SAAGA

SURVIVORS ALLIED AGAINST GOVERNMENT ABUSE

www.saaga.info

November 14, 2021

Attention: Gilles Vézina
Office de consultation publique de Montréal (OCPM)
1550 rue Metcalfe, bureau 1414
Montréal (QC) H3A 1X6
ocpm.qc.ca/Royal-Victoria
gilles.vezina@ocpm.qc.ca / documentation@ocpm.qc.ca
514-872-850

SUBJECT: PUBLIC OPINION ON THE FORMER ROYAL VICTORIA HOSPITAL https://ocpm.qc.ca/fr/royal-victoria

FROM: Angela Bardosh

AUDITION: November 15, 2021

Dear Members of the OCPM Commission:

This document will be presented on November 15, 2021, via Zoom for 10 minutes to the Office de Consultation Publique de Montréal.

1. INTRODUCTION

I would like to thank you for the opportunity to address our opinion to the *Office de consultation publique de Montréal* with regards to the New Vic proposed by the McGill University.

This document is to provide opinions on the proposed plans of development so as to ensure that a proper investigation be performed for potential unmarked graves and to preserve the proof of atrocities committed by Dr. Cameron and his team in human medical experimentation at the Allan Memorial Institute (AMI) from 1943-1964. That a Commemorative Plaque and Totem be erected for the survivors and their families.

2. OPINIONS ON THE PROPOSED PLANS FOR THE NEW VIC

We do concede that the new plans allow for a more spacious and visually-pleasing design; however, as described in **Section 3** herein, the construction of a pool behind the AMI would stir up many unpleasant memories for the survivors and their families for a potential grave site is located in the area. We propose instead that the space be designed with a Commemorative Plaque of Remembrance for all Survivors and their Families as described in **Section 4**.

3. HISTORY OF TRAUMA – BASED MIND CONTROL IN NORTH AMERICA

We stand in solidarity with the Mohawk Mothers plight for Truth and per their presentation to the OCPM (presented to the OCPM – November 10, 2021 https://www.youtube.com/watch?v=EO4mb3ZNxD8 **[see APPENDIX 1 - Mohawk Mothers]**). During the years of 1946 and 1952, hundreds of Nazi and SS doctors were granted citizenship and immigration to Canada under Project Paperclip, and worked at Indian hospitals and other facilities under CIA and military sponsorship, including the AMI. Their research included trauma-based mind control programs, sterilization techniques and pharmacological drug testing on native children, orphans and some adult volunteers (Annett, Kevin 2010. *Hidden No Longer: Genocide in Canada, Past and Present (3rd edition*) http://caid.ca/NoLonHid2010.pdf). Montrealers are aware that much deep darkness, heaviness and sadness hangs over the AMI and surroundings, now notorious for crimes against humanity through unethical research on our fellow Canadian citizens, many of whom were patients of Dr. Ewen Cameron from 1943 to 1964 as part of secret covert military operations including “Mind Control and Brainwashing Experiments” **[see APPENDIX 2 - Phoenix Rising]**. These were funded in part by our Canadian Government (National Research Council (now the Canadian Institutes of Health Research), the Canadian Department of National Health and Welfare (now split into Health Canada and Human Resources Development Canada) and the Defence Research Board of Canada (“DRB”, now part of the Department of National Defence) and the American Government CIA (MK-ULTRA – a 25 year, 25 Million Dollar $ Operation **[see APPENDIX 3 - MK-ULTRA]**) as well as U.S Air Force (Application for Authorization of Class Action – Consumer Law Group https://www.clg.org/Class-Action/List-of-Class-Actions/Allan-Memorial-Institute-Experiments-Class-Action **[see APPENDIX 4 - Class Action]**).

Funding from US came through the front organization called Society for the Investigation of Human Ecology (see **APPENDIX 7).** Dr. Cameron had a very prestigious and prominent career and travelled extensively to set up projects in various locations all across the world**.**

Places of employment included: Physician in Charge of the Provincial Mental Hospital, Brandon, Manitoba, Canada (1929 to 1936); Worchester State Hospital, Worchester, Massachusetts (1936 to 1938) and Albany Medical School (1938 to 1943); other employments were listed as Assistant Psychiatrist, Phipps Clinic, Zurich, Switzerland; Assistant Psychiatrist, John Hopkins Hospital, Baltimore, Maryland, and as Assistant Psychiatrist, Glasgow Royal Hospital, Glasgow, Scotland.

In 1943, Cameron accepted a psychiatrist in chief position at the Royal Victoria Hospital. He also worked as a consultant psychiatrist for the Montreal General Hospital and Verdun Protestant Hospital (currently the Douglas Mental Health University Institute) (CV of Dr. Cameron recruitment for the FBI **[see APPENDIX 5 - CV Cameron]**). The research generated through massive mind control experiments under various covert programs funded at AMI led to the creation of the Kubark Counterintelligence Interrogation Report in 1963 **[see APPENDIX 6 - Kubark**].

4. PERSONAL STORY – Angela Bardosh

My mother, Nancy Layton, was a former patient of Dr. Cameron between the years of 1961 to 1962 at the AMI and is a survivor of the barbaric torture experiments which were funded in part by the CIA under subproject 68 of the MK-ULTRA program **[see APPENDIX 7 – Subproject 68]** and the Canadian Government (CBC Podcasts - Brainwashed www.cbc.ca/listen/cbc-podcasts/440-brainwashed / https://ici.radio-canada.ca/ohdio/balados/8260/brainwash-les-cobayes-oublies).

Within 6 months of her hospitalization at the age of 18, she underwent what Dr. Cameron called "Depatterning" http://image.guardian.co.uk/sys-files/Guardian/documents/2007/09/07/depatterning.pdf **[see APPENDIX 8 - Depatterning**], heavy electroshock treatments, barbiturates, largactil and combination of experimental drugs to keep her in a comatose state. Her brain and her body were severely injured thereafter and it has been a very long journey to help her regain her

sense of self and dignity. She still struggles with Schizophrenia with the deep Trauma that had been inflicted so many years ago.

She came very close to dying at the hands of Dr. Cameron during the initiation for ETCs, heavy barbiturates and experimental drugs and coma-induced treatments.

Many consider the treatments to have been akin to torture (Movie - Eminent Monsters (2020) - https://www.cbc.ca/documentarychannel/docs/eminent-monsters) by Stephen Bennett). Still to this day, there has been no public apology or true closure in our plight for Justice for the victims and their families for the atrocities committed.

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We believe many children were brought to the AMI for experimentation. From numerous survivor testimonies have come rumours of unmarked graves of children killed by the treatments given (see Lana Ponting's Testimony **[APPENDIX 1 – Mohawk Mothers – Appendix 9]** as well as evidence from Geoview Pro software **[APPENDIX 1 – Mohawk Mothers – Appendix 13].** A possible mass grave has been reported north of the AMI building, on the southern slopes of Mount Royal behind the stone wall (Brenda Norrell - *Location of Mass Graves of Residential School Children Revealed; Independent Tribunal Established* – 2008 http://archives.algomau.ca/main/sites/default/files/2010-061_015_024.pdf **APPENDIX 9 - Mass Grave Location**).

Source: Picture taken by Angela Bardosh November 2021 based on Norrell's description.

Some children allegedly we brought to the AMI from broken families , group homes and orphanages. Some were children of the military or of parents working in intelligence-related activities. In Quebec after 1953 thousands of "Duplessis Orphans" were deemed "mentally ill" and experimented upon [**see APPENDIX 10 – Duplessis Orphans]**.

6. IMMEDIATE DEMANDS PRIOR TO ANY DEVELOPMENT WORK:

In addition to affirming our solidarity with the Mohawk Nations for Truth and Reconciliation efforts, we would like to make the following requests:

- That ground penetrating radar be used to investigate for possible human remains prior to any development work in and around the AMI by independent contractors independent from McGill University and from the City of Montreal, and that a member of all 3 groups (SAAGA, Duplessis Orphans, and Mohawk Nations) as deemed appropriate be present during the process.
- Should remains be found, that the development project for the Vic be halted, that a forensic investigation done and a criminal investigation conducted into crimes against humanity. All development and demolition work especially behind the

AMI in and around the pool area should be halted until the above is completed to the satisfaction of all parties named - SAAGA, Duplessis Orphans and Mohawk Mothers.

- That any burial grounds be preserved and declared a historical heritage for honouring and remembering for future generations to come.

This will ensure that there is a proper reconciliation for the victims.

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It is only after truth and reconciliation and a public apology that a Circular Commemorative Memorial Plaque to all survivors and their families from government abuse be erected in Remembrance (with Symbol of the Forget me Not Flower in the middle in blue colour – "Always Remembered and Never Forgotten") and a Totem (designed by the indigenous community leaders) to cherish and honour our indigenous heritage and ancestry. We are also proposing an education program to include the truth of all that really happened at the AMI during this dark period of our history. Not only must Canadians become informed about the MK-ULTRA program and Dr. Cameron and his colleagues and collaborators. We need accountability and justice so that mass Genocide and human experimentation are never allowed to happen again to future generations.

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Thanking you in advance for your consideration of the opinions expressed and in these matters.

Yours Sincerely,

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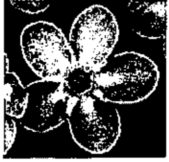

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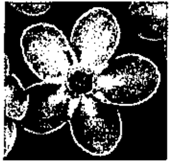

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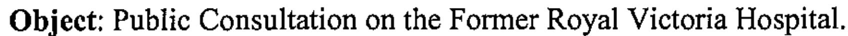
APPENDIX 1



Object: Public Consultation on the Former Royal Victoria Hospital.

From: The rotisken'raketeh of kahnawake, ohsweken/six nations of the grand river, akwesasne, and kanehsatake, on behalf of the kanien'kehá:ka kahnistensera (mohawk mothers).

