

Counsel's opinion was that this was legal only if the CIA was going to derive adequate benefit from it, but, sir, there is no evidence of what benefit was derived.

Senator SCHWEIKER. There must have been some pretty good benefits at stake. The Atomic Energy Commission was to bear a share of the cost, and when they backed out for some reason or another, the CIA picked up part of their tab. So, at two different points there were indications that CIA decisionmakers thought there was great benefit to be derived from whatever happened within the brick and mortar walls of that facility.

Admiral TURNER. You are absolutely right. I am only taking the position that I cannot substantiate that there was benefit derived.

Senator SCHWEIKER. The agreement documents say that the CIA would have access to one-sixth of the space involved in the construction of the wing, so how would you enter into an agreement that specifically says that you will have access to and use of one-sixth of the space and not perform something in that space? I cannot believe it was empty.

Admiral TURNER. Sir, I am not disputing you at all, but both of us are saying that the inference is that one-sixth of the space was used, that experimentation was done, and so on, but there is no factual evidence of what went on as a result of that payment or what went on in that hospital. It is just missing. It is not that it didn't happen.

Senator SCHWEIKER. Admiral Turner, one other—

Senator KENNEDY. Would the Senator yield on that point?

Senator SCHWEIKER. I understand that in the agency's documents on the agreement it was explicitly stated that one-sixth of the facility would be designated for CIA use and made available for CIA research. Are you familiar—

Mr. BRODY. Senator, as I recall, you are right in that there is a mention of one-sixth, but any mention at all has to do with planning. There are no subsequent reports as to what happened after the construction took place.

Senator SCHWEIKER. Admiral Turner, I read in the New York Times that part of this series of MKULTRA experiments involved an arrangement with the Federal Bureau of Narcotics to test LSD surreptitiously on unwitting patrons in bars in New York and San Francisco. Some of the subjects became violently ill and were hospitalized. I wonder if you would just briefly describe what we were doing there and how it was carried out? I assume it was through a safe house operation. I don't believe your statement went into much detail.

Admiral TURNER. I did mention the safe house operation in my statement, sir, and that is how these were carried out. What we have learned from the new documentation is the location and the dates at which the safe houses were run by the CIA and the identification of three individuals who were associated with running those safe houses. We know something about the construction work that was done in them because there were contracts for this. Beyond that, we are pretty much drawing inferences as to the things that went on as to what you are saying here.

Senator SCHWEIKER. Well, the subjects were unwitting. You can infer that much, right?

Admiral TURNER. Right.



Senator SCHWEIKER. If you happened to be at the wrong bar at the wrong place and time, you got it.

Mr. BRODY. Senator, that would be—contacts were made, as we understand it, in bars, et cetera, and then the people may have been invited to these safe houses. There really isn't any indication as to the fact that this took place in the bars.

Admiral TURNER. We are trying to be very precise with you, sir, and not draw an inference here. There are 6 cases of these 149 where we have enough evidence in this new documentation to substantiate that there was unwitting testing and some of that involves these safe houses. There are other cases where it is ambiguous as to whether the testing was witting or voluntary. There are others where it was clearly voluntary.

Senator SCHWEIKER. Of course, after a few drinks, it is questionable whether informed consent means anything to a person in a bar anyway.

Admiral TURNER. Well, we don't have any indication that all these cases where it is ambiguous involved drinking of any kind. There are cases in penal institutions where it is not clear whether the prisoner was given a choice or not. I don't know that he wasn't given a choice, but I don't positively know that he was, and I classify that as an ambiguous incident.

Senator INOUYE. Your time is up, Senator.

Senator HUDDLESTON?

Senator HUDDLESTON. Thank you, Mr. Chairman.

Admiral TURNER, you stated in your testimony that you are convinced there was no attempt to conceal this recently discovered documentation during the earlier searches. Did you question the individuals connected with the earlier search before you made that judgment?

Admiral TURNER. Yes; I haven't, I don't think, questioned everybody who looked in the files or is still on our payroll who looked in the files back in 1975, but Mr. Laubinger on my left is the best authority on this, and I have gone over it with him in some detail.

Senator HUDDLESTON. But you have inquired, you think, sufficiently to assure yourself that there was no intent on the part of any person to conceal these records from the previous committee?

Admiral TURNER. I am persuaded of that both by my questioning of people and by the circumstances and the way in which these documents were filed, by the fact which I did not and should have mentioned in my testimony, that these were not the official files. The ones that we have received or retrieved were copies of files that were working files that somebody had used, and therefore were slipped into a different location, and again I say to you, sir, I can't imagine their deliberately concealing these particular files and revealing the other things that they did reveal in 1975. I don't see the motive for that, because these are not that damning compared with the overall material that was provided.

Senator HUDDLESTON. Is this the kind of operation that if it were continuing now or if there were anything similar to it, that you would feel compelled to report to the Select Committee on Intelligence?

Admiral TURNER. Yes, sir. You mean, if I discovered that something like this were going on without my knowledge? Yes, I would feel absolutely the requirement to—



Senator HUDDLESTON. But if it were going on with your knowledge, would you report it to the committee? I assume you would.

Admiral TURNER. Yes. Well, it would not be going on with my knowledge, but theoretically the answer is yes, sir.

Senator HUDDLESTON. Well, then, what suggestions would you have as we devise charters for the various intelligence agencies? What provision would you suggest to prohibit this kind of activity from taking place? Would you suggest that it ought to be specifically outlined in a statutory charter setting out the parameters of the permissible operation of the various agencies?

Admiral TURNER. I think that certainly is something we must consider as we look at the legislation for charters. I am not on the face of it opposed to it. I think we would have to look at the particular wording as we are going to have to deal with the whole charter issue as to exactly how precise you want to be in delineating restraints and curbs on the intelligence activities.

Senator HUDDLESTON. In the case of sensitive type operations, which this certainly was, which might be going on today, is the oversight activity of the agency more intensive now than it was at that time?

Admiral TURNER. Much more so. I mean, I have briefed you, sir, and the committee on our sensitive operations. We have the Intelligence Oversight Board. We have a procedure in the National Security Council for approval of very sensitive operations. I think the amount of spotlight focused on these activities is many, manyfold what it was in these 12 to 24 years ago.

Senator HUDDLESTON. How about the record keeping?

Admiral TURNER. Yes; I can't imagine anyone having the gall to think that he can just blithely destroy records today with all of the attention that has come to this, and certainly we are emphasizing that that is not the case.

Senator HUDDLESTON. Admiral, I was particularly interested in the activity that took place at the U.S. Public Health Service Hospital at Lexington, Ky., in which a Dr. Harris Isbell conducted experiments on people who were presumably patients there. There was a narcotics institution, I take it, and Dr. Isbell was, according to the New York Times story, carrying on a secret series of correspondence with an individual at the agency by the name of Ray. Have you identified who that person is?

Admiral TURNER. Sir, I find myself in a difficult position here at a public hearing to confirm or deny these names in view of my legal responsibilities under the Privacy Act not to disclose the names of individuals here.

Senator HUDDLESTON. I am just asking you if you have identified the person referred to in that article as Ray. I am not asking you who he was. I just want to know if you know who he is.

Admiral TURNER. No. I am sorry, was this W-r-a-y or R-a-y?

Senator HUDDLESTON. It is listed in the news article as R-a-y, in quotations.

Admiral TURNER. No, sir, we have not identified him.

Senator HUDDLESTON. So you have no knowledge of whether or not he is still a member of your staff or connected with the Agency in any way. Have you attempted to identify him?

[Pause.]

Admiral TURNER. Senator, we have a former employee whose first name is Ray who may have had some connection with these activities.

Senator HUDDLESTON. You suspect that but you have not verified that at this time, or at least you are not in a position to indicate that you have verified it?

Admiral TURNER. That is correct.

Senator HUDDLESTON. Thank you.

Thank you, Mr. Chairman.

Senator INOUE. Senator Wallop?

Senator WALLOP. Thank you, Mr. Chairman.

Admiral Turner, not all of the—and in no way trying to excuse you of the hideous nature of some of these projects, but not all of the projects under MKULTRA are of a sinister or even a moral nature. Is that a fair statement?

Admiral TURNER. That is correct.

Senator WALLOP. Looking down through some of these 17 projects not involving human testing, aspects of the magician's art, it doesn't seem as though there is anything very sinister about that. Studies of human behavior and sleep research, library searches. Now, those things in their way are still of interest, are they not, to the process of intelligence gathering?

