

# Britain: paramedics question suicide verdict on whistleblower Kelly

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Two paramedics who attended the scene where Dr David Kelly was found dead on July 18 last year have queried the official verdict of suicide.

In the December 12 *Observer*, Dave Bartlett and Vanessa Hunt, two of the first people to see Kelly's corpse in situ, raise inconsistencies between what they saw and the findings of the inquiry into the Iraq weapons inspector's death conducted by Lord Hutton that Kelly had died by "bleeding from incised wounds to his left wrist".

Bartlett and Hunt arrived at Harrowdown Hill woods, Oxfordshire at 9:55 am. The paramedics parked their ambulance and, with their resuscitation equipment, followed two armed-response police for about a mile until they reached a wooded area. That is where they first saw Kelly's body.

Hunt explains, "He was about 20 metres away lying flat down with his feet towards us."

Bartlett at first thought that the "poor chap had hung himself and fallen from the tree."

Hunt checked for a pulse and Bartlett shone a light into his eyes to see if there was any pupil reaction. They attached electrodes to his chest to detect any heart activity, but found none and he was pronounced dead at 10:07 am.

The *Observer* explains that the two paramedics saw that the left sleeves of his jacket and shirt had been pulled up to just below the elbow and there was dried blood around his left wrist.

But not very much.

"There was no gaping wound ... there wasn't a puddle of blood around," said Hunt. "There was a little bit of blood on the nettles to the left of his left arm. But there was no real blood on the body of the shirt. The only other bit of blood I saw was on his clothing. It was the size of a 50p piece above the right knee on his trousers."

This did not indicate that Kelly had died of the wound. "If you manage to cut a wrist and catch an artery you would get a spraying of blood, regardless of whether it's an accident," said Hunt. "Because of the nature of an arterial cut, you get a pumping action. I would certainly expect a lot more blood on his clothing, on his shirt. If you choose to cut your wrists, you don't worry about getting blood on your clothes.

"I didn't see any blood on his right hand.... If he used his right hand to cut his wrist, from an arterial wound you would expect some spray."

Bartlett concurred: "I remember saying to one of the policemen it didn't look like he died from that [wound] and suggesting he

must have taken an overdose or something else. There just wasn't a lot of blood.... When somebody cuts an artery, whether accidentally or intentionally, the blood pumps everywhere. I just think it is incredibly unlikely that he died from the wrist wound we saw."

Hunt has attended dozens of suicide attempts, but only one that was successful. She explained, "That was like a slaughterhouse. Just think what it would be like with five or six pints of milk splashed everywhere."

Bartlett recalls being called to one attempted suicide where the blood had spurted so high it hit the ceiling. And he went on to explain how rare it is for such suicides to succeed. "Even in this incident, the victim survived. It was like The Texas Chainsaw Massacre and the guy walked out alive. We have been to a vast amount of incidents where people who have slashed their wrists, intentionally or not. Most of them are taken down the hospital and given a few stitches then sent straight back home. But there is a lot of blood. It's all over them."

The *Observer* notes that Hutton's findings were based on evidence given to the inquiry that there was more blood around Kelly's body, including a stain two to three feet in length running across the undergrowth. Asked about this Hunt states, "I am sure I would not have missed that amount of blood."

The official explanation also attributes Kelly's death to multiple causes—the slitting of the left wrist, combined with an overdose of painkillers and the poor condition of Kelly's arteries.

There have been questions raised on these issues also. Kelly is meant to have taken 29 coproxamol, but a toxicology report revealed the presence of only one-third of the dose that normally causes death.

The two paramedics also raise another issue of concern. The Hutton report stated that Kelly's body was found with his head and shoulders "slumped against a tree". This was backed up by the judge stating that he had seen a photograph showing Kelly's body in that position and the evidence of Louise Holmes, one of the first people to see Kelly. But Bartlett and Hunt state that when they arrived, Kelly was lying flat, some feet from the tree.

Neither of the paramedics offers any alternative explanation for how Kelly died, and both are clearly anxious to avoid accusations that they are spinning conspiracy theories. However, it is not necessary to accept that Kelly was murdered in order to raise serious questions over both how his death came about and the official response to it. Given the circumstances of Kelly's death,

the onus should always have been placed on fully refuting claims of wrongdoing. And this was never done.

Kelly was the leading weapons inspector who told BBC journalist Andrew Gilligan of his concerns over the misuse of intelligence material by the Labour government and Prime Minister Tony Blair to justify war against Iraq. He told Gilligan that Blair's Communications Director Alastair Campbell had personally "sexed-up" the September 2002 intelligence dossier—by inserting the claim that Iraq could deploy chemical and biological weapons within 45 minutes. He was famously outed by the government as part of a campaign to discredit the BBC report and divert attention away from the failure to find any evidence of Iraqi weapons of mass destruction—being forced to appear before two parliamentary committees in the days before he was found dead on July 18.