Attention: Laurent Maurice Lafontant
Adjoint administratif, Office de Consultation Publique de Montréal
1550 Metcalfe Street, office 1414. Montreal, H3A 1X6
ocpm.qc.ca/Royal-Victoria; 514 872 8510; 1 833 215 9314

Abstract: The kanien'kehá:ka kahnistensera (mohawk women), careholders of thequenondah (two mountains/mount royal), demand the immediate suspension of all reconstruction plans for the Royal Victoria Hospital and Allan Memorial Institute sites on the campus of McGill University, for the following reasons: 1) The site is unceded kanien'kehá:ka territory; 2) The site contains archeological remains from the original precolonial Iroquoian village; 3) The grounds of the Allan Memorial Institute must be investigated for potential unmarked graves and proof of atrocities committed during the MK-Ultra program, between 1954 and 1963.

Shé:kon,

This brief will be presented on November 10, 2021, via Zoom for 10 minutes, to the Office de Consultation Publique de Montréal. It will be presented by members of the rotisken'raketeh (men's council fire) of kahnawake, ohsweken/six nations of the grand river, akwesasne, and kanehsatake. Following traditional protocol, the rotisken'raketeh will carry the words of the kanien'kehá:ka kahnistensera (mohawk mothers), who are the careholders of onowarekeh (turtle island), in custody for the tahatikonhsontóntie, "the future generations still in the ground of mother earth". This brief is an objection to the plans of the corporation of McGill University and its affiliated institutions to violate the circle of life on our ancestral land at thequenondah (mount royal). As members of the rotino'shonni iroquois confederacy, we have a vested interest in the Royal Victoria Hospital reconstruction project under the following:

According to the kaia'nere:kowa (great peace), which is the precolonial constitution of the rotino'shonni iroquois confederacy, the kahnistensera (mothers) are the progenitors of all life on onowarekeh (turtle island) since the beginning of life on earth. Their duty is to carry out the will of creation, embodied in the original circle of 49 families (tekentiohkwenhoksta). Our alliance protocol, the teiohateh (two row wampum, **Appendix 1**), provides that we survive and coexist with all life as siblings with our mother, the earth. All of turtle island is the unceded birthright of the onkwehonweh (original people) to carehold for future generations[1].

[1] Information on the tehiohate can be found here: https://www.youtube.com/watch?v=4Z0qKkAht5s&t=277s ; for the kaia'nere:kowa, see: https://mohawknationnews.com/thegreatlaw.htm

On September 12, 2015, a Notice of Seizure of McGill University was sent by kahentinetha, a kanien'kehá:ka woman of the waksarawakeh clan, to McGill's Principal and Vice-Chancellor, Suzanne Fortier (**Appendix 2**). Addressed were multiple violations of the kaia'nere:kowa (great peace) by McGill University, whose campus is on unceded kanien'kehá:ka territory, and was built using funds borrowed from the rotino'shonni:onwe, and which were never repaid. The kaia'nere:kowa supersedes the Constitution and Charter of Rights of the corporation of Canada both historically and legally. McGill acknowledges on its own blog that its campus is located on unceded indigenous land. Despite McGill's creation of a Task Force on Indigenous Studies and Indigenous Education in 2016 (appointees or employed by McGill), no official response was provided to this Notice of Seizure. A second letter (**Appendix 3**) was thus sent in May 2021, informing McGill's Board of Governors that their failure to respond to the 2015 Notice of Seizure meant that they admitted by default that McGill illegally sits on kanien'kehá:ka land. Unless McGill University abides by the kaia'nere:kowa (great peace) and the teiohateh (two row wampum), it is considered as trespassing kanien'kehá:ka land. No agreement is valid without the consensus of the original sovereigns of turtle island.

The kahionni 44 (hiawatha belt) of the kaia'nere:kowa provides the duties of the women as caretakers: *kononkwe ne konwatsirineh ne kanakerasera. ne enkotiyatakwehnyyokeh ne onwentsa. ronnonkwe tahnon ne konnonkwe ne enhatihsereh tsiniyakotaroten ne ronwatihnistenha.* "Women shall be considered the progenitors of the people. They are the prime caretakers of the land and the soil. Men and women shall follow the status of their mothers".

The private "indigenous consultation" firm Acosys hired by McGill University has not received permission from the kanien'kehá:ka kahnistensera to repurpose our land known as "the Royal Victoria Hospital site". This permission is the first step towards any planification. The kahnistensera are still waiting to be provided with the information on who was improperly consulted on their behalf. Acosys must use the proper kaia'nere:kowa protocol. As careholders of thequenondah, including the site of the Royal Victoria Hospital and Allan Memorial Institute, the kahnistensera hereby inform you that our protocol has been violated and that the project cannot proceed.

Our demands are based on the following considerations:

1-The kanien'kehá:ka land on which the Royal Victoria Hospital site is located is said to have first been transferred by the Sulpicians to private owner Pierre Raimbault as "concession 637" in 1708. No information has been provided to us attesting to the Sulpicians having acquired the said land from the rotino'shonni:onwe iroquoian peoples who have lived on this land since time immemorial. Jacques Cartier first encountered our rotino'shonni:onwe ancestors in 1535 (**Appendix 4**) and indicated that the village of "Hochelaga" was located at thequenondah (mount royal). Given our people's practice of safeguarding the environment by moving our villages regularly throughout our territories, the village had been temporarily left to natural regeneration when Samuel de Champlain came back to the site, in 1603. When our people returned, they saw a group of strangers had moved onto our site and learned that they called the settlement "Ville Marie". Unable to use the land, which was regularly used to meet with indigenous peoples from all directions of turtle island, our people renamed the location

tionni'tio'tià:kon, "the place where the people separated". This name indicates that the kanien'kehá:ka people could no longer meet on this site, because it had been unlawfully occupied without notice by the kanatiens, "those who squat on our land." As no proper land deed or certificate of cession of this land has ever been shown to us, the site must be considered unceded kanien'kehá:ka land, as often acknowledged both by McGill University and the City of Montreal.

2-Only the kanien'kehá:ka'onwe, the "people forever of the flint", can make decisions on the use of our land, in accordance with the kaia'nere:kowa (great peace), our ancestral constitution which supersedes all colonial legislation. In the absence of any proof of the land being ceded, the only juridical foundations of the colonial occupation of onowarekeh (turtle island) are racist ideologies: the right of conquest and the right of discovery. These false doctrines underlie the Europeans' invalid right to commit genocide of our people to the present day. Under the kaia'nere:kowa, we have a right to survive by any means. As unceded kanien'kehá:ka territory, the only valid legal framework on thequenondah is the kaia'nere:kowa, accompanied by the two historical agreements between the rotinoshionni confederacy and the British Crown: the teiohateh (two row) and the silver covenant chain (**Appendix 5**).

3-McGill campus on thequenondah is widely acknowledged as the original site of many of the precolonial iroquoian villages today referred to as "hochelaga". As stated in Arkeos' 2016 archeological survey (**Appendix 6**), the large number of precolonial indigenous burial sites throughout the thequenondah and Royal Victoria Hospital sites demonstrates that the remains of our indigenous ancestors lie beneath its surface. As their heirs, it is our responsibility to determine how these crucial archeological sites will be treated in any change to the thequenondah site. It is an extreme offense to disturb our ancestors.

4- In 1847, McGill College cashed a loan of £2000 ($8000) from the Iroquois Trust Fund. This fund, intended to compensate the use of aboriginal lands, was kept in trust by the Federal government under the racist pretext that indigenous peoples were unable to manage their own funds. This sum, which built part of the McGill campus, was never paid back to the rotinoshionni confederacy. With 10% compound interest, the amount owed today is $5,584,800,717.46, based on the value of the gold standard at that time (**Appendix 7**). This full amount must be immediately remitted to the rotinoshionni to stop the accumulation of interest which is compounded from sunrise to sunset every day.

5- In addition to archeological remains, the kanien'kehá:ka kahnistensera have been aware of allegations that indigenous and/or non-indigenous children may be buried in the vicinity of the Henry Lewis Morgan pool, and in adjacent grounds of the Ravenscrag gardens of the Allan Memorial Institute. The Henry Lewis Morgan pool was built in 1961 during Dr. Ewen Cameron's unethical psychiatric experimentations on mind control, carried within the Allan Memorial Institute between 1954 and 1963, and funded by the Canadian government and the CIA's MK-Ultra project. An audio taped conversation with 80-year-old Winnipeg resident Lana Ponting, who is one of the few remaining victims of these experiments, has confirmed several aspects of these allegations. Lana Ponting has stressed three points: 1) That indigenous peoples were victims of these experiments, as she remembers seeing at least one indigenous individual receiving intense shock treatment in the Allan Memorial Institute during her stay, in April 1958; 2) That underaged children were victims of these experiments, as Lana Ponting witnessed many

minor individuals in the building, and as she was herself 16 years old at the time. It is also public knowledge that several MK-Ultra subprojects included psychiatric experiments on unwitting children (Subprojects 102, 103, 177, and 122, see **Appendix 8**); 3) That the rumor that the experiments' victims were buried in the Ravenscrag gardens surrounding the Allan Memorial Institute was already in circulation amongst its patients as early as 1958. Notably, Lana Ponting recalls that suspicious activities were conducted outside the building at night. Lana Ponting has agreed to have her eye-witness testimony included in this brief (**Appendix 9**) and mentioned on tape that her doctor will provide a letter attesting that she is of sound mind. Lana Ponting and many other family members of psychiatric experiments at McGill University have strong suspicions that unmarked graves, potentially including indigenous children, will be uncovered beneath the grounds of Ravenscrag. The kanien'kehá:ka caretakers of thequenondah take these allegations very seriously, as should McGill's Board of Governors. Indigenous children who were kidnapped from their families and put in Residential Schools were legally deemed "wards" of the State of Canada. Given this status, many of these children were used for experiments, including on nutrition and starvation (**Appendix 10**). It must also be noted that before coming to the Allan Memorial Institute, Dr. Ewen Cameron practiced psychiatry in Brandon, Manitoba, where he likely had access to indigenous patients. Another important fact bolstering our suspicions is that underage Duplessis Orphans, who had a similar status as indigenous children in Residential Schools (e.g. "wards of the State"), were subjected to extreme psychiatric torture experiments in psychiatric wards. Many died and were interred in unmarked graves, including numerous human remains found in the pigsty near St-Jean-de-Dieu hospital, in Montreal (**Appendix 11**). Electroshock torture was also practiced on children in residential schools, as the revealed by the Ontario Provincial Police's inquiry on Fort Albany's St Anne's Residential School (**Appendix 12**)[2]. The families of the indigenous victims of mass murder want closure. To investigate these allegations of unmarked graves around the Allan Memorial Institute of McGill university, the kanien'kehá:ka kahnistensera have set up an investigation team that includes a surveyor, a geologist and a search dog, assisted by Geoview Pro software. A zone potentially containing unmarked graves has been identified (**Appendix 13**). Before unmarked graves of indigenous children were actually found across Canada, the widely circulated stories of their existence among indigenous peopleswere dismissed as rumors. The kanien'kehá:ka kahnistensera, careholders of Thequenondah are concerned that the current Royal Victoria Hospital rehabilitation project could destroy evidence of the unmarked graves of their siblings, depriving them of proper identification, repatriation and burial. It is McGill University's responsibility to provide the funds and the expertise necessary for an immediate and thorough kanien'kehá:ka-led investigation of the Allan Memorial Institute site, which must be considered a site of crimes against humanity. All files concerning MK-Ultra experiments conducted in McGill University's psychiatry department must be released without further delay and made available to the public without restriction.

