

# The Mysterious Death of David Kelly

Is Gilligan afraid of the truth?

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Global Research, August 17, 2006

17 August 2006

Region: [Europe](#)

Theme: [Police State & Civil Rights](#)

You would think a journalist whose BBC career was ruined by the death of Dr Kelly would be terrier-like in his determination to get at the truth. Not so Andrew Gilligan. Baker and the conspiracy theories are wrong' he states in his 24 July 'Evening Standard' article '*Those who say Kelly was murdered are so wrong*'. But as no one has put up any 'theories', how can they be 'wrong?'

He's 'pretty sure' that David did commit suicide. But one man's 'pretty sure' is not good enough. Suicide, according to the law, must be proved beyond reasonable doubt. And this is one high-profile 'suicide' that leaves room for a disturbing amount of doubt.

## A Motive for Murder

Gilligan maintains there was no real motive for anyone to murder Dr Kelly. MI5 and MI6, he says, don't 'pop off their citizens whenever they feel like it'. But maybe, when pushed, they do pop off the odd one or two. Given that the security services work on a highly compartmentalised, need-to-know basis, it is perfectly credible that cabals within MI5 or MI6 make 'rogue' decisions and then organise the dirty work. Kelly's death 'didn't do them much good' says Gilligan. Well actually, it did. The [Hutton Inquiry](#) provided a marvellous distraction from the fact that no weapons of mass destruction were ever found. After it was over and Kelly was out of the way, top spook John Scarlett could go on [weaving his lies about WMD](#) more or less unchallenged. Ten months after Kelly's death he was promoted to head of MI6.

Privy to highly sensitive information as Head of Microbiology at Porton Down from 1984 to 1992, and as Senior Advisor on Biological Weapons to UNSCOM from 1994-99, Dr Kelly was subject to a rigorous vetting procedure. We know he was [being vetted](#) in the months prior to his death, so it is likely that his every move was being watched. In a whispering campaign, a spokesman for the Prime Minister dubbed him a '[Walter Mitty](#)' figure and a 'fantasist', while Sir Kevin Tebbit of the MoD called him '[eccentric and unreliable](#)'. But in reality the most dangerous quality to figures in power was his fierce regard for the truth.

Two lies were pivotal to the invasion of Iraq: one was that the mobile laboratories found in Iraq were evidence of WMD, and the other was that WMD could be launched from Iraq at British bases in Cyprus within 45 minutes. Kelly demolished them both. It was he who had [leaked to the Observer that the mobile laboratories were not for WMD](#), and it was he who had [expressed deep unhappiness with the claim that WMD could be launched from Iraq in 45 minutes](#). Kelly was one of the most senior and highly-respected weapons inspectors. His return to Iraq on 26 July 2003, a date that was confirmed by the MoD the day before he

disappeared, would have risked his being able to demonstrate conclusively that there were no weapons of mass destruction in Iraq.

### **Strong Medical Evidence**

If he were genuinely interested in the true medical cause of Dr Kelly's death, Gilligan would have taken a close look at the objections raised to the official line.

Rather than interrogate the nine medical members of the Kelly Investigation Group (KIG), two of them vascular surgeons, he tries to counter the main arguments against suicide by selecting the dismissive [blusterings of Professor Chris Milroy](#), a forensic pathologist with no access to the post mortem report, yet who asserted with confidence that Dr Kelly had taken 'a substantial overdose'.

True, there was considerably more than a therapeutic dose of co-proxamol in Dr Kelly's blood, but according to Richard Allan, the forensic toxicologist reporting to the Hutton Inquiry, nowhere near enough to kill him. According to the actual blood tests, Dr Allan declared the amount of co-proxamol in Dr Kelly's blood was a quarter to a third of what is normally a fatal amount.

It has largely been assumed, that because 29 tablets of the painkiller co-proxamol were missing from the three blister packs in Dr Kelly's pockets, that he took all 29. Even if that were so, he could not have assimilated them all, because he regurgitated a large part of his stomach contents.

Attempting to gauge how much of a particular drug a person took before their death is not an exact science. One of Milroy's colleagues at the University of Sheffield, forensic toxicologist Professor Robert Forrest, has helpfully pointed out that drug concentrations in the blood increase markedly over time. Since Dr Allan did not analyse Dr Kelly's blood for around 30 hours, the concentration of co-proxamol components may have increased up to tenfold. So while at the time of testing, Dr Allan judged the amount of co-proxamol in the blood to be only a third of what is normally a fatal amount, this could mean that the actual amount ingested by Dr Kelly 30 hours earlier, was far less than a third of a fatal amount – possibly as little as *a thirtieth*.

As well as increasing over time, the concentration of a drug is site-dependent, higher in some locations and lower in others. The forensic toxicologist has no way of knowing from which part of the cadaver the blood was taken; thus whatever the measurement, it will be of questionable value. In addition, because of biochemical individuality, the amount of a drug causing death in one person may not cause death in another.

Prompted by the KIG doctors' comments on the toxicology, and concerned about miscarriages of justice arising from misleading assessments on the amount of drug ingested, Professor Forrest set up the 'International Toxicology Advisory Group'.

In an article to the BMJ entitled '[Forensic Science in the Dock](#)' the four authors assert:

*'Post-mortem measurements of drug concentration in blood have scant meaning.... The paucity of evidence-based science, coupled with the pretence that such science exists in regard to postmortem toxicology, leads to the abuse of process, almost certainly to miscarriages of justice, and possibly even to false perceptions of conspiracy and cover up.'*

In the case of Dr Kelly, it may also have led to the false perception that forensic science confirmed suicide, when in fact, it is completely unable to do so.

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