

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

MRS. DAVID ORLIKOW,)
71 St. Cross Street)
Winnipeg, Manitoba)
Canada R2W 3X9)
)
JEAN-CHARLES PAGE,)
B.P. 368)
20 Terrasse-Robillard)
St-Andre-Est)
P. Quebec, Canada JOV 1X0)
)
ROBERT K. LOGIE,)
26-950 Bidwell St.)
Vancouver, B.C.)
Canada V6G 2J9)
)
MRS. JEANINE HUARD)
11890 Zotique-Racicot)
Montreal, Canada H3L 3V7)
)
MRS. LILLIAN STADLER)
Westmount Manor)
4646 Sherbrook Shreet West)
Montreal, Canada)
)
Plaintiffs,)
)
v.)
)
UNITED STATES OF AMERICA,)
)
Defendant.)
_____)

COMPLAINT UNDER FEDERAL TORT CLAIMS ACT

Introduction

Commencing in the late 1940s, the Central Intelligence Agency and military intelligence agencies conducted wide ranging human experimentation designed to test methods of interrogation, behavior control, and brainwashing. These experiments tested dangerous substances and techniques, and often used persons who had not agreed to participate in behavior control research or who had not even been forewarned that they were being subjected to experimentation rather than therapeutic treatment. Thousands of individuals were subjects in these experiments, many suffered serious injuries, and some died. The largest CIA program, MKULTRA, was started in 1953, made payments to researchers who conducted experiments on

human subjects, including plaintiffs herein, and financed experiments ranging from LSD tests to brain concussion research.

The existence of the CIA-financed experimental programs has come to light gradually, and only in recent years. For reasons not disclosed, and in contravention of CIA regulations, CIA Director Richard Helms and Sidney Gottlieb, the supervisor of this research, ordered all MKULTRA documents destroyed in January 1973. The CIA's behavior control experiments were first mentioned in the June 1975 Report to the President by the Commission on CIA Activities within the United States, and a further description of some of the CIA sponsored experiments was published in the April 1976 Final Report of the Senate Select Committee to Study Governmental Operations with respect to Intelligence Activities, Book I. But the magnitude of the MKULTRA program was concealed until August of 1977, when CIA Director Stansfield Turner informed the Senate Committee that some MKULTRA financial records had been located, during a search of agency files conducted in response to a Freedom of Information Act request filed by author John Marks. It was the publication of his book in 1979 that first brought to general public attention some of the facts underlying this action.

One of the researchers paid by the CIA to conduct MKULTRA experiments was Dr. D. Ewen Cameron, Chairman of the Psychiatry Department and Director of the Allan Memorial Institute at McGill University in Montreal, Canada. Using a New York foundation it maintained as a conduit, beginning in 1957 or earlier the CIA paid Cameron to conduct behavior control and brainwashing experiments at McGill University on unsuspecting psychiatric patients, including plaintiffs herein. These experiments employed LSD and massive electroshock treatments to wipe out past behavior patterns, and established substitute patterns through the use of daily "psychic driving" sessions, in which specially designed tape messages were played continuously while subjects

were immobilized by curare and other drugs. Finally, Cameron used drugs to induce sleep for periods of over a week, in order to cause subjects to forget that their behavior had been synthetically programmed.

In the period from 1957 through 1963, plaintiffs sought psychiatric therapy and medical treatment from Cameron, and instead were used as unwitting subjects in brainwashing and behavior control experiments paid for by the CIA. As a consequence of their involuntary participation in these federally financed experiments, plaintiffs have suffered serious and permanent injuries and seek damages from the United States of America based on three separate causes of action:

(1) the CIA placed and left control over funding of behavior control experiments in the hands of employees known to have acted recklessly in earlier human experiments in which a nonconsenting subject died;

(2) those CIA employees negligently and recklessly failed to exercise due care to ensure that CIA-funded research would conform to established standards of care applicable to human experiments; and

(3) the United States, by knowingly supporting and funding the hazardous experiments in which plaintiffs were unwitting subjects, is liable for the consequent injuries they suffered.

The factual allegations of this Complaint are incorporated in each of its causes of action as if fully set forth therein.

A. Jurisdiction and Parties

1. This Court has jurisdiction and venue over this action under 28 U.S.C. §§ 1346(b), and 1402(b), and 2671 et seq.

2. Plaintiffs are residents and citizens of Canada, residing at the addresses listed in the caption, who were subjected to medical

procedures used by Dr. D. Ewen Cameron at McGill University and the Allan Memorial Institute as part of an intelligence research program supported and financed by the CIA, which operated under the conditions and caused the injuries hereafter set forth.

3. The defendant United States is sued on account of the tortious conduct of employees of the Central Intelligence Agency as set forth hereafter.

B. Central Intelligence Agency Interrogation,
Behavior Control, and Brainwashing Research

4. Commencing in the late 1940s, the Central Intelligence Agency and military intelligence agencies funded and conducted wide ranging human experimentation designed to test methods of interrogation, behavior control, and brainwashing. These experiments tested dangerous substances and techniques, and often used persons who had not agreed to participate in behavior control research or who had not even been forewarned that they were being subjected to experimentation rather than therapeutic treatment. Thousands of individuals were subjects in these experiments, many suffered serious injuries, and some died. The largest CIA program, MKULTRA, was started in 1953, made payments to researchers who conducted experiments on human subjects, including plaintiffs herein, and financed experiments ranging from LSD tests to brain concussion research.

5. Government interest in the possibilities of behavior control and brainwashing began in the late 1940s, and rapidly led to a proliferation of experimental projects testing various methods of altering human behavior. Both the military intelligence agencies and the CIA tested a wide variety of chemical agents on non-consenting subjects. These tests resulted in many serious injuries, including death on at least two occasions -- Dr. Frank Olson, a U.S. Army employee, and Harold Blauer, a tennis pro who was a patient at a

psychiatric hospital. The military intelligence agencies and the CIA also exchanged information and collaborated with British and Canadian intelligence agencies in this area.

6. CIA-paid researchers in the interrogation, behavior control, and brainwashing projects tested a variety of hallucinogenic agents (e.g., LSD, mescaline and its derivatives, psilocybin, and peyote), and various other drugs, ranging from truth serums and amphetamines to "knock out drops" and new poisons. Under these projects, researchers also experimented with hypnosis, polygraphs, electroshock treatments, psychosurgery, methods of administering brain concussions, methods of artificially inducing amnesia, harassment techniques, psychological assessment methods, chemical and biological warfare, and even methods of assassinating foreign leaders.

7. Research methods employed in these experiments included surreptitious testing of drugs that were known or suspected to be hazardous chemical agents and the use of other techniques that could foreseeably result in permanent physical and psychological injury. In these tests, individuals were often not informed that they were experimental subjects, nor informed of the nature of the experiments and their attendant hazards, and sometimes both researchers and experimental subjects were kept ignorant of these facts.

8. The CIA administered and coordinated a number of programs that were part of the research efforts to perfect methods of behavior control and brainwashing. (A list of the CIA programs identified to date, and a brief description of each is attached to this Complaint as Appendix A.) The first major CIA program, ARTICHOKE, had behavior control objectives, which were summarized in a secret July 16, 1953 memorandum (Documents quoted in this Complaint are attached as Appendix B, see pp. B-1 to B-3.):

a. to perfect techniques utilizing existing drugs, hypnosis, and other elements for the extraction of information from individuals whether willing or not.

b. to provide field teams for testing, experimenting and refining techniques . . . for the extraction of information from indigenous personnel under field conditions.

c. . . . to arrange for research and experimentation . . . for the development of means for the control of the activities and mental capacities of individuals whether willing or not.

Soon after this memorandum, ARTICHOKE was phased out and its objectives were transferred to MKULTRA.

9. MKULTRA used private foundations as fronts to finance research at some eighty-six universities and other institutions, included 149 behavior control and brainwashing research projects, and funded these projects in amounts ranging from \$5,000 to \$375,000. (A partial list of these MKULTRA subprojects, and a brief description of each, is attached to this Complaint as Appendix C.) Total funding for outside researchers by MKULTRA exceeded \$5 million, and total expenditures for all MKULTRA activities were approximately \$10 million. Three private organizations were used by the CIA to transfer money to MKULTRA researchers: the Josiah Macy, Jr. Foundation, the Geschickter Fund for Medical Research, and the Society for the Investigation of Human Ecology (later the Human Ecology Fund, Inc.). The last organization, a New York City based group, was started by Dr. Harold Wolff and Dr. Lawrence Hinkle of the Cornell University Medical Center at the CIA's request, and was initially located in an East 78th Street townhouse, later in Forest Hills, Queens, then at 201 East 57th Street, and finally at 1834 Connecticut Avenue, N.W., Washington, D.C. By 1957, the Society was run by Agency employees supervised by Lt. Col. James L. Monroe, a CIA doctor who worked under cover as the Executive Secretary of the Society for the Investigation of Human Ecology. Under his direction, CIA funds were distributed secretly in the form of Society grants supporting research in which the Agency was interested.

10. From 1957 to 1961, MKULTRA Subproject 68 financed the Cameron behavior control and brainwashing experiments, which are the basis of this suit, with money passed through the Society for the Investigation of Human Ecology. Cameron's application for financing was submitted to this front, transferred to the CIA, and approved in Washington, D.C. CIA employees in Washington, D.C., authorized funding of the experiments, checks were drawn against U.S. Treasury funds, these monies were transferred to the New York City front, and paid out to Cameron or his superiors. The few records that survived the destruction orders set forth hereafter indicate that the CIA supplied Cameron with at least \$60,000 during this period. From 1956 to 1964, this same front provided an additional \$35,000 to McGill University, the parent institution of the Allan Memorial Institute, primarily in grants to the Psychiatry Department headed by Cameron.

11. MKULTRA operated under the supervision of then CIA Assistant Deputy Director for Plans Richard Helms and Sidney Gottlieb, Chief of the Chemical Division of the CIA's Technical Services Staff. In January 1973, in contravention of CIA Clandestine Service Instruction 70-10, Helms instructed Gottlieb to destroy all MKULTRA records and all but some financial records were destroyed. As indicated by the pattern of funding to McGill University and in the documents that survived the destruction order, the CIA's interest in and support for Cameron's research preceded formal funding of his experiments and continued after that documented funding ended.

C. CIA-Financed Interrogation, Behavior Control, and Brainwashing Experiments Conducted by Dr. D. Ewen Cameron

12. In 1951, Dr. Donald O. Hebb, Chairman of the Psychology Department at McGill University, attended a meeting of American, Canadian, and British Government representatives, where interrogation techniques and certain "confessions" obtained in the Soviet Union

were discussed. Subsequently, Dr. Hebb received annual grants of \$10,000 from the Canadian Defense Research Board to conduct experiments in sensory deprivation -- the use of blindfolds, ear plugs and similar techniques to isolate an individual. These experiments continued until 1954, and during this period classified experimental results were made available by the Canadian Government to the American Government. At the conclusion of Dr. Hebb's research, his experimental reports and other documentation were transferred to an unidentified agency of the United States Government.