Considering the above points, on behalf of the kaia'nere:kowa and in the name of for children of the past, present, and future, the kahnistensera careholders of thequenondah, formally request:

a. The immediate termination of any work or planning activities concerning construction on site.

[2] On St Anne's Residential School, see https://www.youtube.com/watch?v=QcgLDvR32p0

b. That McGill University, now considered a potential crime scene by the kahnistensera, is shut down within 28 days (wahnita, “one moon”).

c. That the site be thoroughly investigated by a kanien'kehá:ka-led forensic and archaeological team to confirm the existence of unmarked graves or other evidence of unlawful activity.

d. That all people and institutions responsible for the suffering of patients in MK-Ultra experiments in the Allan Memorial Institute be charged with crimes against humanity.

e. That the kaia’nere:kowa (great peace) is the only legal framework currently applicable on site, and that the kanien'kehá:ka kahnistensera have the final say in any decision pertaining to the land. McGill University and the Royal Victoria Hospital are the property of the kanien'kehá:ka people, as they have been built with our funds and resources.

g. That McGill University should be renamed with a proper kanien'kehá:ka word, and be governed by the kahnistensera to address and remedy the inappropriate connection of this institution to John McGill, a slave owner and trader, and a thief of kanien'kehá:ka land and funds; kanien'kehá:ka place names shall replace all names on campus.

i. That the corporation of McGill University, the Allen Memorial Institute and all affiliate institutions engaged in the raping, pillaging and murder of our mother earth and its children immediately cease and desist their occupation of onowarekeh (turtle island).

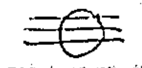
j. That the corporation of McGill University, the Allan Memorial Institute and all affiliate institutions respect the kaia’nere:kowa (great peace) and the teiohateh (two row) as the bases of our relationship to the earth.

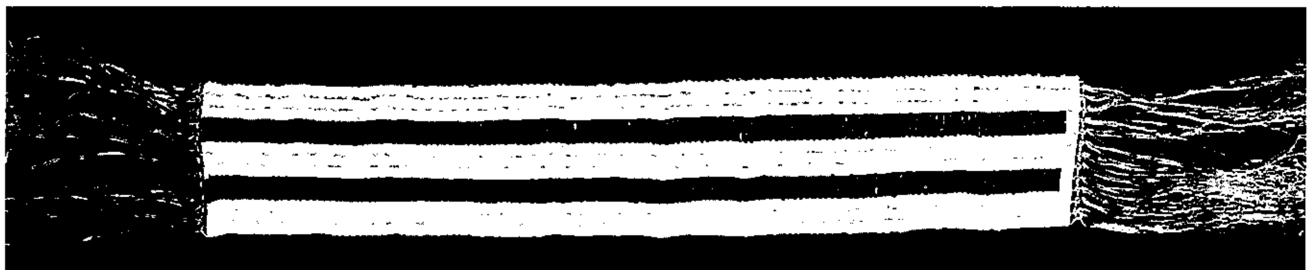
tehiakwen’wehnniokenteh, “We have spoken”.

karakwine, rotinahton

kahentinetha, wakskarewakeh

kawenaa, wakskarewakeh

karennatha, wakskarewakeh 



Appendix 1 - Tehiohate

[illegible] will call [illegible]
[illegible] the path of our ways that [illegible]
[illegible] are going to walk together on this land.

I will call on Tekarontake to speak on the Two Row Wampum agreement and also Atorhoniatshera. [illegible] linking arms: (Silver Covenant Chain Friendship Belt)

You have crossed the salt waters. We established a working relation since your arrival. That we will remind each other of the understanding that we have come to at the time of your arrival. How it will be in the future. So be at your minds. Two people that I rely upon.

Tekarontake ([illegible]) I will be giving you acknowledgement on this day, I was asked to give some explanation of what is the purpose of the Two Row Wampum. It is here that our ancestors have lived & many other Onkwehonwe people. That this is the way of the island (Turtle Island) & that they had all accepted that this would be the way of this land. We will respect & acknowledge each others ways.

Our ancestors organized this agreement & determined how we will live side-by-side.
Our lands where we maintain our livelihood are connected.
That we should never steal from one another and that we should always be respectful.
You will see on this belt two parallel paths & this is what it means between the two of our people (Peace, Power & Righteousness.)

[illegible] would they respect those ways & are they [illegible]

[illegible] the hatchet makers (the Dutch) [illegible] said, "Yes, we will follow your ways." That [illegible] will follow and respect the ways of the people of [illegible] land."

[illegible] (the Dutch) did not originate from this land [illegible] came from the other side of the water. And that we [illegible] never gone on that side of the water to know how [illegible] are over there. That's all we came to know of [illegible] from their ship.

[illegible] told them, "They do not have an original path on [illegible] land. Your path was elsewhere."

[illegible] that we would recognize it is within your ship [illegible] must remain. Your language is only supreme [illegible] your ship. And all that you believe & your [illegible] will all remain within your ship. Don't you [illegible] that this land here is yours, but that [illegible] our land. They said they would respect that.

[illegible] showed them wampum beads & that we put our own [illegible] into our beads. In order to show their [illegible] of our ways & the ways of this land, they [illegible] rope. Not only did we already make rope [illegible] cloth from the hemp. The Dutch said they [illegible] hemp product as we could provide. [illegible] of this hemp we had established a great trade [illegible] between our peoples. [illegible] would hold onto the hemp & the cloth. The [illegible] said, "We will show you how we respect your ways."

& your words by using the hemp [illegible]
acceptance.

After the Dutch, then came the French [illegible]
knifemakers). We educated them the same [illegible]
the Dutch. To symbolize their acceptance [illegible]
their tie to this land, they used [illegible]
chain.

The French said they don't use wampum [illegible]
would use the iron chain as a symbolism for acceptance.

Another people from where the sun rises, the British [illegible]
We also educated them to our ways of this land. They
only have jurisdiction in their ship. And the British
also said they would respect & recognize our ways. They
chose the white medal known as "silver" which they then
made into a chain (Canada's bound by the Crown's
commitment) as symbolism for acceptance of the ways [illegible]
people of this land.

Then came the people who pile stones (Americans [illegible]
"[illegible]"). They would also say they would respect the
ways of the people and the ways of this land. Then they
chose the yellow metal (gold) which he also made [illegible]
rope. The Americans also told us they would accept the
principles & philosophy of the Two Row Wampum. (This
reaffirms the Americans relations that were previously
made with the British & our peoples.)

That we must reaffirm all of these principles [illegible]
understandings of the original peoples of this land.
[illegible] the white man's ways are still only on their [illegible]
[illegible] not be applied to this land or to our people.
We have continuously explained that this land is our
Mother.

On the other side of the water lives their mother.
We have told them that this here cannot be changed.

[illegible]

[illegible] again, [illegible] agreement [illegible] our people [illegible] will [illegible] you. And [illegible] what will be the ways of your [illegible]

[illegible] they continuously try to take away from us what we [illegible] from our ancestors. [illegible] of [illegible] day [illegible] will end [illegible] language [illegible] to you. The [illegible]

[illegible] This is [illegible] Island. I [illegible] today I want to remind you & to [illegible] (Two Row Wampum belt) & [illegible] they made an agreement; your [illegible] and [illegible] grandfathers. They came to an [illegible] the way it will be in the future.

[illegible] the Two Row says, "We walk the [illegible] be taller than the other. & you [illegible] wampum. That's what we indicate. [illegible] to us, the subject is a fact. And you [illegible] yourselves "the people of the Crown." You came from the "old country."

You have asked us to reaffirm our [illegible] & [illegible] friendship as your affirmation. You used the [illegible] heart, one mind, one eye & one hand. [illegible] "one-ness," there would be a "[illegible]" [illegible] you say you have accepted. What we have [illegible] agreement with.

If it becomes necessary for us to reaffirm, that we should often remind ourselves what we have come to agreement with. Every so often, we should polish our agreement. It is in friendship that we agree that we would not cause harm to one another & to come to the [illegible] of each other. And that's what happened it's [illegible] [illegible] They begin to understand that its important. [illegible] [illegible] are you tied to this land & you are not anchored [illegible] at your arrival (as he holds belt with 2 figures).

[illegible] your arrival, we were always the way of this land [illegible] to this day it is still this way. We cannot accept [illegible] [illegible] if it is only going to cause us harm. Thats [illegible] is of great importance that I remind you of the [illegible] friendship (which is supposed to dictate our [illegible]) & they often say that if it is necessary [illegible] renew.

[illegible] fix amongst yourselves to listen & we will [illegible] of our agreements. It has not gone old for us [illegible] not forgotten our agreement). So then we are [illegible] to the future for our children, our [illegible] children to always carry these ways of agreement. [illegible] will always have this on their mind & will never [illegible] this agreement. They said there would be [illegible] [illegible] there need to renew our relationship with one [illegible]. You need to make your paths straight. [illegible] [illegible] I thought I would remind you of, what my friend [illegible] down earlier, in regards to the "Two Row", so that [illegible] would be reaffirmed. These are my words, I have [illegible].