Admiral TURNER. Yes, sir. I have not tried to indicate that we either are not doing or would not do any of the things that were involved in MKULTRA, but when it comes to the witting or unwitting testing of people with drugs, that is certainly verboten, but there are other things.

Senator WALLOP. Even with volunteer patients? I mean, I am not trying to put you on the spot to say whether it is going on, but I mean, it is not an uncommon thing, is it, in the prisons of the United States for the Public Health Service to conduct various kinds of experiments with vaccines and, say, sunburn creams? I know in Arizona they have done so.

Admiral TURNER. My understanding is, lots of that is authorized, but I am not of the opinion that this is not the CIA's business, and that if we need some information in that category, I would prefer to go to the other appropriate authorities of the Government and ask them to get it for us rather than to in any way—

Senator WALLOP. Well, you know, you have library searches and attendants at the national seminars. This is why I wanted to ask you if the bulk of these projects were in any way the kinds of things that the Agency might not do now. A President would not have been horrified by the list of the legitimate types of things. Isn't that probably the case?

Admiral TURNER. Yes, sir.

Senator WALLOP. And if it did in fact appear in the IG report, is there any reason to suppose that the President did not know of this project? You said there was no reason to suppose that he did, but let me reverse that. Is there any reason to suppose that they did not?

Admiral TURNER. No.

Senator WALLOP. Well, you know, I just cannot imagine you or literally anybody undertaking projects of the magnitude of dollars here and just not knowing about it, not informing your superior that



these were going on, especially when certain items of it appear in the Inspector General's report on budget matters.

Admiral TURNER. Well, I find it difficult when it is that far back to hypothesize what the procedures that the Director was using in terms of informing his superiors were. It is quite a different climate from today, and I think we do a lot more informing today than they did back then, but I find it very difficult to guess what the level of knowledge was.

Senator WALLOP. I am really not asking you to second-guess it, but it just seems to me that, while the past is past, and thank goodness we are operating under different sets of circumstances, I think it is naive for us to suppose that these things were conducted entirely without the knowledge of the Presidents of the United States during those times. It is just the kinds of research information that was being sought was vital to the United States, not the means, but the information that they were trying to find.

Admiral TURNER. I am sorry. Your question is, was this vital? Did we view it as vital?

Senator WALLOP. Well, your implication at the beginning was that it was a response to the kinds of behavior that were seen in Cardinal Mindszenty's trial and other things. I mean, somebody must have thought that this was an important defensive reaction, if nothing else, on the part of the United States.

Admiral TURNER. Yes, sir, I am sure they did, but again I just don't know how high that permeated the executive branch.

Senator WALLOP. But the kinds of information are still important to you. I mean, I am not suggesting that anyone go back and do that kind of thing again, but I'm certain it would be of use to you to know what was going to happen to one of your agents assuming someone had put one of these things into his bloodstream, or tried to modify his behavior.

Admiral TURNER. Absolutely, and you know, we would be very concerned if we thought there were things like truth serums or other things that our agents or others could be subjected to by use or improper use of drugs by other powers against our people or agents.

Senator WALLOP. Are there? I don't ask you to name them, but are there such serums?

Admiral TURNER. I don't know of them if there are. I would have to answer that for the record, sir.

Senator WALLOP. I would appreciate that.  
[The material referred to follows:]

#### "TRUTH" DRUGS IN INTERROGATION

The search for effective aids to interrogation is probably as old as man's need to obtain information from an uncooperative source and as persistent as his impatience to shortcut any tortuous path. In the annals of police investigation, physical coercion has at times been substituted for painstaking and time-consuming inquiry in the belief that direct methods produce quick results. Sir James Stephens, writing in 1883, rationalizes a grisly example of "third degree" practices by the police of India: "It is far pleasanter to sit comfortably in the shade rubbing red pepper in a poor devil's eyes than to go about in the sun hunting up evidence."

More recently, police officials in some countries have turned to drugs for assistance in extracting confessions from accused persons, drugs which are resumed



to relax the individual's defenses to the point that he unknowingly reveals truths he has been trying to conceal. This investigative technique, however humanitarian as an alternative to physical torture, still raises serious questions of individual rights and liberties. In this country, where drugs have gained only marginal acceptance in police work, their use has provoked cries of "psychological third degree" and has precipitated medico-legal controversies that after a quarter of a century still occasionally flare into the open.

The use of so-called "truth" drugs in police work is similar to the accepted psychiatric practice of narco-analysis; the difference in the two procedures lies in their different objectives. The police investigator is concerned with empirical truth that may be used against the suspect, and therefore almost solely with *probative* truth: the usefulness of the suspect's revelations depends ultimately on their acceptance in evidence by a court of law. The psychiatrist, on the other hand, using the same "truth" drugs in diagnosis and treatment of the mentally ill, is primarily concerned with *psychological* truth or psychological reality rather than empirical fact. A patient's aberrations are reality for him at the time they occur, and an accurate account of these fantasies and delusions, rather than reliable recollection of past events, can be the key to recovery.

The notion of drugs capable of illuminating hidden recesses of the mind, helping to heal the mentally ill and preventing or reversing the miscarriage of justice, has provided an exceedingly durable theme for the press and popular literature. While acknowledging that "truth serum" is a misnomer twice over—the drugs are not sera and they do not necessarily bring forth probative truth—journalistic accounts continue to exploit the appeal of the term. The formula is to play up a few spectacular "truth" drug successes and to imply that the drugs are more maligned than need be and more widely employed in criminal investigation than can officially be admitted.

Any technique that promises an increment of success in extracting information from an uncooperative source is *ipso facto* of interest in intelligence operations. If the ethical considerations which in Western countries inhibit the use of narco-interrogation in police work are felt also in intelligence, the Western services must at least be prepared against its possible employment by the adversary. An understanding of "truth" drugs, their characteristic actions, and their potentialities, positive and negative, for eliciting useful information is fundamental to an adequate defense against them.

This discussion, meant to help toward such an understanding, draws primarily upon openly published materials. It has the limitations of projecting from criminal investigative practices and from the permissive atmosphere of drug psychotherapy.

#### SCOPOLAMINE AS "TRUTH SERUM"

Early in this century physicians began to employ scopolamine, along with morphine and chloroform, to induce a state of "twilight sleep" during childbirth. A constituent of henbane, scopolamine was known to produce sedation and drowsiness, confusion and disorientation, incoordination, and amnesia for events experienced during intoxication. Yet physicians noted that women in twilight sleep answered questions accurately and often volunteered exceedingly candid remarks.

In 1922 it occurred to Robert House, a Dallas, Texas obstetrician, that a similar technique might be employed in the interrogation of suspected criminals, and he arranged to interview under scopolamine two prisoners in the Dallas county jail whose guilt seemed clearly confirmed. Under the drug, both men denied the charges on which they were held; and both, upon trial, were found not guilty. Enthusiastic at this success, House concluded that a patient under the influence of scopolamine "cannot create a lie . . . and there is no power to think or reason." [14] His experiment and this conclusion attracted wide attention, and the idea of a "truth" drug was thus launched upon the public consciousness.

The phrase "truth serum" is believed to have appeared first in a news report of House's experiment in the *Los Angeles Record*, sometime in 1922. House resisted the term for a while but eventually came to employ it regularly himself. He published some eleven articles on scopolamine in the years 1921-1929, with a noticeable increase in polemical zeal as time went on. What had begun as something of a scientific statement turned finally into a dedicated crusade by the "father of truth serum" on behalf of his offspring, wherein he was "grossly indulgent of its wayward behavior and stubbornly proud of its minor achievements." [11]



Only a handful of cases in which scopolamine was used for police interrogation came to public notice, though there is evidence suggesting that some police forces may have used it extensively. [2, 16] One police writer claims that the *threat* of scopolamine interrogation has been effective in extracting confessions from criminal suspects, who are told they will first be rendered unconscious by chloral hydrate placed covertly in their coffee or drinking water. [10]

Because of a number of undesirable side effects, scopolamine was shortly disqualified as a "truth" drug. Among the most disabling of the side effects are hallucinations, disturbed perception, somnolence, and physiological phenomena such as headache, rapid heart, and blurred vision, which distract the subject from the central purpose of the interview. Furthermore, the physical action is long, far outlasting the psychological effects. Scopolamine continues, in some cases, to make anesthesia and surgery safer by drying the mouth and throat and reducing secretions that might obstruct the air passages. But the fantastically, almost painfully, dry "desert" mouth brought on by the drug is hardly conducive to free talking, even in a tractable subject.