13. As indicated by an April 13, 1953 ARTICHOKE document (see Appendix B, pp. B-4 to B-6a), the CIA was aware of the experiments being conducted at McGill University, and was interested in encouraging or supporting that work:

Dr. [excision in document] at this point named three individuals whom he stated were, in his opinion, highly competent men in connection with "brainwashing" and POW work and in addition were probably thoroughly familiar with the ARTICHOKE work. He gave the names of Dr. [excision in document] whom he stated would be valuable and who is a Canadian residing and working in Montreal.

It was at this time that Dr. D. Ewen Cameron began developing his "psychic driving" techniques. On information and belief, Cameron was aware of CIA interest in his work, and actively solicited their financial support.

14. As a consequence of this CIA interest and support, on January 21, 1957, Dr. D. Ewen Cameron, Chairman of the Psychiatry Department at McGill University and Director of the Allan Memorial Institute, applied for a grant to the Society for the Investigation of Human Ecology in New York City, a front for CIA brainwashing research. The Cameron application described a four-step method he had developed for producing "behaviorial changes" (see Appendix B, pp. B-9 to B-10):

- i. The breaking down of ongoing patterns of the patient's behavior by means of particularly intensive electroshocks (depatterning).
- ii. The intensive repetition (16 hours a day for 6 or 7 days) of the prearranged verbal signal.
- iii. During this period of intensive repetition the patient is kept in partial sensory isolation.
- iv. Repression of the driving period is carried out by putting the patient, after the conclusion of the period, into continuous sleep for 7-10 days.

Thus, Cameron proposed a "procedure" designed, first, to depattern an individual through the use of massive electroshocks; second, to program in new behavior patterns through psychic driving tapes that were repeated for 16 hours a day in conjunction with blindfolds, headphones and other techniques used to ensure that a patient could perceive nothing but the driving messages; and finally, to make patients forget these procedures by putting them into a drug-induced sleep for a week or more so that no memory of these procedures would remain.

15. Cameron's chief assistant, Leonard Rubenstein, has admitted publicly that their research employed techniques used on American POWs during the Korean War: "We in Montreal started to use some of these techniques, brainwashing patients instead of using drugs" (New York Times, August 2, 1977, p. 16). In his application Cameron proposed to refine the procedure described in ¶ 14 and "improve the technique of heteropsychic driving (the repetition of predetermined verbal signals of our own devising)" (see Appendix B, p. B-10). As his application to the CIA front stated, Cameron's objectives were (see Appendix B, pp. B-10 to B-11):

- (a) Can we find chemical agents which will serve to break down the ongoing patterns of behavior: --
 - more rapidly
 - more transitorily
 - with less damage to the preceptive and cognitive capacities of the individual than the present physiological agents.

(b) Can we improve our methods of signal production, possibly by using a multiplicity of voices, with the purpose of capitalizing upon the force of group decision and suggestion.

(c) Can we develop better methods of inactivating the patient during the period of driving (exposure to repetition). . . . Among the chemical agents which we propose to explore with respect to their capacity to produce inactivation are the following (used either singly or in combination): --

Artane
Anectine
Bulbocapnine
Curare

We propose to use LSD 25 and other similar agents as a means of breaking down the ongoing patterns of behavior.

16. On February 26, 1957, Sidney Gottlieb, Chief of the CIA Technical Service Staff/Chemical Division, approved funding for the experiments described in Cameron's application "for a period of two years, starting 18 March 1957," as MKULTRA Subproject 68 (see Appendix B, pp. B-15, B-18). On March 27, 1959, Gottlieb or other CIA employees approved additional funding for the Cameron experiments (see Appendix B, p. B-19). On August 17, 1960, Gottlieb or other CIA employees approved further CIA funding for the Cameron project, noting that "long term support for this study will be provided by other organizations (one such organization is the U.S. [excision in document] where negotiation assisted by the [excision in document] has been underway for approximately 6 months)" (Appendix B, pp. B-20, B-22). All of these CIA funds were transferred to Cameron through the New York-based Society for the Investigation of Human Ecology.

17. Upon receipt of CIA funding, on or about 1957, Cameron implemented the procedures set forth in his application and conducted further experiments designed to improve the brainwashing techniques he was testing. The combination of experimental techniques described in Cameron's application was employed during the period CIA funding was received, at least until 1961 and probably thereafter. Although

these were experiments designed to develop methods of wiping out patterns of past behavior, programming in new behavior patterns through "psychic driving," and then inducing amnesia through prolonged sleep, at no time were the experimental subjects, including plaintiffs herein, informed: (1) that they were participating in experiments rather than therapy; (2) that such experiments were being financed by the CIA for nonmedical purposes; (3) that such experiments would be unlikely to yield therapeutic benefits, or (4) that such experiments involved the use of dangerous drugs and hazardous techniques that could result in permanent physical and psychological injury.

18. The experiments conducted by Cameron on plaintiffs and others and financially supported by the United States Central Intelligence Agency not only had no likely therapeutic value, but also violated the accepted standards of medical experimentation as formulated at the Nuremberg War Crime Trials and ratified in the Charter of the United Nations. In addition, these experiments violated the principles detailed in the International Code of Medical Ethics adopted by the World Medical Association in 1949, the Principles for Those in Research and Experimentation adopted by that same Association in 1954, the 1964 Helsinki Declaration of the World Medical Association, and the American Medical Association's Principles of Medical Ethics. (Relevant portions of these documents have been excerpted and are attached to this Complaint as Appendix D.)

19. In 1964, Cameron left McGill University. On information and belief, he was asked to leave due to growing doubts as to the medical integrity of his experiments. His successor as head of the Psychiatry Department immediately directed a psychiatrist and a psychologist to conduct a study evaluating the effect of the Page-Russell electroshock treatments, which were 75-100 times as powerful as conventional forms of such treatment, that Cameron had used to depattern his patients. As reported in the 1967 Canadian Psychiatric

Association Journal, A.E. Schwartzman and P.E. Termansen found that 60 percent of Cameron's depatterning subjects reported that they could not remember the period immediately preceding their participation in Cameron's experiments; these memory losses ranged in length from a six month period preceding the experiment to a period of 10 years before the experiments. The report concluded that the incidence of physical complications and the anxiety generated in the patient "argue against the administration of intensive electroconvulsive shock as a standard therapeutic procedure."

D. Plaintiffs' Unwitting and Injurious Participation in CIA-Financed Experiments Conducted by Dr. D. Ewen Cameron

20. Suffering from depressions after the birth of her daughter, plaintiff, Mrs. David Orlikow, sought psychiatric help from a Winnipeg psychiatrist, who treated her for several years. Because she felt that faster progress could be made in a hospital, Mrs. Orlikow sought referrals and was admitted to the Allan Memorial Institute as a paying patient on November 27, 1956. After two weeks she became a Cameron patient, and later an unwitting subject of CIA-funded brainwashing experiments. Under his supervision, Mrs. Orlikow was given LSD on fourteen separate occasions during 1956 and 1957, usually in combination with the drugs desoxyn or sodium amytal and left alone in her room while Cameron or his assistant Leonard Rubenstein played psychic driving tapes for periods of up to four hours. Initially these tapes were recordings of sessions where Cameron had questioned Mrs. Orlikow; later Cameron used driving tapes that contained questions and statements he had specially devised. During the psychic driving sessions, Cameron required Mrs. Orlikow to take notes on the contents of the tapes and write out her responses to the questions and statements in detail -- a common brainwashing method used both

by the Communist Chinese on American POWs in Korea and by Soviet secret police in Russia and Eastern Europe.

21. Mrs. Orlikow found LSD terrifying, but Cameron persuaded her to continue taking the drug until March of 1957, when she demanded that the LSD injections be halted. Mrs. Orlikow remained in the Allan Memorial Institute until April 1957, and Cameron continued the psychic driving sessions using other drugs. After she left the Allan Memorial Institute, Mrs. Orlikow continued under Cameron's supervision and visited his outpatient clinic for regular psychic driving sessions until the fall of 1957. From 1957 until December 1959, Mrs. Orlikow remained in Montreal seeing Cameron once a week and continuing the taped messages sessions for two to four hours daily. Mrs. Orlikow was admitted to Allan Memorial Institute as a Cameron patient for a second time on July 9, 1963, and again was subjected to the psychic driving procedures, now for periods of six hours daily. Because she found the psychic driving procedures disturbing and frightening, in December 1963 Mrs. Orlikow refused to participate in any further sessions.

22. At no time while she was a Cameron patient was Mrs. Orlikow told that she was participating in experiments rather than therapy, that such experiments were being financed by the CIA for nonmedical purposes, that such experiments would be unlikely to yield therapeutic benefits, or that such experiments involved the use of dangerous drugs and hazardous techniques that could result in permanent physical and psychological injury.

23. As a consequence of her participation in the CIA-financed experiments Mrs. Orlikow was denied needed therapy which she sought and for which she paid, has lost the ability to concentrate, can no longer read books, is unable to tolerate crowds, and suffers from impaired mental health.

24. Having suffered from alcoholism, depression, and violent incidents, plaintiff Jean-Charles Page sought psychiatric therapy and medical treatment from Cameron in 1959. Mr. Page was admitted to the Allan Memorial Institute as a paying Cameron patient on July 9, 1959, was diagnosed as a "chronic psychoneurotic" or "psychopathic personality," and became an unwitting subject of CIA-funded brainwashing experiments. Cameron gave Mr. Page a variety of drugs including sodium amytal, desoxyn, and nitrous oxide; and used more than thirty days of psychic driving. In addition, Cameron subjected Mr. Page to thirty-six days of prolonged sleep, induced by a variety of barbiturate drugs; three days of "semi-sleep," again induced by drugs; and four Page-Russell electroconvulsive therapy treatments, i.e., massive and repeated electroshocks designed to depattern Mr. Page and render him amenable to psychic driving. Mr. Page was discharged from the Allan Institute in November of 1959.

25. At no time while he was a Cameron patient was Mr. Page told that he was participating in experiments rather than therapy, that such experiments were being financed by the CIA for nonmedical purposes, that such experiments would be unlikely to yield therapeutic benefits, or that such experiments involved the use of dangerous drugs and hazardous techniques that could result in permanent physical and psychological injury.

26. As a consequence of his participation in the CIA-financed experiments, Mr. Page was denied needed therapy which he sought and for which he paid, has been repeatedly hospitalized, and has continued to suffer from impaired mental health.