Appendix 2 - Letter of Seizure

SEIZURE OF MCGILL UNIVERSITY

M. Suzanne Fortier
Principal and Vice-Chancellor,
McGill University,
Room 506, James Admin. Bldg.
845 Sherbrooke Street West
Montreal, Quebèc H3A 0G4
suzanne.fortier@mcgill.ca
Tel.: 514-398-4180 Fax: 514-398-4768

OBJECTION to invasion of kanion'ke:haka land of ono'ware:geh by McGill University, which was founded by a foreign royal charter in 1821, not according to the law of the land.

DATE: Sept. 12, 2015

FROM: kahtihon'tia:kwenio of the rotinoshonni:onwe, according to Wampum 44 of the kaianereh'ko:wa, the women are the "progenitors of the soil" of our nation and caretakers of the land, water and air.

NOTICE TO: McGill University.

McGill is violating the kaia'nere:kowa and teio'ha:the by staying on our land without our permission; McGill 'borrowed' money from our trust funds in 1850 to build the university and now refuses to repay billions plus; and McGill violates the kaia'nere:kowa by not adhering to the teio'ha:the by developing technologies for surveillance, death and destruction. The kohtihon'tia:kwenio have legal title to everything situated on the land illegally occupied by McGill University.

Att: Suzanne Fortier, Principal & Vice Chancellor, McGill University.

OBJECTION TO:

1.Invasion and occupation of ganienkeh rotino'shonni:onwe territory by the foreign corporations of Canada and Quebec and their corporate agents and assigns, i.e. McGill University;
2.The refusal of agents of the CROWN of Canada and Quebec to abide by their obligations under the kaia'nere:kowa.

WHEREAS kaia'nere:kowa is firmly committed to establishing worldwide peace.
WHEREAS both the CROWN and its agents are developing in the heart of ganiengeh weapons of mass destruction; and
WHEREAS funds were stolen from the Six Nations Indian trust fund to build McGill University and Osgood Hall, both loans still in default.

THEREFORE AS McGill University and its agents have fraudulently taken our land, funds and violate the kaia'nereh:kowa and teio'ha:the, and have established corporate entities on our land without our consent to undermine our sovereignty;

The kohtihon'tia:kwenio demand that McGill University:
1.Cease and desist immediately the **invasion, trespassing and exploitation of our territory;**
2. Respect the teio'ha:teh as the basis of our relationship; and
3.Pay back all monies pass due forthwith, including 185 years of compound interest; and

Whereas:

We invite McGill to talk to us on these issues. We never relinquished and continue to have jurisdiction over all kaianereh'ko:wa territory.

kahentinetha
kanion'ke:haka kahtihon'tia:kwenio, box 991, Kahnawake [Que.JOL 1B0 Canada] kahentinetha2@mohawknationnews.com

Appendix 3 - Final Eviction Notice

English

Mohawk Nation News

ews and Articles by kahntineta, Mohawk Nation News Publisher

FINAL MOHAWK EVICTION NOTICE TO MCGILL Audio

Posted on **May 22, 2021**

Spread the love

Please post & distribute.

MNN. May 22, 2021. WE ARE ONE. WE ARE EACH SOVEREIGN. WHAT IS STOLEN FROM ONE IS STOLEN FROM ALL!

00:00 00:00

MCGILL UNIVERSITY HAS FAILED TO RESPOND IN ANY WAY TO OUR REQUEST MADE IN THE LINKED NOTICE DATED SEPTEMBER 9, 2015. https://mohawknationnews.com/blog/2015/09/12/mohawk-seizure-notice-to-mcgill/ MCGILL HEREBY CONCEDES GUILT OF TRESPASSING, THEFT OF INDIAN TRUST FUNDS AND DESIGNING WEAPONS OF MASS DESTRUCTION AND GENOCIDE FOR ISRAEL TO KILL PALESTINIANS AND FINANCING EVICTIONS OF PALESTINIAN PEOPLE. THESE CRIMES

AGAINST THE KAIANEREKOWA, GREAT PEACE, REQUIRE MCGILL'S [English]
TURTLE ISLAND.

COUNCIL OF THE MOHAWK WOMEN.

— OUR FIGHT IS NEVER BEHIND US
UNTIL THE GREAT PEACE WINS.

THE KOHTIHONTIAKWENIO HERETO INFORM:

TO: M. MICHAEL A. MEIGEN , BOARD OF GOVERNORS, MCGILL UNIVERSITY, #506, 845 SHERBROOKE ST., WEST, MONTREAL QUEBEC CANADA N2A 0G4
michael.meigen@mcgill.ca

RE: McGill has violated the kaianerekowa great peace and teiohateh two row: through an illegal 1821 British Royal Charter, with no jurisdiction on turtle island, to build an unlawful university on stolen kanienkehaka Mohawk land; stealing Iroquois trust funds in 1850 to construct McGill which has not been repaid; and is conspiring with Canada and Israel to use our native and public funds to develop technologies for arms for the Israelis to massacre the Palestinians. McGill has shown total disrespect for the original people of turtle island. The kaianerekowa great peace penalty is total banishment. McGill has not denied any of their crimes to the onkwehonweh.

Accusations were made. You did not respond. You are in default. You and your conspirators did not go through proper great peace protocols to get our permission to use or reside on our unceded land. No onkwehonweh sanctioned your actions to build on our land or use our money to construct McGill on turtle island. Our jurisdiction is from ocean to ocean, pole to pole, the Western Hemisphere. More importantly, the onkwehonweh condemn creating any weapons of mass destruction and genocide. This means you, the 'cana'jon, the "squatters", are trespassing on tiani tiotiakon [Montreal] land and guilty of mass murder of the Palestinians. All the land and your infrastructure belongs to the kanienkehaka Mohawks.

Your banishment from turtle island begins immediately. Each one of u English caretaker to all of turtle island. An injury to one part is an injury to all; your criminality forfeits everything; you cannot benefit in anyway from your crimes; as each of us is sovereign, this injury has damaged all of turtle island. When one is hurt, then the whole suffers.

McGill did not explain why it is circumventing the kainerekowa great peace, the law of turtle island since time immemorial. Only the real natural people can decide all activities on turtle island. The puppets of the invaders, the band council, are fellow 'cana'jon [squatters] and follow settler colonial directives and take orders only from the canadien/cana'jon colonial government.

Our jurisdiction starts from the beginning of time immemorial. The women are the "progenitors" of the soil of turtle island. The kasatstenera kowa sa oiera, the great natural power , creation, placed the natural people on turtle island as caretakers.

As indigenous sovereigns, "tewatate'wennio" we are of each part of turtle island to care for our mother earth. McGill is a non-sovereign corporation that is designed to shield elected and unelected "leaders"and bureaucrats from any accountability to the original sovereign people of the land. 51% majority rules and 49% without a voice is not a democracy. kaianerekowa is based on censensus among the sovereigns.

According to the great peace and two row, onowarekeh turtle island cannot be conveyed, sold or transferred to anyone. It belongs to the future unborn children and all life natural to turtle island.

THEREFORE in 2015 we demanded that McGill provide us the kanienkehaka Mohawks, 'the keepers of the eastern door' of turtle island, valid proof based on the great peace and two row of your claim and use of our land. By your default in not responding to this request, your immediate eviction must happen forthwith.

This notice of jurisdiction applies to all projects and persons from anywhere who are not natural onkwehonweh of onowarekeh, turtle island, in particular McGill University. Anything they do to our land, water and air without our knowledge and consent is criminal and void. Everything over, upon and below turtle island, the Western Hemisphere, continues to remain with the original people. The British Crown cannot legally convey our property to anyone as the Crown never got a proper conveyance from any sovereign indigenous person as this is impossible pursuant to the great peace and two row.

As 'canadien' squatters you have conceded that you must be evicted. The eviction will be immediate and final!

We order that you stop all your activities on turtle island and to not interfere with us. No municipal, provincial or federal government has any authority to make any decision about us or turtle island. Creation determines that only we the caretakers have jurisdiction over each and every part of turtle island.

The disrespect shown by McGill University and all its associates to th English onkwehonweh proves that you know that there is no dispute that the land is ours, that you took our trust funds and are developing weapons to kill the Palestinians. You trespassers must leave immediately.

We object to the invasion and occupation of ganiengeh rotinoshonni:onwe territory by the corporations of Canada, Quebec and all canadien/squatters, i.e. McGill University; agents of the Crown of Canada and Quebec must abide by the kaianerekowa and teiohateh; cease and desist immediately the invasion, trespass and exploitation of kanienkehaka/Mohawk of onowarekeh; to respect kaianerekowa and teiohateh as the basis of all relations with the kanienkehaka; and to repay monies forthwith including compound interest.

Your continued support for the American/Canadien holocaust of the original inhabitants of turtle island is criminal.

On behalf of the past, present and future ancestors and descendants of the Mohawk Nation, the great peace and two row will prevail,

kahentinetha, [clan] roti'scare:wakeh

karennatha, [clan] roti'scare:wakeh

kwetiio, [clan] roti'scare:wakeh

Contact mohawknationnews.com po box 991, kahnawake [quebec canada] J0L 1B0
kahentinetha2@protonmail.com

http://demilitarizemcgill.com INFO: Demilitarized McGill: McGill Aerospace Mechatronics Laboratory works with defence contractors through Defence Research Development Canada DND directed by Suffield Research Center's Autonomous Intelligent Systems Section to 'enhance soldiers' through unmanned technology UVGs, weaponized drones; McGill & DND are developing urban warfare strategy using armed "strtikebots"; unmanned ground, air and marine vehicles for surveillance and to make decisions to kill: The war production lab is funded by Bombardier, CAE, Bell Helicoptor Textron; targetting assassinations in Palestine, Afganistan, Yemen & Somalia. McGill Dept. of Electrical & Computer Engineering works on missile guidance with Lockheed Martin, DRDC, military researchers in Israel from 1999 to 2010, track-before-detect-low-observable-targets; Mizrahi-Tefahot Bank finances construction of new settlements on Palestinian land, 800 Wilshire Blvd, Los Angeles Ca. 900917 https://www.mizrahi-tefahot.co.il/en/contact-us/; Remax Real Estate 6075 S. Syracuse, Denver, Colorado 80237 303-770-5531, sells land in Israel profiting from transfer of Israeli settlers onto Palestinian territory, violating article 49 of the Geneva Convention (303) 321-0455; McGill – Lockheed Martin-Defence Research Development, – Canada-Technion, – Israel Institute of Technology in Haifa Israel, involved with McGill.