#### THE BARBITURATES

The first suggestion that drugs might facilitate communication with emotionally disturbed patients came quite by accident in 1916. Arthur S. Lovenhart and his associates at the University of Wisconsin, experimenting with respiratory stimulants, were surprised when, after an injection of sodium cyanide, a catatonic patient who had long been mute and rigid suddenly relaxed, opened his eyes, and even answered a few questions. By the early 1930's a number of psychiatrists were experimenting with drugs as an adjunct to established methods of therapy.

At about this time police officials, still attracted by the possibility that drugs might help in the interrogation of suspects and witnesses, turned to a class of depressant drugs known as the barbiturates. By 1935 Clarence W. Muehlberger, head of the Michigan Crime Detection Laboratory at East Lansing, was using barbiturates on reluctant suspects, though police work continued to be hampered by the courts' rejection of drug-induced confessions except in a few carefully circumscribed instances.

The barbiturates, first synthesized in 1903, are among the oldest of modern drugs and the most versatile of all depressants. In this half-century some 2,500 have been prepared, and about two dozen of these have won an important place in medicine. An estimated three to four billion doses of barbiturates are prescribed by physicians in the United States each year, and they have come to be known by a variety of commercial names and colorful slang expressions: "goof-balls," Luminal, Nembutal, "red devils," "yellow jackets," "pink ladies," etc. Three of them which are used in narcoanalysis and have seen service as "truth" drugs are sodium amytal (amobarbital), pentothal sodium (thiopental), and to a lesser extent secobarbital.

As one pharmacologist explains it, a subject coming under the influence of a barbiturate injected intravenously goes through all the stages of progressive drunkenness, but the time scale is on the order of minutes instead of hours. Outwardly the sedation effect is dramatic, especially if the subject is a psychiatric patient in tension. His features slacken, his body relaxes. Some people are momentarily excited; a few become silly and giggly. This usually passes, and most subjects fall asleep, emerging later in disoriented semi-wakefulness.

The descent into narcosis and beyond with progressively larger doses can be divided as follows:

- I. Sedative stage.
- II. Unconsciousness, with exaggerated reflexes (hyperactive stage).
- III. Unconsciousness, without reflex even to painful stimuli.
- IV. Death.

Whether all these stages can be distinguished in any given subject depends largely on the dose and the rapidity with which the drug is induced. In anesthesia, stages I and II may last only two or three seconds.

The first or sedative stage can be further divided:

- Plane 1. No evident effect, or slight sedative effect.
- Plane 2. Cloudiness, calmness, amnesia. (Upon recovery, the subject will not remember what happened at this or "lower" planes or stages.)
- Plane 3. Slurred speech, old thought patterns disrupted, inability to integrate or learn new patterns. Poor coordination. Subject becomes unaware of painful stimuli.



Plane 3 is the psychiatric "work" stage. It may last only a few minutes, but it can be extended by further slow injection of drug. The usual practice is to bring the subject quickly to Stage II and to conduct the interview as he passes back into the sedative stage on the way to full consciousness.

#### CLINICAL AND EXPERIMENTAL STUDIES

The general abhorrence in Western countries for the use of chemical agents "to make people do things against their will" has precluded serious systematic study (at least as published openly) of the potentialities of drugs for interrogation. Louis A. Gottschalk, surveying their use in information-seeking interviews,[13] cites 133 references; but only two touch upon the extraction of intelligence information, and one of these concludes merely that Russian techniques in interrogation and indoctrination are derived from age-old police methods and do not depend on the use of drugs. On the validity of confessions obtained with drugs, Gottschalk found only three published experimental studies that he deemed worth reporting.

One of these reported experiments by D. P. Morris in which intravenous sodium amytal was helpful in detecting malingerers.[12] The subjects, soldiers, were at first sullen, negativistic, and non-productive under amytal, but as the interview proceeded they revealed the fact of and causes for their malingering. Usually the interviews turned up a neurotic or psychotic basis for the deception.

The other two confession studies, being more relevant to the highly specialized, untouched area of drugs in intelligence interrogation, deserve more detailed review.

Gerson and Victoroff[12] conducted amytal interviews with 17 neuropsychiatric patients, soldiers who had charges against them, at Tilton General Hospital, Fort Dix. First they were interviewed without amytal by a psychiatrist, who, neither ignoring nor stressing their situation as prisoners or suspects under scrutiny, urged each of them to discuss his social and family background, his army career, and his version of the charges pending against him.

The patients were told only a few minutes in advance that narcoanalysis would be performed. The doctor was considerate, but positive and forthright. He indicated that they had no choice but to submit to the procedure. Their attitudes varied from unquestioning compliance to downright refusal.

Each patient was brought to complete narcosis and permitted to sleep. As he became semiconscious and could be stimulated to speak, he was held in this stage with additional amytal while the questioning proceeded. He was questioned first about innocuous matters from his background that he had discussed before receiving the drug. Whenever possible, he was manipulated into bringing up himself the charges pending against him before being questioned about them. If he did this in a too fully conscious state, it proved more effective to ask him to "talk about that later" and to interpose a topic that would diminish suspicion, delaying the interrogation on his criminal activity until he was back in the proper stage of narcosis.

The procedure differed from therapeutic narcoanalysis in several ways: the setting, the type of patients, and the kind of "truth" sought. Also, the subjects were kept in twilight consciousness longer than usual. This state proved richest in yield of admissions prejudicial to the subject. In it his speech was thick, mumbling, and disconnected, but his discretion was markedly reduced. This valuable interrogation period, lasting only five to ten minutes at a time, could be reinduced by injecting more amytal and putting the patient back to sleep.

The interrogation technique varied from case to case according to background information about the patient, the seriousness of the charges, the patient's attitude under narcosis, and his rapport with the doctor. Sometimes it was useful to pretend, as the patient grew more fully conscious, that he had already confessed during the amnesic period of the interrogation, and to urge him, while his memory and sense of self-protection were still limited, to continue to elaborate the details of what he had "already described." When it was obvious that a subject was withholding the truth, his denials were quickly passed over and ignored, and the key questions would be reworded in a new approach.

Several patients revealed fantasies, fears, and delusions approaching delirium, much of which could readily be distinguished from reality. But sometimes there was no way for the examiner to distinguish truth from fantasy except by reference to other sources. One subject claimed to have a child that did not exist,



another threatened to kill on sight a stepfather who had been dead a year, and yet another confessed to participating in a robbery when in fact he had only purchased goods from the participants. Testimony concerning dates and specific places was untrustworthy and often contradictory because of the patient's loss of time-sense. His veracity in citing names and events proved questionable. Because of his confusion about actual events and what he thought or feared had happened, the patient at times managed to conceal the truth unintentionally.

As the subject revived, he would become aware that he was being questioned about his secrets and, depending upon his personality, his fear of discovery, or the degree of his disillusionment with the doctor, grow negativistic, hostile, or physically aggressive. Occasionally patients had to be forcibly restrained during this period to prevent injury to themselves or others as the doctor continued to interrogate. Some patients, moved by fierce and diffuse anger, the assumption that they had already been tricked into confessing, and a still limited sense of discretion, defiantly acknowledged their guilt and challenged the observer to "do something about it." As the excitement passed, some fell back on their original stories and others verified the confessed material. During the follow-up interview nine of the 17 admitted the validity of their confessions; eight repudiated their confessions and reaffirmed their earlier accounts.

With respect to the reliability of the results of such interrogation, Gerson and Victoroff conclude that persistent, careful questioning can reduce ambiguities in drug interrogation, but cannot eliminate them altogether.

At least one experiment has shown that subjects are capable of maintaining a lie while under the influence of a barbiturate. Redlich and his associates at Yale[25] administered sodium amytal to nine volunteers, students and professionals, who had previously, for purposes of the experiment, revealed shameful and guilt-producing episodes of their past and then invented false self-protective stories to cover them. In nearly every case the cover story retained some elements of the guilt inherent in the true story.

Under the influence of the drug, the subjects were cross-examined on their cover stories by a second investigator. The results, though not definitive, showed that normal individuals who had good defenses and no overt pathological traits could stick to their invented stories and refuse confession. Neurotic individuals with strong unconscious self-punitive tendencies, on the other hand, both confessed more easily and were inclined to substitute fantasy for the truth, confessing to offenses never actually committed.

