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Cardiff Crown Court withholds Falsified Medical Evidence against Maurice Kirk

My Complaint against Dr Tegwyn Williams and Professor Roger Wood

Further to my numerous complaints to South Wales NHS, Information Commissioner, Welsh Assembly Cardiff, Crown Court and yourself, following evidence disclosed of covert experimental research carried out at Caswell Clinic, using mind distorting experiments on prisoners detained under the 1983 Mental Health Act, it explains why I am, again, under threat for prison and Broadmoor by the Welsh Authorities.

A year I have waited disclosure, my 13th Oct 2010 request refused, for to HM Court Service's release of Crown Court transcripts and court logs, explaining why both Cardiff's Crown Prosecutor and Dr Williams, who both pleaded I be sectioned to a high security prison, are given immunity to criminal prosecution.

My, then, covert level 3 MAPPA surveillance and refused bail by ten judges, no less, on the strength of it, must have been orchestrated with your prior knowledge. For doctors to have been allowed to fabricate so much materiel, for so long, known to so many others in the medical profession, must make you equally culpable for the crime of false imprisonment and mental torture I and my family have suffered.

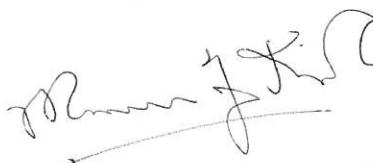
Cardiff Crown Court ignored my requests for disclosure or for any compensation from almost the day Crown Prosecution Service first sanctioned my arrest, for 'trading in WW1 machine guns'. The Chief Constables' very own solicitors fabricated the complaint, to instigate my 22nd June 2009 arrest, using a helicopter and armed police because civil action, she was defending, was going seriously pear shaped.

A Nicholas Cooke, another judge in this saga, promised me free transcripts, disclosure and access to witnesses, none of which ever occurred, of course, stems directly from Dr Williams' conduct after police failed to have me shot after the 8th June 09 MAPPA meeting where Caswell Clinic was well represented.

Williams filed a 3rd August 09 Psychiatric Report without even examining the patient, moi and later recommended Broadmoor, IPP due to my 'brain damage'. He knew full well FTAC, HM prison and Caswell Clinic psychiatrists had already deemed me of 'sound mind' and 'fit to stand trial' without legal representation . He went on to falsify evidence in four more court hearings when I was asking for bail.

I was subjected to intrusive techniques, using radio isotopes, contrary to my will, the practice of which was castigated by my privately obtained 1st December 09 medical report discarded by Cardiff Crown.

A lady, well versed in covert medical practices, Ms Janet Creswell, a major player in my escape from your Gulag , published the following on www.kirkflyingvet.com . There will be **Lawful Rebellion**, believe me.



For those who are captive, whether in an army or police barracks, a prison, a psychiatric institution, a hospital or nursing home, all can be subject to the use of electronic technologies, simply because they are captive 24 hours a day, 7 days a week.

The human body and brain are the targets. The human body does not have a faraday cage, nor does the brain have a firewall.

Because the individual is institutionalised they have no choice about what chemicals or nanotechnology particles are put in their food or drink. The minute particles enter the bloodstream and are designed to cross the blood brain barrier. Once in situ they act as precise receivers for the radio frequencies with which the captive can be bombarded day and night.

For those captives deemed “useless eaters” a sudden electronically induced heart attack or aneurism will come as no surprise to family and friends. Their suspicions will not be raised and they will not enquire into the sudden, unexpected death of their relative.

Those captives for whom the experiment will last a bit longer may experience a “sudden onset” or medically unexplained illness. The illness will be appropriate to their age, body type and family and individual medical history. Sudden onset illnesses can be physical or mental, but they do have to have a neurological i.e. electronic base because there will be no pathology. e.g. alzheimers, angina, chronic fatigue syndrome, eating disorders, fibromyalgia, headaches, irritable bowel syndrome, sleep disorders, unexplained pain and nausea and vomiting, or any type of mental health syndrome ranging from stress to depression to schizophrenia. Many types of modern illnesses or syndromes match the categories of mystery illness or sudden onset illness.

Any pre-existing condition or syndrome can be exacerbated. Conditions which debilitate are preferred, like one of those associated with chronic diarrhoea. However, there must also be an element of pain associated with the condition. Pain is a vital element in any program of control to force the individual to focus on the body and away from life, activities and other human beings. The times when they are relieved from it are equally important to make the individual grateful for any tiny reward. The alternating cycle of pain and freedom from it creates an obedience syndrome as it is when the individual is free from pain that they are easily open to the influence of suggestions.