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SOME OF CARTIER'S PLACE-NAMES 1535-1536

CARTIER in describing his second voyage mentions six communities subject to Stadacona: "Ajoaste, Starnatan, Tailla, which is on a mountain, and Sitadin . . . beyond this point [Stadacona] lies the abode of the people of Tequenonday and Hochelay, the former on a mountain and the latter in a flat region."[1] However, at the end of his vocabulary of some hundred and sixty Huron words and phrases the explorer gives a second list of twelve places with the heading, "*Ensuivent les noms des villes subgectes au seigneur Donnacona.* Ajoasté, Thoagahen, Sitadin, Stadaconé, Deganonda, Thegnignondé, Thegadechoallé, Tella, Thequenondahy, Stagoattem, Agouchonda, Ochela."[2] I should like to make some comments on the etymology of these place-names in an effort to remove the apparent discrepancy.

On September 7, 1535, the explorer was traversing the region between Île aux Coudres and Île d'Orleans where he remarks "the province and territory of Canada begins."[3] Cartier who uses the word Canada for the first time in history uses it to indicate either Stadacona or the province or country over which Donnacona exercised authority. All the places mentioned in the two lists lie within this region; but in employing the word Canada as the name of this region, it is plain that he goes beyond the proper signification of the word which he himself in his vocabulary translates *ville*, i.e., a town or village. Since the word Canada is to be found in various forms in all the dialects of the Huron-Iroquois language and always with the same meaning and never in the sense of a region or province, the conclusion is inevitable that it was the French themselves who extended the meaning of the word when they applied it to New France.[4]

On the same day Cartier arrived at the eastern end of the Island of Orleans. He landed and found the island inhabited by Indians "much employed in fishing for the many varieties of fish caught in this river according to the season."[5] From the abundance of wild grapes which he found growing on the island he named it, *Isle de Bascuz.* The word AJOASTÉ which comes first in both lists

[1]H. P. Biggar, *The Voyages of Jacques Cartier* (Publications of the Public Archives of Canada, Ottawa, 1924), 196.

[2]*Ibid.*, 246.

[3]*Ibid.*, 119.

[4]KANATA is the Mohawk form of the word; Potier gives ANDATA; Sagard CARHATA (a misprint for CANHATA) and ANDATA.

[5]*Ibid.*, 119-20.

is to be derived from the word for grapes found in Cartier's Huron vocabulary, OZAHA, to which is appended a local suffix—STE. AJOASTÉ is the Huron name of Île d'Orleans and means "where the grapes grow."[6]

"On the morrow, the lord of Canada, named Donnacona (but as chief they call him AGOUHANNA) came to our ships accompanied by many Indians in twelve canoes."[7] This word AGOUHANNA, which appears also in Cartier's narrative in the contracted form AGONA, with the meaning chief, corresponds exactly with the later Huron HAÏ8ANNEN *le plus agé*, the oldest or the chief; and to the modern Mohawk RAKOWANA.[8] The word Donnacona is Cartier's transcription of the Huron ONNE[9] AGONA, "this is our chief."

On the withdrawal of Donnacona and his people, Cartier ordered out his long-boats "to make our way up stream with the flood tide to find a harbour and safe spot in which to lay up the ships."[10] In the first list the second name is STARNATAN; in the longer list STARNATAN is omitted and THOAGAHEN is substituted. Both names refer to the Falls of Montmorency which must have deeply impressed the explorer. Potier on page 69 of the Potier *Manuscripts* gives the Huron name for the cataract in use in the seventeenth and eighteenth centuries, EKANDAOTRAH8I; by adding the brief comment "*ab* OTRAH8I *à rocher*" he indicates the meaning "the river hangs over the rock." STARNATAN, the sixteenth-century name has much the same meaning although derived from another root. STA-ORENTON[11] "there it hangs." The word THOAGAHEN which replaces STARNATAN in the second list is derived from THO, there, and OARHA *cela fait du bruit*.[12] There are numerous errors in transcription in Cartier's lists of Huron words; THOAGAHEN should have been written THOAGARHEN.

Passing the Falls of Montmorency the boats came "ten leagues up the river to a forking of the waters, which is an exceedingly

[6]Potier's word for grapes 8CHAHENDA is identical with Sagard's OCHAENNA; Potier states that in Huron "C is always joined with H and these two letters joined together are pronounced as in French, and sometimes as C in Italian" (*Huron Manuscripts from Rev. Pierre Potier's Collection*, Ontario Bureau of Archives Report, 1918-19, Toronto, 1920, 5). On p. 76 Potier gives the following local suffixes:—E,-KE,-SKE,-NDE.

[7]Biggar, *Voyages of Jacques Cartier*, 121.

[8]Potier, *Huron Manuscripts*, A8ANNEN, 254.

[9]*Ibid.*, 100.

[10]Biggar, *Voyages of Jacques Cartier*, 123.

[11]Potier, *Huron Manuscripts*, 341, ARENTON, *pendre en bas, descendre en bas*; the prefix STA- is the equivalent of later Huron ECHA (p. 86). The name Rideau Falls may be a translation of a similar Huron name.

[12]Potier, *Huron Manuscripts*, 104 *θo* (or Tho) *la* (cp. Tho-anche), OARHA, p. 236, no. 71); the same root appears in Niagara, and in Garonk8I, the Long Sault Rapids.

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pleasant spot, where there is a small river and a harbour with a bar, on which at high tide there is a depth of from two to three fathoms . . . we named it Ste Croix, as we arrived there on that day."[13] On the Harleian Mappemonde (*circa* 1536) the Ste. Croix or St. Charles is marked Sitadin; and on the Mercator map of 1569 the same stream is called Stadin River. Cartier informs us that the Indians of Stadin came and went freely to his winter camp on the Ste. Croix and that he allowed them to take possession of the hull of the vessel abandoned there in the spring of 1535 in order that they might extract the nails. Biggar locates Stadin on the Beauport shore.[14] Etymology makes it probable that this place was the harbour and port of the larger town of Stadacona, and that the mouth of the St. Charles was a haven for canoes before it became a shelter for Cartier's ships; it is still the port of Quebec. An analogy to Sitadin is to be found in Ihonatiria or Thoanche at the mouth of Penetanguishene Bay in the Huron country.[15] At this point the Hurons began their long journeys to Quebec employing small canoes suited to the rapids and portages but not adapted to the perilous waters of Lake Huron. Stuart who was a prisoner of the Hurons of the Detroit region in 1755 records that they were accustomed when wintering in the Sandusky region to ascend the Vermillon River and to bury their canoes till the spring.[16] There was sandy soil at Ihonatiria and Thoanche and we are safe in concluding that the inhabitants of Stadacona had a similar custom and that they found in the adjacent estuary of the St. Charles River a good shelter in summer and suitable soil in winter for the preservation of their frail craft. But it is not necessary to assume so much. Cartier was in search of a harbour for the ensuing winter: the Indians brought him to the best spot they knew adjacent to their town; as they pointed to the place the explorer probably heard the words cited by Sagard in his dictionary, SATITAN or ETSATITAN, *embarque-toy.*[17]

Cartier was now close to the town which he sometimes calls Canada and sometimes Stadacona. STADACONÉ is the next name in the longer list. In Huron compounds contractions and elisions took place, and Cartier at best could only record what he thought he heard. The friendly Indians pointed with excitement and pride to their chief town and exclaimed ESTA-CANADA-AGONA,

[13]Biggar, *Voyages of Jacques Cartier*, 123-4.
[14]*Ibid.*, 223, and foot-note 45.
[15]For the etymology of Ihonatiria see A. E. Jones *Old Huronia* (Ontario Bureau of Archives Report, Toronto, 1908), 185.
[16]*Mississippi Valley Historical Review*, XIII (1), 72.
[17]Consult also Potier, *Huron Manuscripts*, 398, no. 31.

"that is our big town"; if the word CANADA in Cartier's Stadacona has shrunk to ADA it is a contraction which can be paralleled elsewhere in Huron words.[18]

When the French returned to the St. Lawrence in the seventeenth century, the Hurons had another name for Quebec; Sagard gives ATONTARÉGUÉ, and Potier drawing on some earlier source cites TEIATONTARIE,[19] a form of the word which is also to be found among the Mohawks. This word has been explained by some as meaning "where two rivers meet" but more correctly I think by the Abbé Cuoq as meaning "where two mountains meet." Cartier remarked the two ridges on which Stadacona stood—Dufferin Terrace and the Citadel. The two names which follow Stadacona in the longer list refer to these two ridges or mountains; DEGANONDA and THEGNIGNONDE[20] both mean "two ridges" and express what is more precisely indicated in the word which Potier cites. Possibly Stadacona bore two names among the Indians, Bigtown and Two Ridges.

Following these three names for the village on the site of Quebec are two names of less obvious etymology and locality, THEGDAECHOALLÉ and TELLA; the latter is identical with TAILLA which is placed third in the shorter list in the text with the added comment, *qui est sus une montaigne*. THEGADECHOALLÉ and TELLA (TAILLA) refer to the same place which is to be located not far from Stadacona; possibly, since the place was on an eminence, it may have been on the heights above Levis. Something is to be learned from the last two syllables of these words. There was no "L" sound in the Huron-Iroquois languages; when the earlier transcribers employ this letter it represents the letter "R" pronounced so lightly as to be indistinguishable from the true sound of "L"; thus the word Hochelaga is according to some more properly written Hocheraga, and Sagard writes ISCALLE where Potier writes ISKAR. In Potier on page 332 of the *Manuscripts* under the root ARA (no. 9), *être ou mettre dessus*, the phrase θo IARA appears with the meaning *cela est dessus*; in Sagard's spelling this would appear as TOIALLA; and the word ONNONTARAE is found with the meaning *au dessus de la montagne*; dropping the local suffix "E" this would be spelled by Sagard QUIEUNONTALLA; apparently THEGADECHOALLE contains the root ARA appended to

[18]*Ibid.*, 67, *Quaedem observanda in compositione.*

[19]*Ibid.*, 347, no. 43, *sub fin.*

[20]The DE corresponds to later Huron TE and the THEGNI to Cartier's TIGNENY, Potier's TENDI. The other component is the Huron ONNONTA, a mountain, with an original initial guttural which has faded out in later Huron.

