirely plausible.

The conspiracy wants Dr Kelly to have been murdered – but the reality, his suicide, is more than scandal enough. And if you seek the hand of the British government in deliberate killing, the deaths of 150,000 Iraqis would seem, to me, rather more to the point than the death of one scientist.

Too often, as perhaps last week, Dr Kelly has been used by those wanting to fit him into their cause. Could we all please now leave him in peace?

ANNEX Part 2 [the "abridged" version of Dr. Frost's letter published by the Sunday Telegraph

SIR –

The David Kelly case is far from closed (News Review, October 24), not least because no inquest has taken place.

The Government, by publishing the highly-sensitive post-mortem and toxicology reports, hoped to draw a line under the whole affair. It will do no such thing.

The continued refusal to hold an inquest into his death, which is required by the laws of this country and of Europe, constitutes a blatant subversion of due process of the law.

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