In recent years drug therapy has made some use of stimulants, most notably amphetamine (Benzedrine) and its relative methamphetamine (Methedrine). These drugs, used either alone or following intravenous barbiturates, produce an outpouring of ideas, emotions, and memories which has been of help in diagnosing mental disorders. The potential of stimulants in interrogation has received little attention, unless in unpublished work. In one study of their psychiatric use Brussel *et al.* [7] maintain that methedrine gives the liar no time to think or to organize his deceptions. Once the drug takes hold, they say, an insurmountable urge to pour out speech traps the malingerer. Gottschalk, on the other hand, says that this claim is extravagant, asserting without elaboration that the study lacked proper controls.[13] It is evident that the combined use of barbiturates and stimulants, perhaps along with ataraxics (tranquilizers), should be further explored.

#### OBSERVATIONS FROM PRACTICE

J. M. MacDonald, who as a psychiatrist for the District Courts of Denver has had extensive experience with narcoanalysis, says that drug interrogation is of doubtful value in obtaining confessions to crimes. Criminal suspects under the influence of barbiturates may deliberately withhold information, persist in giving untruthful answers, or falsely confess to crimes they did not commit. The psychopathic personality, in particular, appears to resist successfully the influence of drugs.

MacDonald tells of a criminal psychopath who, having agreed to narco-interrogation, received 1.5 grams of sodium amytal over a period of five hours. This man feigned amnesia and gave a false account of a murder. "He displayed little or no remorse as he (falsely) described the crime, including burial of the body. Indeed he was very self-possessed and he appeared almost to enjoy the examination. From time to time he would request that more amytal be injected." [21]



ceiving drugs is likely to give false information also under narcosis, that the drugs are of little value for revealing deceptions, and that they are more effective in releasing unconsciously repressed material than in evoking consciously suppressed information.

Another psychiatrist known for his work with criminals, L. Z. Freedman, gave sodium amytal to men accused of various civil and military antisocial acts. The subjects were mentally unstable, their conditions ranging from character disorders to neuroses and psychoses. The drug interviews proved psychiatrically beneficial to the patients, but Freedman found that his view of objective reality was seldom improved by their revelations. He was unable to say on the basis of the narco-interrogation whether a given act had or had not occurred. Like MacDonald, he found that psychopathic individuals can deny to the point of unconsciousness crimes that every objective sign indicates they have committed.[10]

F. G. Inbau, Professor of Law at Northwestern University, who has had considerable experience observing and participating in "truth" drug tests, claims that they are occasionally effective on persons who would have disclosed the truth anyway had they been properly interrogated, but that a person determined to lie will usually be able to continue the deception under drugs.

The two military psychiatrists who made the most extensive use of narcoanalysis during the war years, Roy R. Grinker and John C. Spiegel, concluded that in almost all cases they could obtain from their patients essentially the same material and give them the same emotional release by therapy without the use of drugs, provided they had sufficient time.

The essence of these comments from professionals of long experience is that drugs provide rapid access to information that is psychiatrically useful but of doubtful validity as empirical truth. The same psychological information and a less adulterated empirical truth can be obtained from fully conscious subjects through non-drug psychotherapy and skillful police interrogation.

#### APPLICATION TO CI INTERROGATION

The almost total absence of controlled experimental studies of "truth" drugs and the spotty and anecdotal nature of psychiatric and police evidence require that extrapolations to intelligence operations be made with care. Still, enough is known about the drugs' action to suggest certain considerations affecting the possibilities for their use in interrogations.

It should be clear from the foregoing that at best a drug can only serve as an aid to an interrogator who has a sure understanding of the psychology and techniques of normal interrogation. In some respects, indeed, the demands on his skill will be increased by the baffling mixture of truth and fantasy in drug-induced output. And the tendency against which he must guard in the interrogate to give the responses that seem to be wanted without regard for facts will be heightened by drugs: the literature abounds with warnings that a subject in narcosis is extremely suggestible.

It seems possible that this suggestibility and the lowered guard of the narcotic state might be put to advantage in the case of a subject feigning ignorance of a language or some other skill that had become automatic with him. Lipton[20] found sodium amytal helpful in determining whether a foreign subject was merely pretending not to understand English. By extension, one can guess that a drugged interrogatee might have difficulty maintaining the pretense that he did not comprehend the idiom of a profession he was trying to hide.

There is the further problem of hostility in the interrogator's relationship to a resistance source. The accumulated knowledge about "truth" drug reaction has come largely from patient-physician relationships of trust and confidence. The subject in narcoanalysis is usually motivated *a priori* to cooperate with the psychiatrist, either to obtain relief from mental suffering or to contribute to a scientific study. Even in police work, where an atmosphere of anxiety and threat may be dominant, a relationship of trust frequently asserts itself: the drug is administered by a medical man bound by a strict code of ethics; the suspect agreeing to undergo narcoanalysis in a desperate bid for corroboration of his testimony trusts both drug and psychiatrist, however apprehensively; and finally, as Freedman and MacDonald have indicated, the police psychiatrist frequently deals with a "sick" criminal, and some order of patient-physician relationship necessarily evolves.



Rarely has a drug interrogation involved "normal" individuals in a hostile or genuinely threatening milieu. It was from a non-threatening experimental setting that Eric Lindemann could say that his "normal" subjects "reported a general sense of euphoria, ease and confidence, and they exhibited a marked increase in talkativeness and communicability." [18] Gerson and Victoroff list poor doctor-patient rapport as one factor interfering with the completeness and authenticity of confessions by the Fort Dix soldiers, caught as they were in a command performance and told they had no choice but to submit to narco-interrogation.

From all indications, subject-interrogator rapport is usually crucial to obtaining the psychological release which may lead to unguarded disclosures. Role-playing on the part of the interrogator might be a possible solution to the problem of establishing rapport with a drugged subject. In therapy, the British narcoanalyst William Sargent recommends that the therapist deliberately distort the facts of the patient's life-experience to achieve heightened emotional response and abreaction. [27] In the drunken state of narcoanalysis patients are prone to accept the therapist's false constructions. There is reason to expect that a drugged subject would communicate freely with an interrogator playing the role of relative, colleague, physician, immediate superior, or any other person to whom his background indicated he would be responsive.

Even when rapport is poor, however, there remains one facet of drug action eminently exploitable in interrogation—the fact that subjects emerge from narcosis feeling they have revealed a great deal, even when they have not. As Gerson and Victoroff demonstrated at Fort Dix, this psychological set provides a major opening for obtaining genuine confessions.

#### POSSIBLE VARIATIONS

In studies by Beecher and his associates, [3-6] one-third to one-half the individuals tested proved to be placebo reactors, subjects who respond with symptomatic relief to the administration of any syringe, pill, or capsule, regardless of what it contains. Although no studies are known to have been made of the placebo phenomenon as applied to narco-interrogation, it seems reasonable that when a subject's sense of guilt interferes with productive interrogation, a placebo for pseudo-narcosis could have the effect of absolving him of the responsibility for his acts and thus clear the way for free communication. It is notable that placebos are most likely to be effective in situations of stress. The individuals most likely to react to placebos are the more anxious, more self-centered, more dependent on outside stimulation, those who express their needs more freely socially, talkers who drain off anxiety by conversing with others. The non-reactors are those clinically more rigid and with better than average emotional control. No sex or I.Q. differences between reactors and non-reactors have been found.

Another possibility might be the combined use of drugs with hypnotic trance and post-hypnotic suggestion: hypnosis could presumably prevent any recollection of the drug experience. Whether a subject can be brought to trance against his will or unaware, however, is a matter of some disagreement. Orne, in a survey of the potential uses of hypnosis in interrogation, [23] asserts that it is doubtful, despite many apparent indications to the contrary, that trance can be induced in resistant subjects. It may be possible, he adds, to hypnotize a subject unaware, but this would require a positive relationship with the hypnotist not likely to be found in the interrogation setting.

In medical hypnosis, pentothal sodium is sometimes employed when only light trance has been induced and deeper narcosis is desired. This procedure is a possibility for interrogation, but if a satisfactory level of narcosis could be achieved through hypnotic trance there would appear to be no need for drugs.

#### DEFENSIVE MEASURES

There is no known way of building tolerance for a "truth" drug without creating a disabling addiction, or of arresting the action of a barbiturate once induced. The only full safeguard against narco-interrogation is to prevent the administration of the drug. Short of this, the best defense is to make use of the same knowledge that suggests drugs for offensive operations: if a subject knows that on emerging from narcosis he will have an exaggerated notion of how much he has revealed he can better resolve to deny he has said anything.