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another noun. I am inclined to suggest ΘO, there, ANDECHIA sand, and the meaning of the whole word "there on the sand" or the sand hill. There seems no doubt that all three words refer to the same community.

THEQUENONDAHY which follows Tella in the longer list was situated west of Stadacona and it too according to Cartier was on a hill. Evidently these early Canadians were afraid of their enemies. In regard to the etymology of the word it is agreed that the meaning is "on a hill." Sagard's word TEQUEUNONKIAYE is similar but means "on the little hill."

I can only suggest that STAGOATTEM is another name for one or other of the places mentioned in the list; I have no key to its etymology, nor is this place mentioned elsewhere by Cartier.

AGOUCHONDA is used by Cartier as another name for HOCHELAY or ACHELACY which is spelled OCHELA in the second list. Since AGOUCHONDA is to be derived from Cartier's word OGACHA, a mountain, and the local ending -NDE, it may be a synonym for Thequenondahy, more especially since Cartier is explicit in stating that HOCHELAY was on level ground.[21]

The inhabitants of the latter place—whose name is sometimes spelled HOCHELACI—showed friendship on more than one occasion to Cartier; it was in the neighbourhood of Portneuf. Hewitt suggested that the word was a dialectical variant of Hochelaga and gave it the same meaning "at the beaver dam."[22] If it is to be derived from the word OSERA or OCHA a beaver-dam, it should be connected with Potier's compound of that word (K8) ACHIAÍ which bears the meaning *rompre un chaussis de castor*;[23] it may be that the St. Lawrence flowing rapidly above Portneuf through a rocky channel suggested to the imagination of the aboriginies a flood bursting from some gigantic beaver-dam.

In making these suggestions, in the absence of traditional explanations of Cartier's place-names, it has been necessary to resort occasionally to conjecture, but only where Sagard and Potier fail to supply the explanation. There is no real discrepancy between Cartier's two lists.

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[21]Biggar, *Voyages of Jacques Cartier*, 196.

[22]*Handbook of Indians of Canada* (Geographic Board, Canada, Ottawa, 1912), 200, Hochelaga and Hochelayi.

[23]Potier, *Huron Manuscripts*, 263, sub AIAI no. 28.

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EXHIBIT 28

The Silver Covenant Chain of Peace and Friendship Belt

Presented by the First Nations by National Chief Shawn A-in-chut Atleo to the Crown representatives The Right Honourable Prime Minister of Canada Stephen Harper and His Excellellancy the
Right Honourable David Johnston, Governor General a/Canada

January 24, 2012
Crown - First Nations Gathering

The Covenant Chain belt represents one of die earliest treaties between the Crown and First Nations peoples and established the foundation for First Nations - Crown relationships for generations thereafter.ʳ The belt shows that the Crown is linked by a chain to the First Nations peoples of this land. The three links of the chain represent a covenant off friendship, good minds, and die peace which shall always remain between us. The covenant chain is made of silver symbolizing that the relationship will be polished from time to time) keep it from tarnishing. This was the basis of the Nation to Nation relationship between the British Crown and the First Nations who became their allies the formation of early Canada.According t) Haudenosaunee oral history, "this relationship will be everlasting for future generations as the rising faces of our new born Mother Earth will benefit. shall stand as long as the shines upon the earth, as long as waters flow, and as long as the grass grows green. Our relationship shall be binding, as long as the Mother Earth is motion."

The relationship and commitment was repeated by Crown representatives ill future dealings with all First Nations of Canada

À la production de ces cultigènes s'ajoute une activité d'arboriculture ou de jardinage forestier au profit des arbres à noix, tel le chêne, le hêtre à grandes feuilles, le noyer cendré mais surtout et de loin, le caryer ovale.

Plusieurs sites témoignent de la présence de groupes du Sylvicole supérieur à l'intérieur de l'île, plus spécifiquement en périphérie du mont Royal. Il s'agit d'un site d'établissement (BjFj-133 et BjFj-140) et de deux lieux de sépultures (lieu de sépulture de la rue Saint-André et BjFj-98)[8]. Au sud-est de la montagne, dans l'axe de la rue Bleury, la terrasse de 12-14 m bordant la rive droite du ruisseau Saint-Martin (site BjFj-133) a livré quelques tessons de poterie démontrant l'existence d'un lieu d'établissement datant du Sylvicole supérieur récent. Aux environs, la terrasse surélevée (22-24 m) la bordant au nord a aussi livré de tels indices d'occupation (BjFj-140) (Arkéos inc., 2006 ; Ethnoscop, 2008c). Des ossements humains auraient aussi été trouvés en 1889 lors de l'installation d'une conduite d'égout quelque 1500 m au nord du mont Royal, un peu au nord de l'intersection des rues Rachel et Saint-André (anciennement rue des Érables ou Maple) (s.d., 1889 ; Tremblay, 2004). Plus au nord, la sépulture d'une jeune femme de 18-20 ans inhumée en position fœtale avec deux perles en cuivre fut aussi mise au jour en 1996 sur la 7e avenue dans le quartier de Rosemont (BjFj-98) (Larocque, 1997). Il importe de souligner que le village de Tutonaguy recensé par Cartier en 1541 aurait été localisé au nord-est du mont Royal, non loin des rives du fleuve et du Sault Sainte-Marie. Le plus notoire de ces sites est le site Dawson (BjFj-1) retrouvé en 1860 sur la terrasse sablonneuse de 40-50 m située en contrebas du versant est du mont Royal. Ce village iroquoien (BjFj-1) était entouré de trois ruisseaux : Burnside, West Brook et East Brook (Dawson, 1861). L'espace partiellement investigué par le géologue John William Dawson, alors recteur de l'Université McGill, a livré 25 sépultures contenant les squelettes d'hommes et de femmes inhumés en position fléchie, la tête orientée vers l'ouest, soit vers le mont Royal. Plusieurs structures d'aménagement furent également observées à proximité et au-dessus de ce cimetière, tels les vestiges de foyers (cendre, charbons de bois, ossements carbonisés d'animaux) et de pieux témoignant de la présence de dix à douze maisons longues, en plus d'une grande quantité d'artéfacts et d'écofacts.

Sur le mont Royal, douze sites préhistoriques ont été répertoriés jusqu'à présent. Ils semblent témoigner en totalité ou en partie de la fréquentation, de l'exploitation et/ou de l'occupation de cet espace par les Iroquoiens du Saint-Laurent (figure 9). Il s'agit notamment de la carrière préhistorique de cornéenne du mont Royal (BjFj-97), exploitée depuis l'Archaïque, et du site de passage localisé dans l'axe de circulation du chemin de la Côte-des-Neiges qui est en usage depuis au moins le Sylvicole moyen ancien (BjFj-93,

8 Ce site selocalise sur la 7e Avenue à Rosemont, à environ 5 km au nord de l'aire d'étude.

stations A et B). Il s'agit aussi de la brève occupation domestique du site Cartier (BjFj-134) localisé en marge de la carrière préhistorique de cornéenne, du village iroquoien de Dawson (BjFj-01), de sept lieux de sépultures et d'un objet isolé retrouvé sur le site de l'Oratoire Saint-Joseph (BiFj-81). Quelques témoins floristiques (pomme de mai, micocoulier et noyer) dénotent aussi la présence amérindienne sur et aux abords de la montagne. Au surplus, la distribution et l'étendue de ces indices de fréquentation, d'exploitation et d'occupation témoignent également de la présence d'anciens axes de circulation et/ou de lieux d'établissement (hameaux et villages iroquoiens) à proximité.

Plusieurs hypothèses ont depuis été émises quant à l'emplacement d'Hochelaga et des autres lieux d'établissement iroquoiens sur l'île de Montréal, l'emplacement des villages/hameaux iroquoiens étant stratégique tant du point de vue économique (production horticole) que du point de vue défensif. Plusieurs estiment que la zone entourant le mont Royal fut probablement le lieu d'établissement de plusieurs générations de villages iroquoiens, ces villages devant déménager souvent au bout de 10 à 20 ans, habituellement de proche en proche, pour contrer entre autres l'épuisement des sols mis en culture (Loewen, 2009 ; Renault, 2012 ; Tremblay, 2006). Il s'agit en effet d'une aire où plusieurs cours d'eau prennent leur source, avec une prédominance de sols à sédiments sablonneux sur les versants et située suffisamment à l'intérieur des terres pour bénéficier d'un point d'observation contre les attaques ennemies. Viau (cité dans Renault, 2012 : 70) va même jusqu'à suggérer que le mont Royal représente à lui seul le premier établissement de la communauté iroquoienne de la province d'Hochelaga, en raison de la présence de sépultures le ceinturant.

C'est à la fin du Sylvicole supérieur que Jacques Cartier remonte le fleuve jusqu'à Montréal et qu'il visite le village d'Hochelaga localisé au pied de la montagne. Du sommet du mont Royal, Cartier est le premier Européen à rapporter une description d'une partie du territoire des Hochelaguiens :

> *...voyons icelluy fleuve tant que l'on pouvoit regarder grant large et spacieulx lequel alloit au surouaist et passoit par aupres de trois belles montagnes rondes que nous voyons et estimyons qu'elles estoient à environ quinze lieues de nous. Et nous fut dict et monstré par signes par les troys hommes qui estoient presens qu'il y avoit troys ytieulx saultz d'eau audit fleuve comme celuy où estoient nosdites barques ; mais nous ne peusmese entendre quelle distance il y avoit entre l'un et l'autre. Et puys nous monstroient que les dits saultz passez l'on pouvoyt naviguer plus de troys lunes par le ditfleuve. (Bideaux, 1986 : 156)*

À compter de 1565 environ, soit suite à la dispersion des Iroquoiens du Saint-Laurent, l'île de Montréal ne semble plus être le lieu quotidien d'habitation des populations amérindiennes, mais reste néanmoins toujours convoitée par plusieurs groupes amérindiens pour ses ressources et, en tant que lieu stratégique, pour le commerce et le contrôle du corridor fluvial. Aucun d'entre eux n'ose toutefois se l'approprier, ce qui aurait été considéré comme un signe d'agression. Il est ainsi fort probable qu'au cours de cette période les terres intérieures de l'île aient été peu fréquentées et que les activités se concentrèrent le long des berges pour ne pas rompre le statut de no man's land. Et c'est probablement à partir de cette époque charnière que l'exploitation de la carrière de cornéenne du Mont-Royal cesse ou devint rarissime.