27. In 1956, when he was 18 years old, plaintiff Robert K. Logie was referred to Cameron by his family physician, Dr. Earl Adams, for psychiatric therapy and medical treatment of pains and seizures accompanied by trembling spells, malaise, and generalized weakness. Mr. Logie was admitted to the Allan Memorial Institute on October 25,

1956 as a Cameron patient, and later became an unwitting subject of CIA-funded brainwashing experiments. During his first hospitalization under Cameron's supervision, Mr. Logie received both LSD and sodium amytal and was questioned while under the influence of these drugs. Mr. Logie was discharged from the Allan Memorial Institute on December 28, 1956 and later readmitted on December 4, 1958. During this second stay, Cameron conducted LSD and sodium amytal interviews, employed Page-Russell electroconvulsive shock treatments to depattern Mr. Logie, and administered barbiturates which induced sleep for a period of some twenty-three days. Mr. Logie was discharged from the Allan Memorial Institute on March 7, 1959.

28. At no time while he was a Cameron patient was Mr. Logie told that he was participating in experiments rather than therapy, that such experiments were being financed by the CIA for nonmedical purposes, that such experiments would be unlikely to yield therapeutic benefits, or that such experiments involved the use of dangerous drugs and hazardous techniques that could result in permanent physical and psychological injury.

29. As a consequence of his participation in the CIA-financed experiments conducted by Cameron, Mr. Logie was denied needed therapy which he sought and for which he paid, has been unable to hold a steady job, has been unable to sleep without drugs, has suffered from severe depressions and anxiety, has continuing dreams about the Cameron experiments, and has continued to suffer from impaired mental health.

30. Plaintiff, Mrs. Jeanine Huard, began visiting the Allen Memorial Institute as an out-patient in 1958 seeking psychiatric therapy to help her overcome recurring depressions. Mrs. Huard became a Cameron patient and remained under his care until 1962. During her time as a Cameron patient, Mrs. Huard became an unwitting subject of CIA-funded brainwashing experiments. Until 1961, Mrs. Huard was given Page-Russell electroconvulsive treatments daily or every second

day, in addition to a variety of drugs. In September 1961, Mrs. Huard was admitted to the Allen Memorial Institute as a Cameron patient and, until March 1962, Cameron had her listen to psychic driving tapes for seven hours each day.

31. At no time while she was a Cameron patient was Mrs. Huard told that she was participating in experiments rather than therapy, that such experiments were being financed by the CIA for nonmedical purposes, that such experiments would be unlikely to yield therapeutic benefits, or that such experiments involved the use of dangerous drugs and hazardous techniques that could result in permanent physical and psychological injury.

32. As a result of her participation in the CIA-financed experiments, Mrs. Huard was denied needed therapy which she sought and for which she paid, cannot sleep without drugs, is afflicted with migraine headaches, and suffers from impaired mental health.

33. Plaintiff, Mrs. Lillian Stadler, was admitted to the Allen Memorial Institute in 1954 suffering from depression and a variety of other psychiatric problems. Mrs. Stadler was a patient at the Institute on several occasions from 1954 until 1964, and was placed under the care of Dr. Cameron for medical treatment. During these visits, Mrs. Stadler was made an unwitting subject of CIA-funded brainwashing experiments. As part of these experiments, Mrs. Stadler received repeated Page-Russell electro-convulsive treatments, was subjected to tape recorded psychic driving sessions, and received a variety of drugs.

34. At no time while she was a Cameron patient was Mrs. Stadler told that she was participating in experiments rather than therapy, that such experiments were being financed by the CIA for nonmedical purposes, that such experiments would be unlikely to yield therapeutic benefits, or that such experiments involved the use of dangerous

drugs and hazardous techniques that could result in permanent physical and psychological injury.

35. As a result of her participation in the CIA-financed experiments, Mrs. Stadler was denied needed therapy which she sought and for which she paid, suffers from impaired mental health, and has had to be institutionalized.

36. The existence of the CIA-financed experimental programs has come to light gradually, and only in recent years. For reasons not disclosed, and in contravention of CIA regulations, then CIA Director Richard Helms and Sidney Gottlieb, the supervisor of this research, ordered all MKULTRA documents destroyed in January 1973. The CIA's behavior control experiments were first mentioned in the June 1975 Report to the President by the Commission on CIA Activities within the United States, and a further description of some of the CIA-sponsored experiments was published in the April 1976 Final Report of the Senate Select Committee to Study Governmental Operations with Respect to Intelligence Activities, Book I. The magnitude of the MKULTRA program was concealed until August of 1977, when CIA Director Stansfield Turner informed the Senate Committee that some MKULTRA financial records had been located, during a search of agency files conducted in response to a Freedom of Information Act request filed by author John Marks. It was the publication of his book in 1979 that first brought to general public attention some of the facts underlying this action. Plaintiffs first learned in 1978 and 1979 of the CIA's involvement in their "treatment" by Cameron.

37. On September 11, 1979, November 21, 1979, March 14, 1980, and November 25, 1980, plaintiffs presented detailed accounts of their participation in the Cameron experiments to CIA General Counsel Daniel Silver, and offered to provide further information to assist that Agency's consideration of plaintiffs' claims against defendant, United States of America. On June 23, 1980, these claims were denied

by the Central Intelligence Agency, in a letter stating that there is "no reason to believe that the Central Intelligence Agency was responsible for the course of treatment adopted by Dr. Cameron." Plaintiffs subsequently informed the CIA of their plan to file suit and the CIA confirmed its final denial of their claims in conversations with plaintiffs' counsel in December of 1980.

First Cause of Action -- Negligent Failure of Supervision
and Control Over CIA Employees

38. The CIA knowingly promoted and funded brainwashing experiments performed in the guise of medical treatment upon unsuspecting patients, including plaintiffs, in reckless disregard for the injuries such experiments inflicted. Richard Helms and other CIA officials acted negligently and recklessly by delegating funding authority over MKULTRA experiments to employees known to have acted recklessly in earlier human experiments in which a non-consenting subject died, and they negligently failed to exercise proper supervision and control over these employees. Thus, the CIA's highest officials negligently delegated funding authority to employees who were known to be unfit to exercise it, and negligently failed to exercise proper supervision and control over the activities of these employees, thereby encouraging the conduct of further dangerous and improper human experiments, and thus contributing to the consequent injury to plaintiffs.

39. Dr. Sidney Gottlieb was Chief of the Chemical Division of the CIA's Technical Services Staff in 1953 when MKULTRA was begun, and was responsible for funding decisions in that program. Gottlieb continued to exercise this funding authority until 1959 when he became Assistant for Scientific Matters to the Clandestine Services, advising CIA agents on operational uses of interrogation, behavior control and brainwashing methods developed under MKULTRA and other

CIA programs. In this position, Gottlieb also served as liaison with the Technical Services Staff and continued to advise the CIA on which experiments to fund. In 1962, Gottlieb became Deputy Director of the Technical Services Staff and continued to make funding decisions for MKULTRA. Dr. Robert Lashbrook also supervised MKULTRA funding as Gottlieb's assistant from 1953 until the 1970s.

40. In November of 1953, Sidney Gottlieb, Robert Lashbrook, and another member of the Technical Services Staff were directly involved in an LSD test that preceded the death of Dr. Frank Olson, an Army chemical and biological warfare expert, who had no forewarning that he was to be made an experimental subject. After receiving LSD surreptitiously administered in a glass of Cointreau, Dr. Olson suffered severe depression, was taken to New York City for medical consultations, and fell to his death from the tenth story of the Statler Hotel.

41. On January 4, 1954, the CIA General Counsel informed the CIA Inspector General of "culpable negligence" by Gottlieb and his staff. That January 4 letter expressed concern about: "what seems to be a very casual attitude on the part of TSS [CIA Technical Services Staff] representatives to the way this experiment was conducted and the remarks that this is just one of the risks running with scientific experimentation . . . when human health or life is at stake . . . prudent, reasonable measures which can be taken to minimize the risk must be taken and failure to do so was culpable negligence. The actions of the various individuals . . . revealed the failure to observe normal and reasonable precautions." (Appendix B, pp. B-23 to B-24).

42. On February 10, 1954, CIA Director Allen Dulles sent a memorandum to Gottlieb criticizing him for "poor judgment" in recommending the "unwitting application of the drug" without "sufficient emphasis for medical collaboration and for the proper consideration

of the rights of the individual to whom it was being administered." (See Appendix B, p. B-25.) However, Dulles' Deputy instructed Richard Helms, then Assistant Deputy Director for Plans, to inform Gottlieb, Lashbrook and other TSS employees who received similar memoranda that: "These are not reprimands and no personnel file notations are being made" (see Appendix B, pp. B-26 to B-28), and despite the death of Dr. Olson and their involvement with it, Gottlieb' and Lashbrook were kept in responsible positions with operational control over project MKULTRA, and were permitted to sponsor and encourage dangerous experiments conducted upon unwitting subjects, including plaintiffs herein.

43. In 1957, further evidence of Gottlieb's unfitness for control of funding of human experimentation was similarly disregarded by Richard Helms and other high CIA officials, after the CIA Inspector General conducted a "survey" of the Technical Services Division (successor to the Technical Services Staff). In the report of that survey, the Inspector General noted that "some of the activities of the Chemical Division are not only unorthodox but unethical and sometimes illegal" (quoted in Final Report of the Senate Select Committee to Study Governmental Operations with respect to Intelligence Activities, Book I, p. 410). Despite this knowledge, Allen Dulles, Richard Helms, and other CIA officials failed to supervise and control the continuing involvement of Sidney Gottlieb, Robert Lashbrook, and other CIA employees in activities which were unethical and illegal.

44. Allen Dulles, Richard Helms, and other CIA officials kept Sidney Gottlieb, Robert Lashbrook, and other CIA employees in positions of control over MKULTRA after the death of Dr. Olson due to "culpable negligence" and after they knew that MKULTRA projects were "unethical and sometimes illegal." Allen Dulles, Richard Helms, and other CIA officials thus acted negligently and recklessly thereby allowing the CIA to continue to finance illegal and unethical human

experimentation, including experiments in which plaintiffs were unwitting subjects.

45. As the result of the foregoing recklessness and misconduct, Gottlieb was enabled to continue to authorize funding of hazardous experiments that violated established standards of due care, with consequent injury to plaintiffs, for which the United States is liable.

Second Cause of Action -- Negligent and Reckless Funding of
Hazardous Experiments

46. By funding Cameron's experiments upon plaintiffs, Sidney Gottlieb, Robert Lashbrook, James Monroe, and other employees of the United States negligently and recklessly failed to exercise due care to ensure that such experiments would conform to established standards of care in experiments involving human subjects.