The disadvantages and shortcomings of drugs in offensive operations become positive features of the defense posture. A subject in narco-interrogation is intoxicated, wavering between deep sleep and semi-wakefulness. His speech is garbled and irrational, the amount of output drastically diminished. Drugs disrupt established thought patterns, including the will to resist, but they do so indiscriminately and thus also interfere with the patterns of substantive information the interrogator seeks. Even under the conditions most favorable for the interrogator, output will be contaminated by fantasy, distortion, and untruth.

Possibly the most effective way to arm oneself against narco-interrogation would be to undergo a "dry run." A trial drug interrogation with output taped for playback would familiarize an individual with his own reactions to "truth" drugs, and this familiarity would help to reduce the effects of harassment by the interrogator before and after the drug has been administered. From the viewpoint of the intelligence service, the trial exposure of a particular operative to drugs might provide a rough benchmark for assessing the kind and amount of information he would divulge in narcosis.

There may be concern over the possibility of drug addiction intentionally or accidentally induced by an adversary service. Most drugs will cause addiction with prolonged use, and the barbiturates are no exception. In recent studies at the U.S. Public Health Service Hospital for addicts in Lexington, Ky., subjects received large doses of barbiturates over a period of months. Upon removal of the drug, they experienced acute withdrawal symptoms and behaved in every respect like chronic alcoholics.

Because their action is extremely short, however, and because there is little likelihood that they would be administered regularly over a prolonged period, barbiturate "truth" drugs present slight risk of operational addiction. If the adversary service were intent on creating addiction in order to exploit withdrawal, it would have other, more rapid means of producing states as unpleasant as withdrawal symptoms.

The hallucinatory and psychotomimetic drugs such as mescaline, marihuana, LSD-25, and miltotrine are sometimes mistakenly associated with narcoanalytic interrogation. These drugs distort the perception and interpretation of the sensory input to the central nervous system and affect vision, audition, smell, the sensation of the size of body parts and their position in space, etc. Mescaline and LSD-25 have been used to create experimental "psychotic states," and in a minor way as aids in psychotherapy.

Since information obtained from a person in a psychotic drug state would be unrealistic, bizarre, and extremely difficult to assess, the self-administration of LSD-25, which is effective in minute dosages, might in special circumstances offer an operative temporary protection against interrogation. Conceivably, on the other hand, an adversary service could use such drugs to produce anxiety or terror in medically unsophisticated subjects unable to distinguish drug-induced psychosis from actual insanity. An enlightened operative could not be thus frightened, however, knowing that the effect of these hallucinogenic agents is transient in normal individuals.

Most broadly, there is evidence that drugs have least effect on well-adjusted individuals with good defenses and good emotional control, and that anyone who can withstand the stress of competent interrogation in the waking state can do so in narcosis. The essential resources for resistance thus appear to lie within the individual.

#### CONCLUSIONS

The salient points that emerge from this discussion are the following. No such magic brew as the popular notion of truth serum exists. The barbiturates, by disrupting defensive patterns, may sometimes be helpful in interrogation, but even under the best conditions they will elicit an output contaminated by deception, fantasy, garbled speech, etc. A major vulnerability they produce in the subject is a tendency to believe he has revealed more than he has. It is possible, however, for both normal individuals and psychopaths to resist drug interrogation; it seems likely that any individual who can withstand ordinary intensive interrogation can hold out in narcosis. The best aid to a defense against narco-interrogation is foreknowledge of the process and its limitations. There is an acute need for controlled experimental studies of drug reaction, not only to depressants but also to stimulants and to combinations of depressants, stimulants, and ataraxics.



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Senator WALLOP. If they are, I would assume that you would still try to find from either theirs or somebody else's information how to protect our people from that kind of activity.

Admiral TURNER. Yes.

Senator WALLOP. Thank you very much. Thank you, Mr. Chairman.

Senator INOUE. Senator Chafee?

Senator CHAFEE. Thank you, Mr. Chairman.



Admiral Turner, I appreciate that these tawdry activities were taking place long before your watch, and I think you have correctly labeled them as abhorrent, but not only were they abhorrent, it seems to me they were rather bungled, amateurish experiments that don't seem to have been handled in a very scientific way, at least from the scanty evidence we have.

It seems to me that there were the minimum of reports and the Agency didn't have the ability to call it quits. It went on for some 12 years, as you mentioned. What I would like to get to is, are you convinced now in your Agency that those scientific experiments, legitimate ones that you were conducting with polygraph and so forth, were being conducted in a scientific manner and that you are handling it in a correct manner to get the best information that you are seeking in the end?

Admiral TURNER. Yes, I am, and I also have a sense of confidence that we are limiting ourselves to the areas where we need to be involved as opposed to areas where we can rely on others.

Senator CHAFFEE. I am convinced of that from your report. I just do hope that you have people who are trained in not only handling this type of experiment, but in preparing the proper reports and drawing the proper data from the reports. You are convinced that you have this type of people?

Admiral TURNER. Yes, sir.

Senator CHAFFEE. The second point I am interested in was the final lines in your testimony here, which I believe are very important, and that is that the Agency is doing all it can in cooperation with other branches of the Government to go about tracking down the identity of those who were in some way adversely affected, and see what can be done to fulfill the government's responsibilities in that respect. I might add that I commend you in that, and I hope you will pursue it vigorously.

A hospital in my State was involved in these proceedings, and it is unclear exactly what did take place, so I have both a parochial interest in this and a national interest as well, and I do hope you will press on with it. It involves not only you, I appreciate, but also HEW and perhaps the Attorney General.

Admiral TURNER. Thank you, sir. We will.

Senator CHAFFEE. Thank you. Thank you, Mr. Chairman.

Senator INOUE. Thank you very much.

Admiral Turner, MKULTRA subproject 3 was a project involving the surreptitious administration of LSD on unwitting persons, was it not?

Admiral TURNER. Yes, sir.

Senator INOUE. In February 1954, and this was in the very early stages of MKULTRA, the Director of Central Intelligence wrote to the technical services staff officials criticizing their judgment because they had participated in an experiment involving the administration of LSD on an unwitting basis to Dr. Frank Olson, who later committed suicide. Now, the individuals criticized were the same individuals who were responsible for this subproject 3, involving exactly the same practices. Even though these individuals were clearly aware of the dangers of surreptitious administration and had been criticized by the Director



of Central Intelligence, subproject 3 was not terminated immediately after Dr. Olson's death.

In fact, according to documents, it continued for a number of years. Can you provide this committee with any explanation of how such testing could have continued under these circumstances?

Admiral TURNER. No, sir, I really can't.

Senator INOUE. Are the individuals in the technical services who carried on subproject 3 still on the CIA payroll?

Admiral TURNER. I am sorry. Are you asking, are they today?

Senator INOUE. Yes.

Admiral TURNER. No, sir.

Senator INOUE. What would you do if you criticized officials of the technical services staff and they continued to carry on experimentation for a number of years?

Admiral TURNER. I would do two things, sir. One is, I would be sure at the beginning that I was explicit enough that they knew that I didn't want that to be continued anywhere else, and two, if I found it being continued, I would roll some heads.

Senator INOUE. Could you provide this committee with information as to whether the individuals involved had their heads rolled?

Admiral TURNER. I don't believe there is any evidence they did, but I will double check that.

[See p. 170 for material referred to.]

Senator INOUE. As you know, Senator Huddleston and his subcommittee are deeply involved in the drafting of charters and guidelines for the intelligence community. We will be meeting with the President tomorrow. Our concern is, I think, a basic one. Can anything like this occur again?

Admiral TURNER. I think it would be very, very unlikely, first, because we are all much more conscious of these issues than we were back in the fifties, second, because we have such thorough oversight procedures. I cannot imagine that this kind of activity could take place today without some member of the CIA itself bypassing me, if I were authorizing this, and writing to the Intelligence Oversight Board, and blowing the whistle on this kind of activity.

I am also doing my very best, sir, to encourage an openness with myself and a free communication in the Agency, so that I am the one who finds these things if they should happen. The fact is that we must keep you and your committee and now the new committee in the House informed of our sensitive activities. I think all of these add up to a degree of scrutiny such that this kind of extensive and flagrant activity could not happen today without it coming to the attention of the proper authorities to stop it.