Suite à la fondation de Ville-Marie en 1642, l'île redevient un lieu grandement fréquenté et habité par divers groupes amérindiens qui profitent des avantages que leur offrent notamment la ville et les missions, plus particulièrement par les Amérindiens (Hurons, Algonquins et Iroquois) établis à la mission de la Montagne entre 1671 et 1705, lesquels poursuivent leurs activités traditionnelles sur la montagne (agriculture, cueillette et chasse) puisqu'ils bénéficient d'une liberté d'exploitation et d'un droit d'usufruit seigneurial sur et aux alentours de la montagne. Leurs défunts continuent à être enterrés à proximité des établissements, soit dans le cimetière inclus dans l'enclos de la mission. Ces derniers furent exhumés et réenterrés à la mission du Saut-aux-Récollets suite à leur déplacement dans cette mission ; réduisant d'autant la valeur symbolique que présentait auparavant la montagne.

In 1846, £2,000 ($8,000.00) of Six Nations monies was used by the Erie & Ontario Railroad Company with no record of repayment.

Approx. current value w/interest	6 % Compound	8 % Compound	10 % Compound
	$113,045,138.54	$2,424,297,350.52	$49,146,246,313.65

In 1846, £200 ($800.00) of Six Nations monies was transferred to the Simcoe District with no record of repayment.

Approx. current value w/interest	6 % Compound	8 % Compound	10 % Compound
	$11,304,513.85	$242,429,735.05	$4,914,624,631.37

In 1846, £4,412.10.0 ($17,650.00) of Six Nations monies was transferred to the City of Toronto with no record of repayment.

Approx. current value w/interest	6 % Compound	8 % Compound	10 % Compound
	$249,405,836.90	$5,348,606,029.59	$108,428,905,929.50

In 1846 and 1847, £2,900 ($13,100.00) of Six Nations monies was used to build roads in York with no record of repayment.

Approx. current value w/interest	6 % Compound	8 % Compound	10 % Compound
	$174,633,409.77	$3,675,728,621.74	$73,160,889,398.73

In 1847, £2,250 ($9,000.00) of Six Nations monies was used by the Welland Canal Company with no record of repayment.

Approx. current value w/interest	6 % Compound	8 % Compound	10 % Compound
	$119,977,151.75	$2,525,309,740.13	$50,263,206,457.14

In 1847, £250 ($1,000.00) of Six Nations monies was transferred to the Law Society of Upper Canada with no record of repayment.

Approx. current value w/interest	6 % Compound	8 % Compound	10 % Compound
	$13,330,794.64	$280,589,971.13	$5,584,800,717.46

In 1847, £2,000 ($8,000.00) of Six Nations monies was transferred to McGill College with no record of repayment.

Approx. current value w/interest	6 % Compound	8 % Compound	10 % Compound
	$106,646,357.11	$2,244,719,769.00	$44,678,405,739.68

In 1849, £3,900 ($15,600.00) of Six Nations monies was transferred for the debts of Public Works again in 1858; £11,000 ($44,000.00) was transferred to Public Works with no record of repayment.

Approx. current value w/interest	6 % Compound	8 % Compound	10 % Compound
$15,600 (1849)	$185,084,012.43	$3,752,746,527.39	$72,002,389,415.19
$44,000 (1858)	$522,031,829.93	$10,584,669,692.65	$203,083,662,453.11

Between 1849-1851, £15,600 ($62,400.00) of Six Nations monies was transferred to address the Public Debt with no record of repayment.

Approx. current value w/interest	6 % Compound	8 % Compound	10 % Compound
	$658,896,448.66	$12,869,501,122.75	$238,024,427,818.82

British Journal of Psychiatry (1995), **167**, 263–270

Correspondence

Contents: Multiple personality disorder and false memory syndrome/Publication bias and meta-analysis/Women's response to adversity/Structured abstracts/Psychosocial outcome of liver transplants/ Costs of community psychiatric nurse teams/ Intramuscular injections in the anticoagulated state/Statistical design, analysis and further correspondence

Multiple personality disorder and false memory syndrome

SIR: Merskey (1995) attributes to me a belief that the CIA has implanted multiple personality disorder in children and that current criticisms of multiple personality disorder are a CIA plot. As authority for these attributions Merskey cites statements made by me on a Canadian Broadcasting Corporation television programme. The statements I made were in response to a hypothetical question posed by the interviewer in the course of about seven hours of filming, and they were edited in such a way as to appear to be a statement of a pet theory of mine.

My interest in the possibility that the CIA and other intelligence agencies have deliberately created multiple personality disorder for operational purposes is based on the account by G.H. Estabrooks (1971) in which he described deliberately creating artificial multiple personality for intelligence purposes for the US military during the second world war (Ross, 1995). A CIA MKULTRA Subproject which was devoted to the creation of differential amnesia was Subproject 68, carried out by Dr Ewen Cameron at the Allen Memorial Institute in Montreal. Additional MKULTRA research conducted at McGill University includes Subproject 121, which was an anthropological study of the Yoruba conducted by Dr Raymond Prince. As well, Dr Donald Hebb in the Department of Psychology at McGill received funding from Canadian military intelligence sources during the same period (Gillmor, 1987).

During this period the CIA also funded four MKULTRA Subprojects involving research on children and adolescents, namely Subprojects 102, 103, 117, and 122. Documents I obtained from the CIA on Subproject 103, which was conducted at the International Children's Summer Camp in Maine include a statement concerning the Subproject that, "In addition, it will assist in the identification of promising young foreign nationals and US nationals (many of whom are now in their late teens) who may at any time be of direct interest to the Company)." The subjects in this research ranged in age from 16–21 years, and they were attending the camp as part of a reunion, all having attended previously at ages as young as 11 years.

I have in my files publications by doctors who were members of a broad network of investigators with CIA and military intelligence funding in the 1950s, '60s, and '70s that describe nontherapeutic brain electrode implants performed on children as young as 11 years of age (Delgado, 1959), and giving children age 7–10 doses of 150 mcg per day of LSD continuously for weeks, months, and in some cases even years (Faretra & Bender, 1964). In the context of these documented experiments, the possibility that dissociative amnesia barriers have been deliberately induced in children does not seem far-fetched.

I note that Merskey describes me as a "recent president of the International Society for Dissociative Disorders". This organisation is in fact the International Society for the Study of Dissociation, formerly called the International Society for the Study of Multiple Personality and Dissociation. Dr Merskey also states that I claim "that MPD may afflict as many as 5% of college students in Canada, and presumably elsewhere". The reference he gives for this alleged claim is a 1989 paper (Ross *et al*, 1989) which in fact contains no epidemiological data or discussion of any kind and no mention of college students.

I expect the *BJP* to demand higher standards of thought from its contributors. My interest in CIA and military mind control research is scholarly, involves a great deal of correspondence with the CIA and review of original CIA documents in my possession, and will result in accurately referenced publications about documented phenomena.

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Gillmor, D. (1987) *I Swear By Apollo. Dr. Ewen Cameron and the CIA-Brainwashing Experiments.* Montreal: Eden Press.

Merskey, H. (1995) Multiple personality disorder and false memory syndrome. *British Journal of Psychiatry*, **166**, 281–283.

Ross, C.A. (1995) The validity and reliability of dissociative identity disorder. In *Dissociative Identity Disorder. Theoretical and Treatment Controversies* (eds L. Cohen, J. Berzoff & M. Elin), pp. 65–84. Northvale, New Jersey: Jason Aronson.

—, Norton, G.R. & Fraser, G.A. (1989) Evidence against the iatrogenesis of multiple personality disorder. *Dissociation*, **2**, 61–65.

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Sir: Merskey's arguments (*BJP*, March 1995, **166**, 281–283) include obvious fallacies and not so obvious fallacies. Let me cite one of each.

Merskey opens with the argument that multiple personality disorder is invalid because many people believe in it (there are over 3000 members in the International Society for the Study of Dissociation, and most members have personally treated at least one case) and because many people do not believe in it (all those who have never treated a case). But something is not proved valid or invalid because many people believe it or disbelieve it. He sets the tone of his editorial by opening with an emotional, not a scientific argument.

Moreover, things once thought rare have frequently been found to be relatively common, e.g. child abuse and manic depression. I recall a quarter century ago when the latter was vastly underdiagnosed here in the USA and we learned a lesson from our British colleagues. If we can learn from the British about affective disorders, can the British learn from us about dissociative disorders?

An example of a not so obvious fallacy, or really a half truth, is Merskey's statement that "memory itself is thought to involve active reconstruction". However, reconstructive memory is not the only kind of memory. There is also photographic memory, which happens to be more evident in childhood, tending to wane somewhat with age. (Talking about age-related cognitive strategies, one should also mention imaginary playmates in childhood.) Why do members of the False Memory Syndrome Foundation like Merskey always forget about photographic memory when discussing the basic nature of memory?

I agree that there have been instances of overdiagnosis of multiple personality. I agree that there are misguided therapists around who find memories of abuse that never happened. But if you think that accounts for most of what is going on over here in the dissociative disorders field, you are getting your information from people with relatively little actual experience or training in this area.

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Sir: Merskey (BJP, March 1995, **166**, 281–283) highlighted the classification of muiltiple personality disorder (MPD) as a dissociative disorder and showed how MPD and false memory syndrome have been linked to childhood sexual abuse. The importance of cultural and social factors in dissociative disorders is well known and the article also served to underline the contribution of these factors in what society accepts as justified manifestations of psychic distress.