47. Although the Cameron application notes that the patients who will serve as subjects are those "suffering from extremely long-term and intractable psychoneurotic conditions," his application does not describe, discuss, or detail the method of selecting experimental subjects, the information to be supplied such subjects, or the measures to be employed to safeguard such subjects. The medical procedures described in the Cameron application were patently unsuitable as treatment for mental illness. By funding Cameron's experiments, as described in his application, Sidney Gottlieb, Robert Lashbrook, James Monroe, and other employees of defendant United States of America, acting within the scope of their employment, negligently and recklessly failed to exercise due care to ensure that CIA-funded experiments would conform to established standards of care for experiments involving human subjects.

48. The Cameron application clearly indicated that the proposed research was designed to test methods of interrogation, behavior

control, and brainwashing, using chemical substances and other techniques known to be hazardous and accompanied by substantial risk of injury to the experimental subjects. Although Sidney Gottlieb and other CIA employees were aware of the substantial risk of injury attendant to the proposed course of research through their prior experiences with these chemical substances and other techniques, they nonetheless approved funding for Cameron under MKULTRA Subproject 68. By approving this project, Sidney Gottlieb and other employees of defendant United States of America, acting within the scope of their employment, negligently and recklessly exposed plaintiffs and others to substances and techniques known to be hazardous to them and accompanied by a substantial risk of injury without determining that established standards of care for experiments involving human subjects would be followed.

49. By negligently funding hazardous medical experimentation without ensuring that standards of due care would be observed therein, the United States caused injury to plaintiffs for which it is liable.

Third Cause of Action -- Liability for CIA Funding of
Medical Malpractice

50. By knowingly supporting and funding a program of medical experimentation that violated established standards of due care in experiments involving human subjects the United States is liable for the resulting injuries suffered by plaintiffs.

51. The experiments conducted by Cameron on plaintiffs and others, and supported and funded by the CIA, were tortious in several respects. There was negligent failure to inform experimental subjects, including plaintiffs herein, that they were participating in experiments rather than therapy, that such experiments were being financed by the CIA for nonmedical purposes, that such experiments

would be unlikely to yield therapeutic benefits, or that such experiments involved the use of dangerous drugs and hazardous techniques that could result in permanent physical and psychological injury. As a consequence, plaintiffs were denied appropriate medical treatment, and suffered severe and lasting injuries as previously set forth.

52. By knowingly supporting Cameron's behavior control and brainwashing experiments under the conditions hereinbefore set forth, and paying Cameron at least \$60,000 to conduct such experiments, the United States was a party to the wrongful procedures to which plaintiffs were subjected, and is liable for the resulting injuries.

Relief

Wherefore, plaintiffs pray for a judgment awarding them each one million dollars in damages, the costs of this action, and such other relief as the Court may deem appropriate.

Joseph L. Rauh, Jr.
John Silard
James C. Turner
Rauh, Silard and Lichtman
1001 Connecticut Avenue, N.W.
Washington, D.C. 20036
(202) 331-1795

Attorneys for Plaintiffs

Appendix A - Description of CIA Interrogation, Behavior Control, and Brainwashing Projects

CHATTER: established by the Navy in fall 1947, apparently terminated in 1953; purpose - to isolate drugs and methods that would assist in interrogations; the CIA participated under project ARTICHOKE; included testing of Seconal-Dexedrine-marijuana combination on CIA-supplied subjects in Germany.

BLUEBIRD: established by the CIA in April 1950, later became ARTICHOKE; purpose - to perfect interrogation techniques through the use of drugs, hypnosis, and polygraphs, and to induce amnesia; included field tests and operational interrogations in Japan.

ARTICHOKE: established by the CIA in August 1951, apparently terminated in 1956; Army, Navy, and Air Force liaisons; purpose - to refine interrogation techniques; participated in CHATTER; searched for new hallucinogens; explored sensory deprivation; techniques tested in the United States and abroad.

MKDELTA: established by the CIA in October 1952, date of termination not known; purpose - to coordinate the use of drugs and other materials tested in MKULTRA in clandestine operations abroad.

MKNAOMI: established by the CIA in 1952, apparently terminated in 1970; stockpiled severely incapacitating and lethal materials including anthrax, botulism, and shellfish toxins, and developed methods of administering these substances.

MKULTRA: established by the CIA in April 1953, continued until at least 1967; purpose - to fund research on various means of controlling human behavior including drugs, biological agents, botanical substances, hypnotism, electroshock, brain concussions, tele-control, and brainwashing techniques.

OKHILLTOP: established by the CIA in 1954, later absorbed into MKULTRA; purpose - to study Chinese Communist brainwashing techniques and to develop interrogation methods.

MKSEARCH: established by the CIA in June, 1964, as a continuation of selected MKULTRA projects, apparently terminated in 1973; purpose - to develop a capability to manipulate human behavior in a predictable manner through the use of drugs; included \$30,000 annually to test drugs on unwitting subjects in New York City and San Francisco "safehouses" maintained by the CIA; \$150,000 annually to produce biological weapons at a private Baltimore laboratory; funding for chemical and drug testing conducted by Dr. James Hamilton at the California Medical Facility at Vacaville on prison inmates, \$20,000 annually for LSD and other drug testing conducted by Dr. Carl Pfeiffer on prisoners at the Atlanta Federal Penitentiary, and \$650,000 to finance Dr. Charles Geschickter's testing of knockout drugs, stress producing chemicals, and mind altering substances on mental defectives and terminal cancer patients at the Georgetown University Hospital.

CHICKWIT: established by the CIA in approximately 1967, continued until at least 1973; purpose - to identify new drugs in Europe and Asia and obtain information and supplies; included U.S. Army participation.

OFTEN: established by the CIA in 1968, apparently terminated in June 1973; cooperative testing with Army on human subjects at Edgewood Arsenal; purpose - to study the effects of various drugs on animals and humans; included tests to determine if chemical code-named EA-3167 could be administered clandestinely using adhesive substances and testing with military volunteers and inmates at the Holmesburg State Prison in Philadelphia.

Appendix B -- CIA Documents

1. July 16, 1953 Memorandum
re: ARTICHOKE: Restatement of Program B-1
2. April 13, 1953 Memorandum
Re: ARTICHOKE Conference, 19
March 1953 B-4
3. January 21, 1957 Cameron Application B-7
4. February 26, 1957 Memorandum for the Record
re: MKULTRA Subproject 68 B-15
5. February 26, 1957 Memorandum for the Comptroller
re: MKULTRA Subproject 68 B-18
6. March 27, 1959 Memorandum for the Comptroller
re: MKULTRA Subproject 68, Authorization No. 2 B-19
7. August 17, 1960 Memorandum for the Record
re: Supplement - MKULTRA, Subproject 68 B-20
8. August 17, 1960 Memorandum for the Comptroller
re: MKULTRA, Subproject 68, Additional
Authorization No. 3 B-22
9. January 4, 1954 Memorandum for the Inspector
General
re: Frank R. Olson B-23
10. February 10, 1954 Letter from Allen Dulles to
Sidney Gottlieb B-25
11. February 10, 1954 Transmittal Slip accompanying
letters from Allen Dulles to Sidney Gottlieb and
other CIA employees B-26
12. February 10, 1954 Letter from Allen Dulles to Chief,
Technical Services Staff B-27
13. February 10, 1954 Letter from Allen Dulles to Chief,
Technical Operations, Technical Services Staff B-28

Office Memorandum

UNITED STATES GOVERNMENT

244

TO : ARTICHOKE Representatives

DATE: 16 July 1953

FROM : Director of Security

SUBJECT: ARTICHOKE; Restatement of Program

1. Reference is made to attached SO memorandum dated 21 November 1952 addressed to the Assistant Director, OSI; Chief, Medical Staff; and Chief, OTS, the subject, "Project ARTICHOKE."

2. Reference is also made to the informal conference held Thursday, 9 July 1953 with ~~_____~~ and the writer present.

3. At the above-mentioned conference held 9 July 1953, ~~_____~~ stated he felt in view of the expanding work being carried out in all fields in the ARTICHOKE program and with the constantly enlarging numbers of contacts and consultants and the imminent possibility of experimental work being undertaken both in the United States and overseas, it would be well to redefine the specific interests and activities of all those working with the Project ARTICHOKE and bring up to date and set out for examination the present and future plans of each group engaged in this work. ~~_____~~ said he felt that in order to prevent duplication of effort and to increase and stimulate interest and activity on behalf of ARTICHOKE, and particularly to bend every effort to find new methods, new techniques, new chemicals, etc. which would work to the benefit of this Agency, all parties interested should re-examine their work and understand clearly how each group would work with and support the activities of the others involved in the ARTICHOKE program.

4. The basic memorandum referred to in Paragraph 1 above very clearly sets forth in general terms the responsibilities of the Medical Staff, of OTS, OSI and of SO in connection with the ARTICHOKE program. This memorandum also affirms and assigns in general terms the various responsibilities of the participating groups and affirms that these responsibilities had been concurred in previously in a staff study dated 29 August 1952.

Credent

53-183

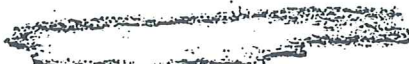
5. ~~XXXXXXXXXX~~ further stated in the above-mentioned conference that there were many places where responsibilities would lie jointly between various participating groups and there would be a great deal of overlapping since it appeared obvious the field was tremendous and the effort now covered so many diverse activities.

6. It is felt that a restatement of the aims of ARTICHOKE is essential at this time. Briefly, these basic aims may be stated as follows:

- a. To perfect techniques utilizing existing drugs, hypnosis, and other elements for the extraction of information from individuals whether willing or not.
- b. To provide field teams for testing, experimenting and refining techniques utilizing currently known and recommended new materials for the extraction of information from indigenous personnel under field conditions.
- c. In coordination with TSS and the Medical Staff arrange for research and experimentation within the facilities of those two components for the development of means for the control of the activities and mental capacities of individuals whether willing or not.
- d. Conduct liaison and initial research in fields and areas not within the immediate capabilities of TSS and the Medical Staff for the development of ideas and possible means of exerting control over the activities and mental capacities of individuals.
- e. Control the operational use of ARTICHOKE techniques and serve as the support element to the operational components in the use of such techniques.
- f. Explore means through indoctrination and training of preventing the enemy from gaining control over the activities and mental capacities of Agency personnel.
- g. Serve as the coordinating element among all components for the Agency on those matters concerning the operational use of ARTICHOKE techniques.
- h. Arrange for the exchange of information concerning ARTICHOKE techniques and research and development among those elements primarily concerned as OSI, TSS, Medical Division, DDP and Security Office.