Senator INOUE. A sad aspect of the MKULTRA project was that it naturally involved the people who unwittingly or wittingly got involved in experimentation. I would appreciate it if you would report back to this committee in 3 months on what the Agency has done to notify these individuals and these institutions, and furthermore, to notify us as to what steps have been taken to identify victims, and if identified, what you have done to assist them, monetarily or otherwise.

Admiral TURNER. All right, sir. I will be happy to.

Senator GOLDWATER. Will the Senator yield?



Senator INOUE. Yes, sir.

Senator GOLDWATER. I wonder if he could include in that report for our information only a complete listing of the individuals and the experiments done on them, and whether they were witting or unwitting, volunteer or nonvolunteer, and what has been the result in each case. I think that would be interesting.

Admiral TURNER. Fine. Yes, sir.

Senator INOUE. Senator Kennedy?

Senator KENNEDY. Thank you. It is your intention to notify the individuals who have been the subjects of the research, is that right, Admiral Turner? Do you intend to notify those individuals?

Admiral TURNER. Yes.

Senator KENNEDY. If you can identify them, you intend to notify them?

Admiral TURNER. Yes.

Senator KENNEDY. And you intend to notify the universities or research centers as well?

Admiral TURNER. Senator, I am torn on that. I understand your opening statement. I put myself in the position of the president of one of those universities, let's say. If he were witting—if his university had been witting of this activity with us, he has access to all that information today. If he were not witting, I wonder if the process of informing him might put his institution's reputation in more jeopardy than letting them go on the way they are today, not knowing. I really don't know the equities here.

Senator KENNEDY. Well, the problem is, all you have to do is pick up the newspapers and you see these universities mentioned. In many instances, I think you are putting the university people at an extraordinary disadvantage, where there is a complete change of administration, and they may for one reason or another not have information that they are under suspicion. There is innuendo; there is rumor. I cannot help but believe that it will just get smeared all over the newspapers in spite of all the security steps that have been taken.

It seems to me that those universities should be entitled to that information, so that the ones with other administrations can adapt procedures to protect those universities. The importance of preserving the independence of our research areas and the communities seems to me to be a very fundamental kind of question about the protection of the integrity of our universities and our research centers.

Admiral TURNER. You are saying that you feel that if we identify them privately to themselves, we can benefit them in an adequate way to cover the risk that this will lead to a more public disclosure? There are lots of the 80 who have not been identified publicly at this point.

Senator KENNEDY. I think the universities themselves should be notified. I think then the universities can take whatever steps in terms of their setting up the procedures to protect their own kinds of integrity in terms of the future. I would certainly hope that they would feel that they could make a public comment or a public statement on it. I think it is of general public interest, particularly for the people that are involved in those universities, to have some kind of awareness of whether they were used or were not used and how they were used.

I think they are entitled to it, and quite frankly, if there is a public official or an official of the university that you notify and he wants



for his own particular reasons not to have it public, I don't see why those in a lesser echelon or lower echelon who have been effectively used by it should not have the information as well.

So, I would hope that you would notify the universities and then also indicate to the public. I can't conceive that this information will not be put out in the newspapers, and it puts the university people at an extraordinary disadvantage, and of course some of it is wrong, which is the fact of the matter, and I think some university official saying, well, it isn't so, is a lot different than if they know it is confirmed or it is not confirmed in terms of the Agency itself. I think that there is a responsibility there.

Admiral TURNER. I have great sympathy with what you are saying. I have already notified one institution because the involvement was so extensive that I thought they really needed to protect themselves, and I am most anxious to do this in whatever way will help all of the people who were perhaps unwitting participants in this, and the difficulty I will have is, I can't quite do, I think, what you suggested, in that I may not be able to tell an institution of the extent and nature of its participation.

Senator KENNEDY. Well, you can tell them to the best of your information, and it seems to me that just because the university or an individual is going to be embarrassed is not a reason for classifying the information. So, I would hope—I mean, I obviously speak as an individual Senator, but I feel that that is an incredible disservice to the innocent individuals and, I think, a disservice to the integrity of the universities unless they are notified, to be able to develop procedures you are developing with regards to your own institution and we are trying to in terms of the Congress. Certainly the universities are entitled to the same.

Admiral TURNER. Yes. Not all of these, of course, were unwitting.

Senator KENNEDY. That's right.

Admiral TURNER. Many of them were witting, and therefore they can take all those precautionary steps on their own, but I am perfectly open to doing this. I am only interested in doing it in a way that when identifying a university it will not lead to the public disclosure of the individuals, whom I am not allowed to disclose, and so on.

Senator KENNEDY. That could be done, it seems to me.

Admiral TURNER. So, we will see if we can devise a way of notifying these institutions on a private basis so that they can then make their own decision whether their equities are best served by their announcing it publicly or their attempting to maintain it—

Senator KENNEDY. Or you. I wonder. What if they were to ask you to announce or indicate?

Admiral TURNER. My personal conscience, sir, at this time, is that I would be doing a disservice to these universities if I notified the public.

Senator KENNEDY. Would you meet with some university officials and ask what their views are or whether they feel that the preservation of the integrity of the universities would be better served or not? I think that would be useful to find out from small, large, private, and public universities' officials how they view the integrity—

Admiral TURNER. Fine. I will phone several university presidents today who are my friends and who are not involved in this, and ask them what they think their equities would be.



Senator KENNEDY. All right. You let us know, too.

Admiral TURNER. But I am not sure that I see that there is any great benefit in my notifying the public as opposed to the university notifying them. Let him have his choice whether he wants—each institution wants to have it made public.

Senator KENNEDY. Yes. The fact would remain that the institution's credibility would be better served if the institution's president were to deny it and the university indicated that it did not participate in that program than if the university were to deny it and the Agency says nothing. It seems to me that that would be the strongest, and the only way that that is going to be credible. I would value it if you would get some input from universities as to what they believe is the fairest way in terms of the preservation of the integrity of the universities.

Let me, if I could, ask on the question of the uses of these safe houses, as I understand from information that was provided to us in the course of our last committee, the testing of various drugs on individuals happened at all social levels, high and low, it happened on native Americans and also on foreign nationals. That is what I understand was the nature of the project itself.

Now, I am just wondering whether those tests were conducted at the two locations on the east coast and the west coast which were known as safe houses. To your knowledge, is that correct?

Admiral TURNER. Yes.

Senator KENNEDY. In terms of the research in this particular program, it did not go beyond the safe houses located on the east coast and the west coast? I believe I am correct on that.

Admiral TURNER. That type of unwitting testing of sort of randomly selected individuals, yes.

Senator KENNEDY. It was just located in those two places?

Admiral TURNER. To the best of our knowledge, there were only two locations.

Senator KENNEDY. Well, how do we interpret randomly selected?

Admiral TURNER. Well, as opposed to prisoners in a prison who were somehow selected.

Senator KENNEDY. All right. Do you know from this information how many people were recruited during this period?

Admiral TURNER. No idea.

Senator KENNEDY. Do you know approximately?

Admiral TURNER. I asked that question the other day, and we just don't have—apparently we are very—well, either there were no records kept of the actual numbers and types of people tested or they were destroyed.

Senator INOUE. Senator Schweiker.

Senator SCHWEIKER. Thank you, Mr. Chairman.

Admiral TURNER, I would like to come back to the experiments which may have been conducted at the hospital research facilities which the CIA helped to finance. It wasn't clear to me from your previous answers what kind of work was done there. I gather you are unclear on that, too, from your remarks, yet I find in the CIA documentation which you have supplied us, a list describing some of the advantages the Agency hoped to gain. It says:



projects will be completely deniable; (c) Full professional cover will be provided for up to three biochemical employees of the Chemical Division; (d) Human patients and volunteers for experimental use will be available under controlled clinical conditions with the full supervision of

and there is a blank, something has been deleted.

It seems pretty clear to me what they intended to do in that particular wing. Doesn't it to you? Why would you go to such elaborate preparations, to buy part of the wing, bring three of your own personnel there, give them a cover, and give them access to patients? Why would you go to such trouble and expense to arrange all that, if you weren't planning to experiment on people in the hospital?

Admiral TURNER. I agree with you 100 percent, sir. Those were clearly the intentions. I have no evidence that it was carried out in that way. I am not trying to be defensive, Senator. I am only trying to be absolutely precise here.

Senator SCHWEIKER. Well, then, as to the nature of what was done there, the last paragraph on the same page of the document says, "The facilities of the hospital and the ability to conduct controlled experimentations under safe clinical conditions using materials with which any agency connection must be completely deniable will augment and complement other programs recently taken over by TSS, such as," and then there's another deletion.

