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Note: This is somewhat lengthy for sake of accuracy but can easily be abridged if required to be delivered orally in a 5-minute statement.

PERSONAL STATEMENT

I had a happy & healthy childhood, enduring the (then) almost universal infectious including “Whooping Cough”, which has turned out to be an unexpected major influence in my adult life.

In June 1972 I enlisted as an Officer Cadet in the Royal Air Force Medical Branch. I had never been of an athletic disposition but I was passed fit as **A2G1Z1** – the ‘normal standard of fitness’ beaten only by **A1G1Z1** which was, and still is, reserved for extremely fit candidates for Service who are suitable for deployment as ‘Special Services’, of which enough said. I was 5’11” tall, weight 180lbs, chest 38”, waist 36”, collar size 15.5”, cap size 7.25, hand size 7.5 & shoe size 8 – all in UK measurements & which I was to maintain without effort for 23 years....

In January 1991 I was ordered to attend a medical parade at RAF Brize Norton for the singular reason that this airbase had been designated as an ‘official’ Vaccinations & Immunisations centre to “accelerate” the immunological status of personnel expected to be deployed to the impending GWI theatre of conflict.

In the space of one morning I was ordered to submit to multiple vaccinations & immunisations, a mixture of active, passive, live & attenuated agents, including some classified as Secret. I knew for sound scientific reasons that this was totally wrong and I demanded to make representation to the Senior Medical Officer available on base. After communicating my angst to his superiors, he informed me curtly that Headquarters considered advice was that ‘it would be in my best interests to comply with the order, and would I kindly set an Officerly example to the Troops!’ I left him in no doubt at all that I considered the combination of Pertussis (Whooping Cough) and Anthrax was particularly risky to adults in general and to me in particular – I already had lifelong natural immunity to it.... I was further angered that only the Anthrax shot was recorded in my personal medical documents. Predictably, the Ministry of Defence claim that all my relevant documents from the time have become ‘mislaidd’.

In the event, I wasn’t deployed to the Gulf but found myself in Gambia instead throughout the duration of the conflict.

6 weeks after the multiple shots, I awoke to find that I had lost central vision in both of my eyes. I had been stricken with bilateral Posterior Uveitis, an extremely rare condition which required treatment with high doses of steroids to suppress, over a period of several weeks. As the condition settled, my specialist had the unenviable task of telling me that I appeared to have developed a Malignant

Melanoma in my only 'good-seeing' eye, treatment for which involved permanent loss of sight – I opted for cautious long-term monitoring. Thankfully, the tumour has not yet proven to be malignant. In late '91 & throughout '92 (as I discovered only 1 year ago!) comments were being made in my Annual Confidential Assessments that I was exhibiting signs of Paranoia. Strangely, this marked the beginning of my colleagues' studious indifference to the rapid decline in my health which didn't prevent me from being posted overseas into an area where adequate medical treatment facilities were just not available to me.

In early '93 I suffered a severe atypical pneumonia and in the convalescent phase developed an aggressive migratory polyarthritis which just would not respond to conventional treatment. Thereafter followed, in rapid sequence, altered bowel habit, painless frank haematuria (passing of blood in the water), multiple episodes of renal/ureteric colic, unresponsive (to treatment) iron-deficient anaemia (later diagnosed as the anaemia of chronic disease), combined hepato-renal failure (due to an impacted stone in my ureter) and **still the Ministry of Defence refused to allow me access to adequate treatment &/or to repatriate me.** It was as if I didn't exist.

In a matter of months, I was reduced from a 'scratch' 10-pin bowler to a shambling wreck..., By 1996 I had left uniformed service, and by force majeure had to relinquish my profession of surgery. At this stage I could no longer climb or descend stairs, nor dress/undress myself without assistance. I re-located to become a Family Doctor again but my health continued to decline. Clinically, I became Acromegalic & Myxoedematous. The myxoedema responded well to treatment (as did my joints temporarily) but the growth in my skeleton is permanent. I am now >250lbs with an 18' neck. My cap & glove size has increased, my shoe size is now 10.5, my chest 44' & my waist 42'. The last bone in the human body to complete ossification is the Clavicle and it should attain maximum size at the latest by age 25yrs. I was aged 43 when my skeletal growth started again and my Government continue to deny that this is so.

In March 2000 I was obliged to cease work permanently – I had severe secondary osteoarthritis. In July 2002 I suffered a combined sub-arachnoid & sub-dural haemorrhage with associated multiple injuries, in circumstances which are yet to be adequately explained.

Throughout all of this, I have felt that even my own colleagues have been in denial of what happened to me after the pre-GW1 'shot' parade.

It took me until February 2004 to convince the authorities that I have disabilities attributable to service. 13 years later and they still seek to deny responsibility!

As for me, all I have lost is my career & my health – no amount of money can ever compensate me for that. Currently, after much insistence on my part, I have been assessed recently by a specialist & I am now awaiting the start of a course of chemotherapy in the vain hope that this will arrest the course of an illness which my elected representatives deny exists even to this day...,

Dr Derek Ham