1. Conduct authorized liaison with other components of government in the ARTICHOKE field and arrange for liaison responsibility through the Agency component having the most pertinent interest in new projects or activities in other departments having bearing on the overall ARTICHOKE project.

7. It should be recognized that there are many facets of possible ARTICHOKE interest which have never been adequately explored from the standpoint operational ARTICHOKE use. TSS and the Medical Division will be expected, from the framework of their capabilities, to conduct the basic research as to whether or not such elements have any possible application to operational use for ARTICHOKE purposes. The introduction of new ideas and new techniques are the responsibility of all components concerned and should be presented by each component with as much background material as is possible. In this capacity the Security Office will maintain contact and liaison with scientific and technical specialists in these fields for the basic development of ideas and the suggestions of new means for possible use in ARTICHOKE. Such action will be conducted in full coordination with the other interested components to insure that there is no duplication of effort.


Colonel, GSC

Chief, Security Research Staff

13 April 1953

Chief, Technical Branch

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ARTICHOKE Conference, 19 March 1953.

1. On Thursday, 19 March 1953 between 2:00 and 4:00 PM, a general conference was held on the ARTICHOKE program in the SO Conference Room with the following individuals present:

~~_____~~ and ~~_____~~ representing SO; ~~_____~~ and ~~_____~~ representing OSI; ~~_____~~ and Dr. Sidney Gottlieb representing OTS; and ~~_____~~ present as a representative of the Director's Office and an observer.

Insert
over
CCD



3. ~~_____~~ then discussed the proposed trip of ~~_____~~ to Los Angeles and San Francisco in connection with the recruitment of personnel for ARTICHOKE field teams.

4. ~~_____~~ stated that ~~_____~~ who is to be the ARTICHOKE representative ~~_____~~, is being presently trained in advanced Russian.

5. ~~_____~~ then discussed the question involving Soviet PC's and a general discussion followed thereafter in connection with the available information on "brain washing" by the Chinese and Soviets.

6. ~~_____~~ stated that he had arranged a number of contacts with individuals who are specializing and maintaining a constant study of interrogation techniques and hoped that these contacts would turn up information of benefit to the ARTICHOKE Project.

~~_____~~
~~_____~~

de-fil.

2-1-10-25
53-85

7. At this point, [redacted] referred to the documents that [redacted] had last year on interrogation and especially the report of [redacted], an American [redacted] in China, who was interrogated by the Chinese some eighteen months ago.

8. [redacted] again stated that he felt it would be proper and important if members of the committee briefed Mr. Dallas and certain of his top assistants on the ARTICHOKE work, plans and future ideas. [redacted] proposed that a date be set (this was not done) and he further stated that the subject was being discussed at the present time.

9. [redacted] spoke of the excellent work accomplished by [redacted] and commented it was a rare thing indeed for his group to receive actual materials in great quantities on which to work.

10. [redacted] then explained the relationship of [redacted] to the program and [redacted] commented on "brain washing" and the study of "brain washing" techniques being considered by the Department of Defense. A discussion followed in which [redacted] and [redacted] pointed out that [redacted] of the National Academy of Science was setting up a committee to study "brain washing" and psychological warfare tactics used by the North Koreans and the Soviets in relation to the PCI problem. The discussion developed that [redacted] is handling the Agency's interests at this time and [redacted] apparently is collecting Agency documents for this study. [redacted] stated that this committee headed by [redacted] is Top Secret and is to receive all available information from this Agency as well as all interested defense organizations.

11. [redacted] suggested that one of the problems would be whether or not a public offensive could be started to combat the fears and questions arising from public discussions of "brain washing" in regard to PCI's held in North Korea. [redacted] stated that [redacted] had seen some of the material on "brain washing" and suggested to [redacted] that "brain washing" be used offensively by this Agency. At this point, there was some discussion whether "brain washing" as such was or was not an ARTICHOKE province and it was agreed that "brain washing" was not purely an ARTICHOKE subject but was closely related. In this connection, [redacted] stated he felt that any information in this connection should be funneled into the ARTICHOKE committee before any Agency activity along these lines be started. A discussion followed and [redacted] stated it would be a valuable idea to brief [redacted] in connection with the ARTICHOKE work. [redacted] pointed out this "brain washing" was public knowledge since General Mark Clark had publicly commented on same and it had appeared in various newspapers and magazines over the United States and that [redacted] had been briefed in regard to ARTICHOKE. [redacted] stated that the matter is before the National Security Council for discussion. [redacted] suggested that [redacted] paper in this connection be sent to [redacted]

53-86

would not be possible to run the [redacted] Academy of Science "brain washing" program.

13. Thereafter there was a discussion between [redacted] and [redacted] and others in which the question of [redacted] and his possible use to the ARNICHUKI program was discussed.

14. At this point, [redacted] discussed the chemical "Serurin" and gave a detailed report of TSS efforts along these lines. [redacted] also discussed the material from [redacted] obtained by [redacted] and stated it was now being tested and would be fully exploited. [redacted] played a tape recording of the tests on "Serurin" which lasted from 3:20 PM to 4:00 PM and which proved to be a very effective method of presenting in question and answer form the various properties and uses of this new chemical. Upon conclusion of the tape recording, [redacted] answered many questions in connection with the chemical "Serurin".

15. [redacted] at this point named three individuals whom he stated were, in his opinion, highly competent men in connection with "brain washing" and POW work and in addition were probably thoroughly familiar with the ARNICHUKI work. He gave the names of [redacted], [redacted] and [redacted] whom he stated would be valuable and who is a [redacted] residing and working in [redacted].

16. The date for the next meeting was set for Thursday, 16 April at 2:00 PM in the 50 Conference Room and all present were asked to contribute any information they had in connection with the ARNICHUKI work at the next meeting.

would not be an "asbestos" problem.
Academy of Science "Brain Washing" problem.

A24

13. Thereafter there was a discussion between Dr. [redacted] and Dr. [redacted] and others in which the question of Dr. [redacted] and his possible use to the ARTHUR program was discussed.

14. At this point, Dr. [redacted] discussed the chemical "Serum" and gave a detailed report of TSS efforts along these lines. Dr. [redacted] also discussed the material from [redacted] obtained by Dr. [redacted] and stated it was now being tested and would be fully exploited. Dr. [redacted] played a tape recording of the tests on "Serum" which lasted from 3:20 PM to 4:00 PM and which proved to be a very effective method of presenting in question and answer form the various properties and uses of this new chemical. Upon conclusion of the tape recording, Dr. [redacted] answered many questions in connection with the chemical "Serum".

Draft

15. Dr. [redacted] at this point named three individuals whom he stated were, in his opinion, highly competent men in connection with "Brain Washing" and POW work and in addition were probably thoroughly familiar with the ARTHUR work. He gave the names of Dr. [redacted] who he stated would be valuable and who is a Canadian residing and working in Montreal.

Brain Washing

16. The date for the next meeting was set for Thursday, 16 April at 2:00 PM in the 50 Conference Room and all present were asked to contribute any information they had in connection with the ARTHUR work at the next meeting.

68-37

Department of Psychiatry

January 21, 1957

APPLICATION FOR GRANT
TO STUDY THE EFFECTS UPON HUMAN BEHAVIOR
OF THE REPETITION OF VERBAL SIGNALS

1. General Purposes

We are requesting a grant to support studies upon the effects upon human behavior of the repetition of verbal signals. Our present interest is directed towards both (a) the production of changes in behavior, and (b) changes in physiological function, the major emphasis to be upon the latter because of the greater ease of measurement.

2. Background

The effects upon human behavior of the repetition of verbal signals have been under study at the [redacted] since June 1955). B/F

A. The early investigations were based upon the observation that repeated playback of particularly significant statements made by the patient during psychotherapy elicited a number of phenomena:

(a) Increased productivity by the patient of material of dynamic significance.

(b) The material was related to the statement repeated (or driven).

(c) Increased identification of significant components in the repeated material.

(d) This increased identification, or recognition, of significant components was particularly marked in the patient. It was also evoked in the therapist.

These observations were reported in an article entitled Psychic Driving, published in the American Journal of Psychiatry. The significance of the findings in connection with psychotherapy was also reported.

Working hypotheses concerning these effects of repetition were set up, among them being:

- (a) hypothesis of the work of listening;
- (b) hypothesis of the work of talking;
- (c) hypothesis concerning the shielding of the meaning of the verbal signals, particularly from the talker but also from the listener.

B. Further studies brought to light the existence of the dynamic implant, this being the designation given to the fact that exposure to repetition of verbal signals leaves the patient sensitized to the community of action tendencies from which the driving statement was taken. This also has been reported in an article entitled Psychic Driving: Dynamic Implant, now awaiting publication in the Psychiatric Quarterly. The following observations were made concerning the dynamic implant:

i. By continued replaying of a cue communication, a persistent tendency to act in a way which can be predetermined with respect to its general characteristics can be established. In other words, by driving a cue communication one can, without exception, set up in the patient a persisting tendency for that cue statement, and other components of the community of action tendencies from which it was drawn, to return to his awareness.

ii. The dynamic implant thus established, and especially if reinforced by repeated driving, tends to activate more and more of the components of the relevant community of action tendencies. These components tend to appear in the patient's awareness.

iii. This materially contributes to problem identification by the patient and the therapist and, hence, facilitates the processes of therapeutic reorganization.

iv. The dynamic qualities of the implant are a function of: (a) the amount and repetition of driving; (b) the intensity of the response; (c) the defenses; (d) stress tolerance; (e) capacity for desensitization.

v. The major continuing effects of the dynamic implant are: (a) progressive problem identification; (b) resulting reorganization of behavioral patterns; (c) negative evaluation of neurotic patterns present in the cue communication used in driving.

C. Continued study of the effects of repetition on the patient of his own verbal signals opened up an additional line of inquiry. This was based upon the finding that a given verbal signal conveys considerably more than its verbal content. Special apparatus was built to explore this new field of ultra-conceptual communication. The following findings were reported at the 1956 meeting of the American Psychopathological Association:

i. That signals are made which are not conceived as such by the signaler, at least at the time he makes them.

ii. That signals are received which are not conceived as such by the listener, at least at the time that he first listens.

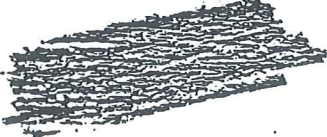
iii. That a range of signals may be made which will only at times be conceived by the signaler and the listener as such.

iv. The ability of both the signaler and the listener to recognize signals may be increased and also decreased.

v. It is probable that there is a range of signals which cannot be understood by either, but which may, nonetheless, evoke an appropriate response in the listener.