Now, the words following "such as" have been deleted. That is still classified, or at least it was removed when this document was sanitized and released. It seems to be that whatever was deleted right there would give you a pretty good clue as to what they were doing, since it says that the activities would "augment and complement other programs" undertaken by TSS. So, I have trouble understanding why you don't know what was contemplated. Just the fact that similar programs are referred to in the document, though what they are is still deleted, should enable you to check it out.

You could look at what went on in the similar programs mentioned following the "such as" in the classified version of this document.

Admiral TURNER. Senator, I have not said that we don't know what was contemplated being done there. We do not know what was done there.

Senator SCHWEIKER. Why did you delete that reference? Why is that still classified, that particular project of whatever it is?

Admiral TURNER. I don't know this particular case. We will get you the exact answer to that one and inform you about it, but it is quite probable that that other case is unrelated to this in the—well, not unrelated, but that that was a project that still deserves to be classified.

[The material referred to follows:]

Construction of the Gorman Annex was begun in 1957 and the Annex was dedicated in March 1959. Of the several MKULTRA projects conducted at Georgetown only one involving human testing covered a time span subsequent to March 1959. Subproject 45 ran from 1955 to 1963, thus it is possible that the final four years (1959-1963) of the subproject could have been spent in the Gorman Annex. However, there is no reference to the Gorman Annex or a "new Annex" in Subproject 45 papers, neither is there any mention of the subproject moving to a new location in 1959 or later years.

Authorization to contribute CIA funds toward construction of the Gorman Annex is contained in Subproject 35 of MKULTRA. Recently discovered material indicated that Dr. Geschickter continued his research for sleep- and amnesia-producing drugs under Project MKSEARCH through July 1967 at Georgetown University Hospital. But it is impossible to determine if the facilities of the Gorman Annex were involved.



Senator SCHWEIKER. I think that would give us a pretty good clue as to what was going to be done in the wing the CIA helped to finance.

Was there any indication at all in the records you found that the project ultimately used cancer patients or terminally ill patients in connection with this facility?

Admiral TURNER. I'm sorry. I missed your question because I was trying to get the data on the last one. I will read you the blank.

Senator SCHWEIKER. Go ahead.

Admiral TURNER. QKHILLTOP. It doesn't help you, but—

Senator SCHWEIKER. Can you tell us what that is, or is it still classified?

Admiral TURNER. I don't know, and I assume from the fact that we deleted it, it is still classified, but I will get you that answer, sir.

Senator SCHWEIKER. Thank you. I'd like to see that information. [See p. 171 for material referred to.]

Now my next question was: Is there any indication, Admiral, that projects in that particular center involved experimentation on terminally ill cancer patients?

Admiral TURNER. I missed the first part of your question, sir. I am very sorry.

Senator SCHWEIKER. Do you have any indication that some experiments in the facility used terminally ill cancer patients as subjects? You do acknowledge in your statement and it is clear from other documents that these kinds of experiments were at some point being done somewhere. My question is, is there any indication that cancer patients or terminally ill patients were experimented with in this wing?

Admiral TURNER. Yes, it does appear there is a connection here, sir.

Senator SCHWEIKER. The other question I had relates to the development of something which has been called the perfect concussion. A series of experiments toward that end were described in the CIA documents. I wonder if you would just tell us what your understanding of perfect concussion is.

Admiral TURNER. Is that in my testimony, sir, or in some other document?

Senator SCHWEIKER. Subproject 54, MKULTRA, which involved examination of techniques to cause brain concussions and amnesia by using weapons or sound waves to strike individuals without giving warning and without leaving any clear physical marks. Someone dubbed it "perfect concussion"—maybe that was poetic license on the part of our staff rather than your poets over there. I wonder if you could just tell us what brain concussion experiments were about?

Admiral TURNER. This project, No. 54, was canceled, and never carried out.

Senator SCHWEIKER. Well, I do believe the first year of the project in 1955 was carried out by the Office of Naval Research, according to the information that you supplied us. The CIA seems to have been participating in some way at that point, because the records go on to say that the experimenter at ONR found out about CIA's role, discovered that it was a cover, and then the project was transferred to MKULTRA in 1956. Again, this is all from the backup material you have given us. So, it was canceled at some time. I am not disagreeing



with that, but apparently for at least a year or two, somebody was investigating the production of brain concussions with special black-jacks, sound waves, and other methods as detailed in the backup material.

Admiral TURNER. The data available to me is that this project was never funded by the CIA, but I will double-check that and furnish the information for the record for you as to whether there was ever any connection here and if so, what the nature of the work was.

[The material referred to follows:]

Mr. Laubinger corrected his testimony regarding Subproject 54 during the September 21, 1977 hearings before the Subcommittee on Health and Scientific Research of the Human Resources Committee. The relevant portion is reproduced below:

Mr. LAUBINGER. On project 54, it has got a rather sensational proposal in there, in terms of the work that they propose to do, and you asked about the proposal and I said, in fact, it was never funded under MKULTRA. Now, I overlooked—at least, my memory did not serve me correctly when I went through that file folder to see one memorandum dated January 10, 1956, which makes it quite clear, as a matter of fact, that that proposal was based on prior work that was funded by the Agency.

Senator SCHWEIKER. By what?

Mr. LAUBINGER. By the CIA. So, that information was in their file folder. It did not happen to be in my head when I testified.

Senator SCHWEIKER. I think I might have read you that, and that is why I argued at the time with you, because I think I had in front of me, as I recall, some indication that it was funded there. I did read that to you. So, you did supply it to us; there is no argument about that information.

Mr. LAUBINGER. Perhaps I am sort of headstrong, myself, and in my own view, I am reading under the ULTRA project, that if it had been funded under ULTRA, it would have had a project number and identified as such. The thing that threw me was that it was funded, apparently, outside of any MKULTRA activity and it was under the normal contracting process, so that it was not included in MKULTRA as any work done under that funding umbrella.

The file folder that you have and I have, right here, makes it quite clear, however, that a year's work was done through navy funding—a navy funding mechanism—on which the proposal was based that ultimately came into the MKULTRA program. That second proposal was never funded. So, there was conflict and I, personally, I think, introduced a little bit of confusion in that in my testimony.

Senator SCHWEIKER. Well, do you agree or not agree with DOD's statement here that even though the initial funding was navy, it was really a conduit for the CIA?

Mr. LAUBINGER. I think that is correct.

Senator SCHWEIKER. Yes; I would appreciate that. I would like to know how it went from ONR to CIA after a year. Somebody made a decision to make that transfer, and to make this an MKULTRA subject. There had to be some sort of review that led to a decision to continue that kind of concussion—total blackout, maximum amnesia, and whatever else it was you were interested in—study and testing.

Mr. LAUBINGER. Senator, if I may try to say a few words on that, the files that were available to us for inspection, which are limited, indicated that there was a project being carried on by the Navy having to do with the effects of brain concussion. The CIA developed an interest in that, and considered funding it, but actually never did, and as the admiral testified, the MKULTRA is merely a funding mechanism, a place they go for money to do such things, but there is no evidence that I know of that that project was ever funded.



Senator SCHWEIKER. Well, I am confused, because here again is another quote from a document that we have seen, which you have released and supplied to us:

Following is the technical progress made under the current [deleted] contract: (a) Specialized instrumentation and numerous testing techniques have been developed to obtain the desired dynamic data; (b) considerable data has now been obtained supporting the resonance-cavitation theory of brain concussion; and (c) preliminary acceleration threshold data has been obtained for a fluid-filled glass simulated skull.

It goes on to talk about a blast range and a 2,500-square-foot laboratory. The document notes that "Three blast test series have been run to date." It describes a special blackjack device, "a pancake-type blackjack giving a high peak impact force with a low unit surface pressure."

I agree the records are inconclusive as to the results of this work, but it certainly seems that some testing was done.

Mr. LAUBINGER. Senator, you are putting us in the same position I think you were stating that you were in earlier in referring to documents not before us, but I believe you are quoting from a proposal that someone sent to the Agency to fund this work, and he is referring to past work. The past work would have encompassed a lot of things like that, but CIA was not involved with that.

Senator SCHWEIKER. What do you mean, Admiral, on page 6 of your testimony when you mention projects using magician's art? How do magicians get into the spook business?

Admiral TURNER. I have interpreted this as to how to slip the mickey into the fin, but I would like to ask my advisers here to comment.