From the very start, there was an unseemly haste to pronounce Kelly's death as suicide and to limit the scope of an investigation. On July 19, Thames Valley police declared that Kelly had bled to death after he slit one wrist, even before a coroner's inquiry had been convened.

There were even then a series of questions that required answer and which have never been addressed.

\* Kelly was initially placed in a safe house before being allowed to return home, yet there were apparently no police guards or MI5-MI6 spies outside his house to observe the movements of someone accused of being a major security threat and possibly breaking the Official Secrets Act.

\* Kelly's behaviour on the morning of his death— July 17—was anomalous for someone contemplating suicide. His wife, Janice, said he had worked on a report for the Foreign Office and sent emails to friends. Not only did none of these emails give an indication of a man about to commit suicide, but in one he sent to *New York Times* reporter Judith Miller he spoke of "many dark actors playing games" with him and stated that he was waiting "until the end of the week" before judging how his appearance before the House of Commons Foreign Affairs Committee had gone.

\* He left no suicide note.

\* An inquest into Kelly's death was opened on July 19, but closed after a brief statement by Coroner Nicholas Gardiner. On August 14, the coroner's inquest was closed down after a superficial investigation that consisted almost exclusively of hearing evidence from an amended medical report by Home Office pathologist Dr. Nicholas Hunt claiming that death was the result of a slashed wrist combined with the ingestion of coproxamol.

\* Gardiner ceded any further investigative powers over to the Hutton inquiry, in response to an order from the Lord Chancellor, Lord Falconer (the government's legal advisor), citing Section 17a of the Coroner's Act of 1988 allowing a public inquiry chaired or conducted by a judge to "fulfil the function of an inquest."

\* On January 28, Hutton published his findings exonerating the government of all blame for Kelly's death and blaming the BBC. Though ostensibly set up to investigate Kelly's death, the inquiry did not do so. It discussed the events leading up to Kelly being found dead, but not how he died. While in their investigation police interviewed 500 people, took 300 witness statements and

seized more than 700 documents, fewer than 70 statements were passed on to Hutton who said he was satisfied that the "principal cause of death was bleeding from incised wounds to his left wrist" and that "no other person was involved."

\* On March 16 at the Old Assize Court in Oxford, Gardiner rejected any further need for investigating Kelly's death. He ruled that he was satisfied with Hutton's conclusion that Kelly took his own life and called those who questioned the verdict of suicide "conspiracy theorists".

The verdict of suicide and the procedures followed have both been the subject of intensive criticism from professionals hardly prone to sowing conspiracy theories.

Amongst those who have raised the possibility that Kelly did not commit suicide are public health consultant Andrew Rouse, specialist in anaesthesiology Searle Sennett, specialist in trauma David Halpin, specialist in radiology Stephen Frost, specialist in pathology Dr. Peter Fletcher and specialist in vascular surgery Martin Birnstingl.

They have argued in a series of letters to the *Guardian* that to bleed to death from a transected artery "goes against classical medical teaching, which is that a transected artery retracts, narrows, clots and stops bleeding within minutes."

On the question of coproxamol, they explain that its presence was only "a third of what is normally considered a fatal level."

Finally, "Professor Milroy then talks of 'ischaemic heart disease.' But Dr. Hunt is explicit that Dr. Kelly did not suffer a heart attack. Thus, one must assume that no changes attributable to myocardial ischaemia were actually found at autopsy."

On the failure to hold a proper coroners' inquiry, former coroner Dr. Michael Powers has stated, "I am concerned that the due process has not been followed. There evidently are contradictory views that were never put to the experts who gave evidence before Lord Hutton.

"In consequence the rigours that are normally undertaken at a coroner's inquest simply were not fulfilled."

Powers, now a QC and one of Britain's leading experts in coroner law, also told the *Observer*, "For an inquest to conclude that suicide is the cause of death, it has to be proved beyond reasonable doubt. In this case, there are a lot of gaps. The evidence of the paramedics, who are professionals, is significant. There appears to be no accurate measure of how much blood Kelly lost and a very real question, backed up by witnesses, that it was insufficient to lead to his death.

"The toxicological evidence is very poor. There are questions over where the pills came from and how many he took."

On the evidence he has studied, Powers believes any inquest would be forced to conclude an open verdict.

Coroner Professor Robert Forrest has also said, "An inquest would have been a more searching inquiry into how Dr. Kelly came to his death than the remit of Lord Hutton."



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