D. Our studies now turned to attempts to establish lasting changes in the patient's behavior, using verbal signals of a predetermined nature and of our own devising. After considerable experimentation, we have developed a procedure which in the most successful case has produced behavioral changes lasting up to two months. The procedure requires:

i. The breaking down of ongoing patterns of the patient's behavior by means of particularly intensive electroshocks (depatterning).



ii. The intensive repetition (16 hours a day for 6 or 7 days) of the prearranged verbal signal. 7-

iii. During this period of intensive repetition the patient is kept in partial sensory isolation.

iv. Repression of the driving period is carried out by putting the patient, after the conclusion of the period, into continuous sleep for 7-10 days. 1-

E. Finally, in association with Dr. [REDACTED] c/r

[REDACTED] we have sought to bring about physiological change by the repetition of appropriate verbal signals. We have used the same technique as is outlined above for the production of behavioral change. We have been successful in achieving change in physiological function with respect to:

- (a) the balance of flexor and extensor muscles in the arm;
- (b) the relationship of the blood pressure levels in the right and left arms.

3. Specific Proposals

We now propose to carry on further studies upon the effects of predetermined signals upon: (a) physiological functions; (b) patterns of behavior. To further this, we have two major, immediate objectives:

- 1. To improve the technique of heteropsychic driving (the repetition of predetermined verbal signals of our own devising).
- ii. To investigate the range of physiological functions which can be changed by these procedures.

First Objective: Among the studies which we propose to carry out in pursuit of our first objective are:-

- (a) Can we find chemical agents which will serve to break down the ongoing patterns of behavior:
 - more rapidly
 - more transitorily
 - with less damage to the perceptive and cognitive capacities of the individual than the present physiological agents.



(b) Can we improve our methods of signal production, possibly by using a multiplicity of voices, with the purpose of capitalizing upon the force of group decision and suggestion.

(c) Can we develop better methods of inactivating the patient during the period of driving (exposure to repetition), and at the same time maintain him at a higher level of activity, by physiological and chemical agents, than by the present physical effects. Among the chemical agents which we propose to explore with respect to their capacity to produce inactivation are the following (used either singly or in combination):-

Artane
Anectine
Bulbocapnine
Curare

We propose to use LSD 25 and other similar agents as a means of breaking down the ongoing patterns of behavior. 7.

Second Objective: Among the other physiological functions which we intend to explore with regard to their amenability to change in consequence of the repetition of verbal signals are:

palmar skin conductance
skin temperature
healing of wounds

Procedure to be followed:

The initial procedure which we propose to employ is that already outlined under section D. From the context, however, it will be clear that we hope to be able to modify and improve the procedure as we proceed.

The patients selected are almost entirely those suffering from extremely long-term and intractable psychoneurotic conditions. In the case of results of physiological driving, the validity of the findings can be assessed by statistical analysis. Repeated estimations of the particular physiological function are made prior to driving and at various periods subsequent to driving (exposure to repetition). In the case of the studies upon the effects upon behavior of exposure to repetition of verbal signals, 7.

the patients are studied exhaustively in psycho-therapeutic interviews and by psychological test procedures prior to exposure to repetition, and by the same means at various intervals subsequent to exposure. In addition, follow-up studies are carried on through our Social Service section subsequent to the discharge of the patient.

In the case of physiological studies, results can be based on relatively small groups of from four to six cases in each category, where the results are as consistent as those which we obtained with muscle potentials. In regard to shifts in behavioral pattern, considerably larger numbers are required--up to twenty patients.

The other aspects of our procedures have already been indicated under the heading of "Specific Proposals."

4. Budget

Full time research psychiatrist	\$7,000.	
Part time electronics technician	2,500.	
Assistance with measurement of records and computations	2,000.	
Consultants	1,000.	
Travel	500.	
2 - Concert Master continuous tape players..	1,810.	
2 - Message-repeating mechanisms	320.	
2 - Rotary switch mechanisms	400.	
32 - Speaker units	320.	
Miscellaneous materials & supplies (recording paper, electronics supplies, pharma- ceuticals)	750.	
	\$16,600.	
Plus: 15% Overhead	2,490.	\$19,09

We are requesting the foregoing budget for a period of two years, with the anticipation that at the end of that time we shall have made sufficient headway to draw up further proposals to open up this field.

The names and qualifications of the personnel working on this project are as follows:-



Proposed Salary

[REDACTED]

None

C/F

[REDACTED]

None

Electronics technician (part-time) \$2,500.

Full time research psychiatrist (preferably a graduated member of our own 4-year postgraduate training program) \$7,000.

Additional technical assistance (to be selected) \$2,000.

Consultants (to be selected), proposed total honoraria \$1,000.

[REDACTED]

5. Facilities

[REDACTED]

B/F

6. Other Sources of Funds

In regard to the submission of proposals to other funding sources, we are considering the possibility of making a submission to another source for the provision of a more advanced type of soundproof room, and to yet another source for support of our investigations into ultraconceptual communication.

7. Tax Exemption Privileges

[REDACTED] has Federal tax exemption for scientific apparatus for teaching and/or research.

Grants from United States organizations can be made payable to the following, to allow for income tax deduction in the United States:

[REDACTED]

[REDACTED]

68-36

Classified to [redacted]
by authority of: 137475
date June 1977

DRAFT/ [redacted] A
26 February 1957

MEMORANDUM FOR: THE RECORD

SUBJECT: MKULTRA Subproject 68

1. Subproject 68 is being initiated as a means to support a research program, the effects upon human behavior of the repetition of verbal signals. The program will be under the direction of Dr. [redacted]

[redacted] the program will be for a period of two years, starting 18 March 1957. a/c

2. The scope of the project will encompass studies upon the effects of predetermined signals upon (a) physiological functions, (b) patterns of behavior. The immediate objectives of the program will entail a study of methods to (a) improve the technique of heteropsychic driving, (b) to investigate the range of physiological functions which can be changed by these procedures. More specifically, these studies will include:

(1) A search for chemical agents which will breakdown the ongoing patterns of behavior:

more rapidly
more transitorily
with less damage to the perceptive and cognitive capacities of the individual than the present physiological agents.

(2) An attempt to develop better methods of inactivating the patient during the period of driving (exposure to repetition), and at the same time maintain him at a higher level of activity, by physiological and chemical agents, than by the present physical effects. Among the chemical agents which we propose to explore with respect to their capacity to produce inactivation are the following (used either singly or in combination):

- Artane
- Anectine
- Bulbocapnine
- Curare
- LSD-25.

Classified to [redacted]
by authority of: 137475
date June 1977
MEMORANDUM FOR: THE RECORD BY 137475

BY [redacted] of 157475
date: June 1977

E2 IMPDET; CL BY 157475

For a more detailed discussion of the program see attached proposal. It should be added that the attached proposal has been submitted to all members of the [redacted] and has been unanimously approved by that body. The Board anticipates making this grant by 18 March 1957.

3. This project will be financed through [redacted] will act in the capacity of a cover organization. The cost of the program for a period of two years will be \$38,160.00. Charges should be made against Allocation 7-2502-10-001.

4. [redacted] will request [redacted] to submit to it an annual accounting summary of monies received from [redacted] will also request the return of any unexpended funds received under the grant from the Society.

5. Requirements for a 6-month informal accounting on the part of the principal investigator is waived.

6. In lieu of higher overhead rates, title to any permanent equipment purchased by funds granted the University shall remain with the University.

7. It was mutually agreed that documentation and accounting for travel expenses which are reimbursable by the University will conform with the accepted practices of that institution.

8. It was also agreed that technical reports reflecting the progress of the research program will be submitted to the Society at mutually acceptable intervals.

9. In view of the fact that [redacted] the following security consideration should be noted:

- 1) Dr. [redacted] the principal investigator, and his staff will remain completely unwitting of [redacted] Government interest.
- 2) The project will be monitored by [redacted] staff member of the [redacted]

BY [redacted] of 157475
date: June 1977

E2 IMPDET; CL BY 157475

Classified to: [redacted]
By authority of: 137475
Date: June 1977

EX HTRER: CL BY 137475

- 3) No Agency staff personnel will contact, visit, or discuss this project with Dr. [redacted] or his staff, under extreme *circumstances* *except* C/
- 4) If it is necessary for Agency personnel to contact Dr. [redacted] or his staff, the matter will be discussed with the Office of Security and the desk involved for their evaluation and advice as to the proper procedures to be taken. C/

[redacted]
TSS/Chemical Division

APPROVED FOR OBLIGATION
OF FUNDS

Approved:

[redacted]
Research Director

[redacted]
Chief, TSS/Chemical Division

Date: *4 Mar 1977* A

Attached:
Proposal

Distribution:
Original only

Downgraded to: [redacted]
by authority of: 137475
date: June 1977
EX HTRER: CL BY 137475

68-27

27 March 1959

MEMORANDUM FOR: THE COMPTROLLER

ATTENTION : Finance Division

SUBJECT : MKULTRA, Subproject 68
Authorization No. 2

Under the authority granted in the Memorandum dated 13 April 1953 from the DCI to the DD/A, and the extension of this authority in subsequent memoranda, Subproject 68 has been approved, and \$19,090.00 of the over-all Project MKULTRA funds have been obligated to cover this subproject's expenses and should be charged to Allotment 9-2503-75-902.

~~_____~~
Chief
TSS/Chemical Division

Approved for Obligation
of Funds:

Research Director

I CERTIFY THAT FUNDS ARE AVAILABLE. 6 1959
ORGANIZATION REPORT NO. 313
CONTRACT ALLIANCE NO. 9-2503-75-902

AUTHORIZING OFFICER

Date: _____

Distribution:
Orig & 2 - Addressee

X - TSS/FASB
~~_____~~

68-11

Downgraded to: [redacted]
by authority of: 137475
date: Jun 1977
ER IMPDET; CL [redacted] 137475

DRAFT A
17 August 1960

MEMORANDUM FOR: THE RECORD

SUBJECT : Supplement - MKULTRA, Subproject 68


1. Subproject Number 68 is being continued as a means to sustain a research program, the effects upon human behavior of the repetition of verbal signals. The program is under the direction of Dr. [redacted] Chairman of the Department of Psychology, [redacted].
2. The scope of the program will encompass the same studies outlined in the previous draft dated 27 March 1959 which is attached.
3. It is anticipated that long term support for this study will be provided by other organizations (one such organization is the U.S. [redacted] where negotiation assisted by [redacted] has been underway for approximately 6 months), therefore, this project is being continued for a three month period only. In view of this short continuation, [redacted] will be authorized delay of the final reporting on expenditures and a terminal technical report.
4. This project will be funded through [redacted]. The cost of the program for a period of three months will be \$4,775.00. Charges should be made against Allotment 1525-1009-1902.
5. In lieu of higher overhead rates, title to any permanent equipment purchased by funds granted the University shall remain with the University.