Mr. BRODY. I think that is essentially it, Senator. It is surreptitious administration of material to someone, deceptive practices, how to distract someone's attention while you are doing something else, as I understand it. It was also some type of a covert communication project involved with the study of how magicians and their assistants perhaps communicate information to one another without having other people know it. This is the type of thing that was involved, sir.

Senator SCHWEIKER. Thank you, Mr. Chairman.

Senator INOUE. Senator Huddleston?

Senator HUDDLESTON. Thank you, Mr. Chairman.

Admiral, in your checking these newly discovered documents and interviewing members of the CIA staff, did you find information that would confirm the contention described by the reporters for the New York Times that this type of experimentation was begun out of a fear at the Agency that foreign powers might have had drugs which would allow them to alter the behavior of American citizens or agents or members of the Armed Forces who were taken into custody, and which would have resulted in false confessions and the like? Is my question clear?

Admiral TURNER. Yes, sir. I haven't personally read the documentation on that. In my discussions with the people who are well informed in this area at the Agency, I am told that that is the case.

Senator HUDDLESTON. Was there any evidence or any indication that there were other motives that the Agency might also be looking for drugs that could be applied for other purposes, such as debilitating an individual or even killing another person? Was this part of this kind of experimentation?



Admiral TURNER. Yes; I think there is. I have not seen in this series of documentation evidence of desire to kill, but I think the project turned its character from a defensive to an offensive one as it went along, and there certainly was an intention here to develop drugs that could be of use.

Senator HUDDLESTON. The project continued for some time after it was learned that, in fact, foreign powers did not have such a drug as was at first feared, didn't it?

Admiral TURNER. That is my understanding. Yes, sir.

Senator HUDDLESTON. Is there any indication that knowledge gained as a result of these experiments has been useful or is being applied in any way to present operations?

Mr. BRODY. Senator, I am not sure if there is any body of knowledge. A great deal of what there was, I gather, was destroyed in 1973. I would like to defer to Frank here. Do you know of any?

Mr. LAUBINGER. I know of no drugs or anything like that developed under this program that ever reached operational use or are in use today.

Senator HUDDLESTON. So apparently any information that was gathered was apparently useless and not worth continuing, not worth further development on the part of the Agency.

Mr. LAUBINGER. I am having difficulty hearing your questions.

Senator HUDDLESTON. I can hardly hear myself.

Admiral TURNER. I think the answer to your question is that we have no evidence of great usefulness on this, and yet I think we should remember—

Senator HUDDLESTON. Well, is it accurate to say that this experimentation produced few useful results or had little application at all to the operations of the Agency or anybody else as far as we know?

Admiral TURNER. I think that is basically correct. At the same time, I would point out that we had two CIA prisoners in China and one in the Soviet Union at this time, and we were concerned as to what kinds of things might be done to them, but I am not saying that—

Senator HUDDLESTON. Have you detected any sign that any other nation is continuing or has in the past conducted experiments similar to this or with a similar objective?

Admiral TURNER. I am not prepared to answer that one off the top of my head, sir, but I will get it to you.

[The material referred to follows:]

We maintain no files of up-to-date information on the testing of drugs in foreign countries. Some years ago we occasionally would review foreign research on antibiotics and pharmaceuticals in connection with public health and civil defense assessments. For a few years beginning in 1949 we assessed foreign research on LSD under Project ARTICHOKE because of concern that such drugs might be employed against Agency and other U.S. personnel. Information relative to this work has already been provided to relevant Committees. In this early work we also occasionally looked at foreign human experimentation; we long ago eliminated our holdings on this subject and no collection requirements are any longer served. As consumer interest in this area has dropped off and higher priority areas need attention, we have virtually no present coverage with the possible exception of an occasional scanning of the literature for a specific program. To the best of our knowledge no other unit in the Intelligence Community is tracking this subject now.



Senator HUDDLESTON. You don't know whether any of your agents anywhere in the world have been subjected to any kind of procedure like this?

Admiral TURNER. We certainly know of other powers conducting research in these areas, yes.

Senator HUDDLESTON. Do you know how they go about that research?

Admiral TURNER. It is pretty sketchy, the information we have.

Senator HUDDLESTON. Do you know of any other organization in this country or any institution that has conducted extensive research on unwitting individuals and through unwitting institutions?

Admiral TURNER. Well, I have read something in the newspapers about this, but I have not familiarized myself with it in specifics.

Senator HUDDLESTON. It is not a normal mode of operation for human research, is it?

Admiral TURNER. No, sir.

Senator HUDDLESTON. Thank you, Mr. Chairman.

Senator INOUE. Senator Wallop?

Senator WALLOP. Mr. Chairman, I only have one to follow up on Senator Huddleston's questions and my earlier ones. You are not really saying, are you, Admiral Turner, that there are no mind-altering drugs or behavior modification procedures which have been used by foreign powers?

Admiral TURNER. No, sir, I am not.

Senator WALLOP. I drew that inference partly in answer to my question that you knew of no truth serum. Maybe that is a misnomer, but surely there are relaxants that make tongues looser than they would otherwise be. Isn't that true?

Admiral TURNER. Yes.

Senator WALLOP. So I think it is fair to say, too, that the experience of many American prisoners of war in the Korean conflict would indicate that there are behavior modification procedures in use by foreign powers of a fairly advanced degree of sophistication.

Admiral TURNER. Yes, sir.

Senator WALLOP. Again, I will just go back and say I think this must have been part of the motivation. I don't think you would have mentioned Cardinal Mindszenty had you thought his behavior was normal at the time or had anybody else. So, I would just again say I think it is a little bit scapegoating. I don't think the object of this hearing is in any way to lay blame on those passed or those dead or otherwise, but I think it is a little bit scapegoating to say that it stopped with the directors of the CIA or the DCI's of the time. Also I think it is a little bit scapegoating to say they didn't even know it, but that it was some lower echelon acting alone.

I think this was a behavior pattern that was prevalent in those years, and I think the object lesson is that we have discovered, we think and we hope, through your assurances and other activities of the Congress, means of avoiding future incidents of that kind. I thank you, Mr. Chairman.

Senator INOUE. Senator Chafee?

Senator CHAFEE. No questions.

Senator INOUE. Senator Kennedy, I think you have another question.



Senator KENNEDY. Just talking about the two safe houses on the east and west coast as being the sources for the unwitting trials, now, the importance of this and the magnitude of it, I think, is of significance, because we have seen from your records that these were used over a period of 8 or 9 years, and the numbers could have been considerable. You are unable to determine, at least in your own research, what the numbers would be and what the drugs were, how many people were involved, but it could have been considerable during this period of time.

It would certainly appear to me in examining the documents and the flow charts of cash slips that were expended in these areas that it was considerable, but that is a judgmental factor on it, but I think it is important to try and find out what the Agency is attempting to do to get to the bottom of it.

Now, the principal agent that was involved as I understand it is deceased and has been deceased for 2 years. The overall agent, Mr. Gottlieb, has indicated a fuzzy memory about this whole area. He has testified before the Intelligence Committee. Yet he was responsible for the whole program. Then, the Director had indicated the destruction of the various materials and unfamiliarity with the project.

Now, you have indicated in your testimony today that there are two additional agents on page 9 of your testimony, you indicated there are two additional agents which you have uncovered at the bottom of it, and you say, the names of CIA officials who approved or monitored the various projects. You talk about the two additional agents in your testimony.

Now, I am just wondering if you intend to interview those agents to find out exactly what is being done. I suppose, first of all, shouldn't the project manager know what was being done?

Admiral TURNER. Our first problem, Senator, is that we have been unable to associate an individual with those names at this point. We are still burrowing to find out who these people are. We haven't identified them as having been CIA employees, and we don't know whether these were false names.

Senator KENNEDY. You are tracking that down, as I understand it?

Admiral TURNER. Yes, sir.

Senator KENNEDY. You are tracking that down, and you have every intention of interviewing those people to find out whatever you can about the program and project?

Admiral TURNER. My only hesitation here is whether I will do this or the Justice Department.

Senator KENNEDY. It will be pursued, though, I understand?

Admiral TURNER. Yes, sir.

Senator KENNEDY. Either through the Agency or through the Justice Department?

Admiral TURNER. [Nods in the affirmative.]

Senator KENNEDY. Is it plausible that the director of the program would not understand or know about the details of the program? Is it plausible that Dr. Gottlieb would not understand the full range of activities in those particular safe houses?