For those captives where a psychiatric diagnosis is required to keep them chemically imprisoned for life and legally under overt police surveillance the process is facilitated by putting them into an institution for a few weeks under any pretext. During that time they will be isolated, at least at night, but preferably for twenty-four hours a day, and subjected to a very well defined and practiced regime of physical chemical and electronic information input.

Where time is of the essence the individual will be rendered unconscious by chemical or electronic means or both and injected in the areas of the body most appropriate to electronic targeting. To enable this it is required that there is physical access to a sleeping body.

The captive can be forced to experience any stage of consciousness at any time of the day or night from wide awake to unconscious. They may be sleep deprived for days or kept awake for days. This process too allows for ease of programming.

Electronic pulses can also create moods. An individual can be made to experience any mood from peaceful happiness to deep anger.

Another suite of programmes and frequencies create cravings and appetites whether for alcohol and nicotine, or any type of mood enhancing drug or food type. The suggestions seem like a subconscious thought and appear to be natural.

All captives should check their bodies externally for injection marks if they have been unconscious at any time. The injected substances to facilitate more accurate reception of radio signals can be injected anywhere in the body, to any depth, to suit the selected programme of electronic harassment.

Common external signs to look for are dry skin, discoloured skin, age marks, dandruff, rashes and blisters. In the mornings, after the individual has been lying in one position for many hours, captives should note deterioration of eyesight, loss of hearing and loss of sense of taste and smell. All these faculties may return to near-normal or normal functioning once the individual moves around and the areas affected are no longer being consistently, directly targeted. However, tinnitus or white noise may be continuously applied all day so that memory is lost and coherent thought rendered impossible.

Targeting areas of the head is used to affect functioning of the brain. Large quantities of the radio frequency receptive substance can be injected into the sinuses, through the back of the nose and through the soft palate of the roof of the mouth. The sinus at the centre of the top of the brain tends to be used more for tracking the individual. The sinus cavities retain the substance efficiently and the proximity of these areas to the central functions of the brain enables very precise and efficient targeting.

Injecting the sinuses in the forehead enables accurate targeting of the forebrain making it very difficult for the individual to concentrate or make decisions.

Injections at either side of the eyes once again lead to disruption of thought processes and in particular short term memory. The left frontal lobe is used more than the right. (You may notice damage to the skin of these areas on the faces of politicians or celebrities).

Injections to the side of the neck, near the vagus nerve are used for knock out effect as are those at the rear of the head under the cerebellum.

At the front of the head injections sites can be used for the more simple physical effects of watering eyes, running nose and sneezing. Coughing and choking require sites in the front of the neck.

Evidently long term damage is caused to the brain and other tissue proportionate to the number of years the targeted individual is subjected to electronic harassment. The very high temperatures that can be induced are particularly painful and damaging. When very low temperatures are induced, blood flow is slowed to a bare minimum resulting in the literal numbing of thought processes and the creation of very painful headaches.

The interiors of the ears are common injection sites so that when they are targeted the individual will hear white noise or ringing in the ears, tinnitus. Concentration or clear thought can be rendered nearly impossible.

Other areas of the body commonly targeted are the heart to slow down or speed up the rate of blood flow, breathing can also be slowed. The bladder is targeted to cause involuntary urination. Sudden diarrhoea can be caused by pulsing the rectum or further up the large bowel.

The use of the electromagnetic spectrum to influence the human body and brain has been steadily developed over the past sixty years. Many detailed histories of human experimentation are available on the internet from countries like America, China, Germany, Japan and Russia, but few projects have been revealed, whether biological, chemical or electronic from Britain or the Commonwealth countries.

Technologies of Control

RF – radio frequency technology, microwave technology, microwave hearing, silent sound, audio data input to brain, visual data input to brain, subliminal data input to brain, holographic technology, chips, implants, biomaterials, nanotechnology, vaccinations, receivers, transceivers, transmitters, sensors, frequency generators, mobile phones, computers, wireless technology, electrical wiring, alarm systems, aerials, antennae, lasers, masers, tasers, non-lethal weapons, directed energy weapons, biological weapons, chemical weapons, pharmaceuticals.

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