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by authority of: 137475
date: MAR 1959
EX NUMBER: CL BY 137475

6. It was mutually agreed that documentation and accounting for travel expenses which are reimbursable by the University will conform with the accepted practices of that institution.

7. The same security considerations outlined in the attached draft should be noted.


Chief
TSD/Research Branch A


APPROVED FOR OBLIGATION OF FUNDS:


Research Director A

Date: 8/18/60

Distributions:
Orig. Only

Attached:
Draft dtd 27 March 59
(TS)

Downloaded to: 
by authority of: 137475
date: MAR 1977
EX NUMBER: CL BY 137475

68-9

17 August 1960

MEMORANDUM FOR: COMPTROLLER
ATTENTION: Finance Division
SUBJECT: MILERA, Subproject 63, Allotment Authorization No. 3

Under the authority granted in the memorandum dated 13 April 1958 from the LCI to the ED/A, and the extension of this authority in subsequent memoranda, Subproject 63 has been approved and \$4,775.00 of the over-all MILERA project funds has been obligated to cover the subproject expenses. This obligation of funds should be charged to Allotment Number 1525-100)-1962.

~~_____~~ A
Chief
TSD/Research Branch

APPROVED FOR OBLIGATION OF FUNDS:

Research Director

Date: _____

Distribution:
Orig & 2 - Addressee

- 1 - TSD/CC
 - 1 - TSD/ENCS
 - 2 - TSD/RB
- TSD/RB/ (17 Aug 60)

4 January 1954

MEMORANDUM FOR: Inspector General

SUBJECT: Frank R. Olson

1. I have been informed by Dr. Lashbrook that Mrs. Olson has been notified of a favorable ruling on compensation by the Bureau of Employees Compensation. I have forwarded the final papers to the Bureau and, consequently, believe this case is closed so far as the General Counsel's Office is concerned. It is possible that we may be called on to help in connection with the Veterans Administration on the lapsed life insurance policy, but I trust any such help will be in the form of advice rather than action.

2. My comments on this case are fairly simple. There is no dispute as to the facts. All agree on how the experiment was carried out and on the surrounding events as they relate to Dr. Olson. The implications are in dispute. It is, of course, perfectly possible that the suicide grew out of a pre-existing state which was not affected by the experiment. However, we have taken the position officially that the experiment at least "triggered" the suicide, and, as all the facts tend to support this conclusion, we should accept it as final. In any case this has been the position from the start of Dr. Gottlieb and Dr. Lashbrook, yet these two, supported by Dr. Gibbons, are insistent that it is practically impossible for this drug to have any harmful after effects. These two positions are, to me, completely inconsistent.

3. If the drug "triggered" the suicide, ergo the trigger itself is inherently dangerous under certain circumstances. Therefore, I am not happy with what seems to me a very casual attitude on the part of JCS representatives to the way this experiment was conducted and to their remarks that this is just one of the risks running with scientific experimentation. I do not eliminate the need for taking risks, but I do believe, especially when human health or life is at stake, that at least

the prudent reasonable measures which can be taken to minimize the risk must be taken and failure to do so is culpable negligence. The actions of the various ~~representatives~~ connected with the effects of the experiment on Dr. Olson became manifest also revealed the failure to observe normal and reasonable precautions. The Offices of the Agency charged with the responsibility for matters of this sort, particularly the Security Office and the Medical Staff, were not informed, although we were informed that the GSS representatives were deeply concerned over the security aspects and actually referred Dr. Olson to Dr. Abramson for medical treatment. As a result a death occurred which might have been prevented, and the Agency as a whole, and particularly the Director, were caught completely by surprise in a most embarrassing manner.

129
LAWRENCE R. HOUSTON
General Counsel

1 Att - Complete background
material on subject

OCC:LRE:joh
cc: OCC ✓

SECRET

FEB 10 1954

PERSONAL

Dr. Sidney Gottlieb
Chief, Chemical Division
Technical Services Staff

Dear Dr. Gottlieb:

I have personally reviewed the files from your office concerning the use of a drug on an unwitting group of individuals. In recommending the unwitting application of the drug to your superior, you apparently did not give sufficient emphasis to the necessity for medical collaboration and for proper consideration of the rights of the individual to whom it was being administered. This is to inform you that it is my opinion that you exercised poor judgment in this case.

Sincerely,

S/
Allen W. Dulles
Director

O/IG/LBKirkpatrick:rm 29 Jan 54
Rewritten by DECI/CFCabell:rm 1 Feb 54
Rewritten by DECI/CFCabell:rm 6 Feb 54

SECRET

4.8

(48)

*Sid's - [unclear]
[unclear] [unclear] [unclear]
[unclear] [unclear] [unclear]
[unclear] [unclear] [unclear]*

10 Feb.

MEMORANDUM FOR:

*Done 11 Feb 52
M*

Please hand carry
to Three CIA officers

Have them note having
read + return to I.G.
for Eyes Only file. These are
not reprimands + no personnel
file notation being vide.

FORM NO. 10-101 JAN 1952 (47)



WASHINGTON 25, D. C.
OFFICE OF THE DIRECTOR

49-

(49)

FEB 10 1954

"EYES ONLY"

MEMORANDUM FOR: Chief, Technical Services Staff

SUBJECT: Unwitting Application of LSD

1. This is to advise you that I consider the unwitting application of LSD in an experiment with which you are familiar to be an indication of bad judgment on the part of two members of your staff:

2. The purpose of this memorandum is to inform you officially of this conclusion and to advise you to take all appropriate steps to insure a thorough and careful review within TSS of all experiments. The Deputy Director (Plans) has been instructed to constitute a review board composed of the appropriate officials from within the Agency periodically to review TSS research and experiments.

ALLEN W. DYLES
Director

11-2-54

DECLASSIFIED - by Authority of 012702



WASHINGTON 25, D. C.

OFFICE OF THE DIRECTOR

50

50

FEB 10 1964

PERSONAL

Chief, Technical Operations
Technical Services Staff

Dear

I have personally reviewed the case in which your staff employed the use of a drug on a group of subjects not entirely witting that such an experiment was to be made on themselves. It is my view that poor judgment was demonstrated by you in authorizing the use of this drug on such an unwitting basis and without proximate medical safeguards.

This is to advise you that in the position of responsibility which you hold you are expected to exercise greater judgment than was indicated in this case.

Sincerely,

Allen W. Dulles
Director

11 Feb 64

SECRET

by Authority of 017202

Appendix C - List of MKULTRA Subprojects Funded by the CIA

Subproject

1. \$2,000; chemical experiments with "Mexican magic drug"; 1953-1955.
2. \$4,650; studies of synergistic action of drugs used to abolish consciousness; 1953-1957.
3. \$8,875; operational field testing of LSD and other chemical substances in the United States at CIA "safehouses," on unwitting subjects; 1953-1956.
4. \$3,000; manual on techniques used by magicians; 1953.
5. Unknown amount of funding for hypnosis experiments designed to induce amnesia; 1952-1955.
6. \$5,000; drug testing and effort to locate domestic sources of LSD; 1953-1955.
9. \$21,306.78; research on depressant drugs; 1953-1955.
10. \$297,040; LSD and personality assessment research; 1952-1957.
11. \$11,000; research on biological substances; 1953-1956.
12. \$30,000; drugs and botanical substances; 1953-1955.
13. \$1,000; special operations division at Fort Detrick (chemical and biological warfare development); 1953-1955.
14. \$4,333.40; Bureau of Narcotics and Dangerous Drugs, drug testing; 1953-1954.
15. \$700; extension of magicians' manual (Subproject 4); 1953-1956.
16. \$7,740; safehouse in San Francisco used for unwitting drug testing; 1953-1955.
17. \$29,172; LSD testing; 1953-1955.
18. \$400,000; biological research; 1953-1954.

Subproject

19. \$1,800; extension of magic manual (Subproject 4);
dates unknown.
20. \$205.70; sythesis of derivatives of yohimbine hydro-
chloride; 1953-1954.
21. \$5,720; drug testing with defectors; 1953-1956.
22. \$8,008; extension of "Mexican magic drug" experi-
ments (Subproject 1); dates unknown.
26. \$4,781.92; drug testing; 1954.
28. \$24,996; drug testing on unwitting schitzophrenics
and witting "normals"; 1954-1955.
31. \$1,500; funding for manufacture of organic chemicals;
1954-1955.
32. \$30,000; extension of botanical substances research
(Subproject 12); 1954-1955.
34. \$1,800; extension of magic manual (Subproject 4);
1954-1958.
35. \$375,000; funding for medical research wing con-
struction at Georgetown Medical Center.
37. \$23,775; funding for the collection of botanical
substances.
38. \$1,000; funding of drug testing; 1954-1955.
41. \$1,500; funding for procurement of organic chemicals,
1955-1957.
43. \$56,800; experiments with hypnosis, sensory depriva-
tion, and combination drugs, 1955-1957.
44. \$16,000; extension of depressant drug experiments
(Subproject 9); 1955-1959.
45. \$100,000; funding of "knockout" drug tests on cancer
patients; 1955-1962.
46. \$257,000; LSD testing; 1955-1961.

Subproject

47. \$290,956.30; LSD and other drug testing on inmates at Atlanta penitentiary; 1955-1964.
48. \$270,479; funding of psychological study of defectors; 1955-1956.
49. \$34,088.60; hypnosis research; 1955-1957.
54. \$62,400; brain concussion research, (method of inducing amnesia); 1955-1957.
55. \$2,808; drug testing; 1956.
56. Unknown amount of funding for research on the effects of alcohol; 1956-1960.
57. \$32,858; funding of sleep and insomnia study; 1956-1957.
58. \$2,000; pharmacological and botanical research, 1956.
59. \$3,900; drug testing on unwitting subjects, 1956-1957.
61. \$286,326; funding of brain function studies; 1956-1961.
62. \$51,000; funding of experiments with electroshock, isolation, psychosurgery, and the effects of chemicals on the central nervous system; dates unknown.
64. \$3,000; funding for consultative work of drug expert; 1956.
65. \$52,150; psychological assessments of Hungarian refugees; 1956-1958.
66. \$86,707; LSD and alcohol (combination) experiments, 1956-1960.
68. \$62,045; funding of experiments with electroshock, LSD, psychic driving, prolonged sleep, and a variety of drugs conducted at the Allan Memorial Institute; 1957-1961.
69. \$5,000; studies on Hungarian refugees; 1957-1959.

Subproject

70. \$30,390; experiments with "knockout" drugs and sleep; 1957-1961.
71. \$9,600; drug testing; 1957-1961.
72. \$43,037.28; extension for drug testing (Subproject 70) and surveys; 1957-1959.
75. \$13,236; experiments with LSD and other hallucinogens at the Massachusetts Mental Hospital; 1957-1961.
76. \$10,000; funding of psychological assessment study on resisting authority; 1957-1958.
77. \$138,000; funding of personality assessment study; 1957-1963.
78. \$406,200; drug testing and biological warfare experiments on cancer patients; 1957-1964.
79. \$2,805; funding for research of a "sensitive nature."
80. \$5,000; funding for drug testing, biological substance experiments, and consultant services of a drug expert; 1958-1962.
81. \$5,000; extension of brain function studies (Subproject 61); 1958-1959.
82. \$15,000; Hungarian refugee personality assessments; 1958-1960.
83. \$58,000; funding of graphology (hand writing analysis) journal; 1958-1960.
84. \$30,000; hypnosis study; 1958-1966.
85. \$1,040; blood typing studies; 1958.
86. \$43,734; funding of polygraph research; 1958-1959.
87. \$16,000; research on hypo-allergic substances; 1958-1966.
88. \$5,000; cultural appraisal study; 1958.

Subproject

- 89. \$10,620; funding of Hungarian repatriation project; 1958.
- 90. \$12,000; funding of personality assessments of Soviet scientists; 1958-1959.
- 91. \$186,840; drug testing and other pharmacological experiments; 1959-1962.
- 92. \$22,716; funding for experiments with teaching machines; 1958.
- 94. \$153,689; experiments with telecontrol of animals; 1959-1961.
- 95. \$192,975; funding for cross-cultural study; 1959-1963.
- 96. \$34,465; study of decision-making by foreign nationals; 1959-1961.
- 97. \$17,500; studies on behavior, schizophrenia, and psychotherapy; 1959-1960.
- 98. \$9,735; funding for mass conversion study; 1959-1965.
- 101. \$2,000; study on biophysics of the central nervous system; 1959.
- 102. \$5,750; funding for infiltration and study of adolescent gangs in Oklahoma and Texas; 1959.
- 103. \$1,900; study on youth camps in Norway and Vienna; 1960.
- 106. \$37,335; experiments with stimulus-response patterns in animals, using electrodes; 1960-1962.
- 107. \$15,000; funding for trip by 10 psychologists to the Soviet Union; 1960.
- 108. \$8,100; funding for study of "Russian character" and the effectiveness of Soviet propoganda; 1961.

Subproject

109. Unknown amount of funding for experiments with psycho-pharmacological agents and means to control human behavior; 1960-1962.
110. \$68,000; chemical and biological warfare research; dates unknown.
111. \$26,000; funding of motivational study; 1960-1962.
112. \$6,056; vocational studies on children; 1960.
113. \$6,000; funding for development of aerosol sprays as delivery system for chemical agents; 1960-1962.
114. \$11,280; studies on alcohol; 1960-1961.
115. \$4,085; studies on mentally disturbed and effects of environment; 1960.
116. \$45,000; funding for procurement of chemicals; date unknown.
117. \$7,790; study of cultural influences on children; 1960-1961.
119. \$20,239.43; funding of telecontrol research; 1959-1965.
120. \$21,827; research; 1960-1966.
121. \$13,856; funding of witch doctor study at McGill University; 1960.
123. \$20,000; funding of African attitude study; 1960-1961.
124. \$6,500; experiments with acids, bases, and carbon dioxide on humans, 1960.
125. \$11,602.18; drug and placebo testing; 1960.
126. \$4,225; funding for study of stress and disasters; 1960.
127. \$7,490; study of voting trends, employing psychological assessment techniques; dates unknown.

Subproject

- 128. \$9,000; experiments in rapid hypnotic induction; 1960-1961.
- 129. Unknown amount of funding for computer assisted polygraph; 1960-1961.
- 130. \$35,559; personality assessment research; 1960.
- 132. \$30,000; funding for safehouse used in drug testing; 1961-1964.
- 133. \$28,080; funding for study on effect of bacteria on minerals; 1961-1964.
- 134. \$39,000; funding for research on relation of physical types to personality types.
- 135. \$25,868; drug testing, 1961-1962.
- 139. \$47,000; funding of study on bird viruses; 1961-1966.

Appendix D - Established Standards for Medical Experimentation

A. The Nuremberg Code

1. The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method or means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person which may possibly come from his participation in the experiments.

The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.

2. The experiment should be such as to yield fruitful results, unprocurable by other methods or means of study, and not random and unnecessary in nature.
3. The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study that the anticipated results justify the performance of the experiment.
4. The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.
5. No experiment should be conducted where there is an a priori reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects.
6. The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.
7. Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability, or death.
8. The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment.
9. During the course of the experiment the human subject should be at liberty to bring the experiment to an end if he has reached the physical or mental state where continuation of the experiment seems to him to be impossible.

10. During the course of the experiment the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of good faith, superior skill and careful judgment required of him that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.

United States v. Karl Brandt, et al., Trials of War Criminals Before Nuremberg Military Tribunals Under Control Council Law No. 10 (October 1946 - April 1949).

B. International Code of Medical Ethics Adopted by the World Medical Association in 1949

The following practices are deemed unethical:

* * *

- b) Taking part in any plan of medical care in which the doctor does not have complete professional independence.
- c) To receive any money in connection with services rendered to a patient other than the acceptance of a proper professional fee, or to pay any money in the same circumstances without the knowledge of the patient.

Under no circumstances is a doctor permitted to do anything that would weaken the physical or mental resistance of a human being except from strictly therapeutic or prophylactic indications imposed in the interest of his patient.

C. Principals for Those in Research and Experimentation Adopted by the World Medical Association in 1954

* * *

3. Experimentation on Healthy Subjects

Every step must be taken in order to make sure that those who submit themselves to experimentation be fully informed. The paramount factor in experimentation on human beings is the responsibility of the research worker and not the willingness of the person submitting to the experiment.

4. Experimentation on Sick Subjects

Here it may be that in the presence of individual and desperate cases one may attempt an operation or a treatment of a rather daring nature. Such exceptions will be

rare and require the approval either of the person or his next of kin. In such a situation it is the doctor's conscience which will make the decision.

5. Necessity of Informing the Person Who Submits to Experimentation of the Nature of the Experimentation, the Reasons for the Experiment, and the Risks Involved

It should be required that each person who submits to experimentation be informed of the nature of, the reason for, and the risk of the proposed experiment. If the patient is irresponsible, consent should be obtained from the individual who is legally responsible for the individual. In both instances, consent should be obtained in writing.

D. Declaration of Helsinki Adopted by the World Medical Association in 1964

The Declaration of Geneva of the World Medical Association (1964) binds the doctor with the words, "The health of my patient will be my first consideration"; and the International Code of Medical Ethics which declares that "Any act or advice which could weaken physical or mental resistance of a human being may be used only in his interest."

* * *

In the field of clinical research a fundamental distinction must be recognized between clinical research in which the aim is essentially therapeutic for a patient, and clinical research the essential object of which is purely scientific and without therapeutic value to the person subjected to the research.

I. Basic Principles

* * *

3. Clinical research cannot legitimately be carried out unless the importance of the objective is in proportion to the inherent risk to the subject.
4. Every clinical research project should be preceded by careful assessment of inherent risks in comparison to foreseeable benefits to the subject or to others.
5. Special caution should be exercised by the doctor in performing clinical research in which the personality of the subject is liable to be altered by drugs or experimental procedure.

II. Clinical Research Combined with Professional Care

1. . . . If at all possible, consistent with patient psychology, the doctor should obtain the patient's freely given consent after the patient has been

given a full explanation. In case of legal incapacity consent should also be procured from the legal guardian; in case of physical incapacity the permission of the legal guardian replaces that of the patient.

2. The doctor can combine clinical research with professional care, the objective being the acquisition of new medical knowledge, only to the extent that clinical research is justified by its therapeutic value for the patient.

III. Non-therapeutic Clinical Research

* * *

2. The nature, the purpose, and the risk of clinical research must be explained to the subject by the doctor.
- 3a. Clinical research on a human being cannot be undertaken without his free consent, after he has been fully informed; if he is legally incompetent the consent of the legal guardian should be procured.
- 3b. The subject of clinical research should be in such a mental, physical, and legal state as to be able to exercise fully his power of choice.

E. Principles of Medical Ethics Adopted by the American Medical Association in 1966

2. Experimentation: New Drugs or Procedures

In order to conform to the ethics of the American Medical Association, three requirements must be satisfied in connection with the use of experimental drugs or procedures:

- (1) The voluntary consent of the person on whom the experiment is to be performed should be obtained;
- (2) The danger of each experiment must previously be investigated by animal experimentation; and
- (3) The experiment must be performed under proper medical protection and management.

3. Ethical Guidelines for Clinical Investigation

* * *

- (3) In clinical investigation primarily for treatment --

- A. The physician must recognize that the physician-patient relationship exists and that he is expected to exercise his professional judgment and skill in the best interest of the patient.
 - B. Voluntary consent must be obtained from the patient, or from his legally authorized representative if the patient lacks the capacity to consent, following: (a) disclosure that the physician intends to use an investigational drug or experimental procedure, (b) a reasonable explanation of the nature of the drug or procedure to be used, risks to be expected, and possible therapeutic benefits, (c) an offer to answer any inquiries concerning the drug or procedure, and (d) a disclosure of alternative drugs or procedures that may be available.
 - i. In exceptional circumstances and to the extent that disclosure of information concerning the nature of the drug or experimental procedure or risks would be expected to materially affect the health of the patient and would be detrimental to his best interests, such information may be withheld from the patient. In such circumstances such information shall be disclosed to a responsible relative or friend of the patient where possible.
 - ii. Ordinarily, consent should be in writing, except where the physician deems it necessary to reply upon consent in other than written form because of the physical or emotional state of the patient.
 - iii. Where emergency treatment is necessary and the patient is incapable of giving consent and no one is available who has authority to act on his behalf, consent is assumed.
- (4) In clinical investigation primarily for the accumulation of scientific knowledge --
- A. Adequate safeguards must be provided for the welfare, safety and comfort of the subject.
 - B. Consent, in writing, should be obtained from the subject, or from his legally authorized representative if the subject lacks the capacity to consent, following: (a) a disclosure of the fact that an investigational drug or procedure is to be used, (b) a reasonable explanation of the nature of the procedure to be used and risks to be expected, and (c) an offer to answer any inquiries concerning the drug or procedure.
 - C. Minors or mentally incompetent persons may be used as subjects only if:

Appendix D
Page D-6

- i. The nature of the investigation is such that mentally competent adults would not be suitable subjects.
 - ii. Consent, in writing, is given by a legally authorized representative of the subject under circumstances in which an informed and prudent adult would reasonably be expected to volunteer himself or his child as a subject.
- D. No person may be used as a subject against his will.