However, there is a danger in condemning too widely therapists working with the victims of sexual abuse. In particular the "typical" picture of a therapist "immediately searching for repressed memories of childhood abuse" in which "the patient is quickly encouraged to produce evidence" or else "more pressure is exerted" is unrecognisable in any mainstream work on the topic (Walker, 1990). Likewise therapists for MPD being regarded as "leading participants" in treatment methods for sexual abuse would not seem to be the case in the UK (Hobbs, 1990). Therapy for survivors of sexual abuse is consistently aware of the power of the therapist and its potential for further detriment.

Recent work has confirmed childhood sexual abuse as an aetiological factor in mental illness (Mullen, 1993). Drawing attention to the cases in which dissociative mechanisms or poor therapeutic practice produce spurious claims of sexual abuse is useful but should not obscure the much commoner problems that the effects of childhood sexual abuse can cause.

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C. Haley

Rathbone Hospital
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Appendix 9 – Lana Ponting Testimony, recorded October 6, 2021.

Interview with Lana Ponting, the only survivor and eye-witness of Dr. Ewen Cameron's CIA-funded psychiatric experiments on mind control.

Q: Hello Lana. Can you tell us a bit about yourself?

LP: Hello, I am Lana Ponting, and I was born in Ottawa on June 20th, 1941. I ended up at the Allan Memorial Institute because I was having problems with my parents. They felt I was a rebellious teenager so they thought that Dr. Cameron could help me. I was given drugs such as LSD, nitrous oxide and everything else.

Q: You were there for a period of one month?

LP: One month, yes. In April 1958. There was one treatment they were giving me. I was given nitrous oxide and it became extremely violent. I threw myself in the chair, jumped off and started to scream. I was screaming because I was sexually molested.

Q: You were also molested by the doctors there?

LP: Yes, by Dr. Cameron and two other doctors. I don't remember their names.

Q: They were assistants?

LP: Yes. So I knew there was something wrong. When the lights were out at night I would sneak around the Allan and try and see what was going on. I came across one particular room where a lady was given a shock treatment. Now I had shock treatments as well, and they are very, very bad. The woman that I saw, she was beautiful. I remember her now so well because she had the most beautiful long hair. And she was crying so I asked her why she was crying. And she said "they are making fun of me because I'm an Indian." Those were her exact words. So I told her: "come with me and we'll sit and talk." So we found a little corner where nobody could see us. We sat there and we talked. I will never forget her because of her long black hair. She said that people were really making fun of her, so she thought there was something wrong with her. She too was on nitrous oxide, and LSD. LSD is a horrible thing to take. It distorts your sense of being. My family came to visit me once, and I didn't even know who they were.

Q: Because of the shock treatments too…

LP: Yes, and even to this day I still have a few blackouts because of the shock treatments and the LSD.

Q: When did you start recovering memories?

LP: A lot of memories came back only recently. I never talked about being in the Allan. I guess because I was too ashamed. But my brother phoned me one day and he told me about an ad he

read in a newspaper. They were looking for people who had been in the Allan. This is how I got involved with the class action lawsuit.

Q: And it was at that time that memories started to come back? How did that happen?

LP: I was asleep one night, and then all of a sudden I just woke right up. I don't know how long this happened for, but I started to remember things... Like this lady carrying a baby and she said: "we'll have to get rid of this very quickly." Of course, I didn't know what she meant, but I thought it was really odd. And other things came back, such as their rapes, that came back.

Q: Do you believe that was part of the experiment they were doing?

LP: Yes that was part of the experiment.

Q: They wanted to terrorize people, and that was the experiment?

LP: Yes. And lately, with all this coming back, I said to (a friend) one day: "I wonder if there were any First Nations people that were in the Allan." And I wondered this for a while. Dr. Cameron was in Manitoba in the 1940s. He went to the Brandon Mental Health Center, which I understand is near one of the reserves. Dr. Cameron was an evil person. He destroyed so many lives. I will never forget the Allan.

Q: You say that you are the only eyewitness still alive that remembers what happened at the Allan?

LP: Yes I am. And you know it's funny, I would get out of my room... One night I saw these people all by the south wall. And they had lights on. What was going on there? It may have happened that they were burying bodies there.

Q: They were outside with lights?

LP: Yes, at night. And nobody could tell what they were doing.

Q: You remember in what part they were?

LP: They were by the south wall, a cement wall outside, on the south side of the grounds. Now over the years people were hurt by the Allan. I was tortured too, and so were a lot of other people that were in there. There is a swimming pool in the Allan, and it is rumored that it was built to hide the bodies that were buried.

Q: Do you remember when you first heard that rumor?

LP: I heard it when I was in the Allan. Because there were some people there who were in and out of this hypnotic state, like I was. And when we came down to normally, we would talk of things we saw and things we heard. They said the swimming pool was built to hide the bodies that they felt were being buried there. I am convinced that there are bodies buried in the property.

I sent letters out three or four weeks ago. I sent a letter to the Assembly of Manitoba Chiefs, advising them what was being done at the Allan and that they should check if they had any of First Nations people that were missing, that you know, it could have happened, and I'm positive that it happened here as well.

Q: And did you get any response from the Assembly of Manitoba Chiefs?

LP: Not yet. They have been busy here in Winnepeg with the holiday that they had. They were really busy, and I haven't heard from them yet, no. But I was really concerned about Indigenous peoples. I firmly believe that some of them were in the Allan.

Q: Do you remember the name of the native woman you were talking to, with the long hair?

LP: She told me her name was "Morning Star".

Q: And she didn't mention her nation, where she came from?

LP: No she didn't...

Q: How old was she?

LP: She was around my age. I was 16 years old when I was in the Allan. She was around 16, 17...

Q: And you don't know if she was transferred there from a Residential School?

LP: She could have been... Like I said, I will never forget her. I remember her name, it was beautiful: Morning Star. And she was given LSD, all the treatments and everything. My goodness... The one memory that I have is when I was on the table, I was tied down. And they stuck another needle in my arm. Then the rape occurred.

Q: So they injected drugs on that occasion?

LP: Yes. And there were also rumors that Dr. Cameron gave LSD to children in glasses of kool aid.

Q: Where there many children there?

LP: Oh yes. I saw underage people. I saw kids that were possibly around 8 to 10 years old. And then there were other younger ones as well.

Q: Do you remember anything about the stables next to the Allan Memorial building?

LP: Oh the stables. Well apparently, from what I can recollect, there was lots of stuff going on around the stable. There were groups of people and they were acting strange, because they had just been given LSD.

Q: But you never entered that building?

LP: No I didn't.

Q: And did you walk around the gardens? Because in 1958 the pool(that was completed in 1961 used to be gardens.

LP: Yes that was the rumor that was going around the Allan at the time that they built the swimming pool… because they wanted to hide what was around the area. This sounds like… it's a terrifying thing to have to remember all this. And also the government knew what was going on, because a lot of people complained. They did nothing. Dr. Cameron also went to the US. He also had training from the CIA on the torture techniques that they used, and he brought that knowledge back to Montreal with him, to the people that he destroyed at the Allan.

Q: Yes, that plus his experience in Brandon, Manitoba, potentially with Indigenous children there… And also he was part of the Nuremberg trials as an expert, and he gave a psychiatric expertise on Nazi people there: Rudolf Hess.

LP: Oh exactly, he was like Adolf Hitler.

Q: How did you get out of there finally?

LP: Well my memory is a blank… I don't know what happened to me after I got out of the Allan. Somehow I ended up in Halifax, and I can't figure out why I was in Halifax, when my family was in Montreal. Part of my life there was just… I don't know what happened. I guess because of the LSD and everything… had such an impact on my body that it did something to my brain… that I can't remember.

Q: So you just remember being in Halifax all of a sudden, away from your family?

LP: Yes I was.

Q: And what did you do from there? Did you come back to Montreal?

LP: Actually I met a fellow in the navy. We got married. I had two beautiful children, moved to Winnipeg because the kids had a form of asthma and they couldn't tolerate the climate. We ended up in Winnipeg, and I'm here, I'm still here.

Q: Oh I see.

LP: But I would like to say that the First Nations people, it's horrible what happened to them. It breaks my heart to think that people could do that. And my concern is the Allan, the grounds, what is underneath the earth. There is something going on there. And I hope that people do not get on the grounds and destroy what we call "evidence". I'm hoping they don't…

Q: Thank you Lana. Are you okay with your statement being used as legal evidence in court?

LP: Yes… I am going to get a letter from my doctor saying that I am of sound mind and body, which I am. I am 80 years old. So then nobody can say "oh she's making all this up." I am not making this up, it's true… They're trying to destroy what is on the Allan…. Admitting guilt… They say they're doing renovations. They're not. They're trying to get rid of all the stuff that we believe happened on the grounds of the Allan…

Q: Did you ever write about it, or put out a book or anything like that?

LP: I thought about it, but I never did give round to it. But I should write one. You know I am the only one that can talk about the Allan. There was one other gentleman who was like me, but they had to put him into a personal care home, so that leaves myself as the only person who can talk about it…

Q: Do you have your own medical records?

LP: Yes I have my medical records. The consumer law group got them for me over three years ago… We were tortured basically, that's what I feel: I was tortured.

Q: Is there anything else you want to share with us?

LP: I thank you very much for talking with me. My motto is "Never give up."

Q: Thank you… and if any other memories pop up…

LP: Oh I will let you know, oh yes. Because I believe there is more to come out with me. My doctor said that I could be having flashbacks of what happened. The memories come in different stages. I could be sitting here wide awake watching TV and then bang, it would go, I remember this and I remember that. But like I say: the governments will never shut me up. I want to tell everybody in Canada what happened to me, and what is happening to First Nations peoples in the Residential Schools, and now the Allan…

Q: Thank you so much, Lana.

30. Canada was negligent and breached its fiduciary duty owed to Class members when it allowed medical and nutritional experimentation to occur, when it allowed its Agents and others to conduct experiments on Class members without their knowledge and informed consent and without the knowledge and informed consent of Class members' parents, and when it did not properly supervise the conditions under which the experiments were conducted.

31. Canada's systemic negligence and breach of fiduciary duty resulted in long-lasting harm to Class members and to the family Class members.

32. Canada conducted nutritional and medical experiments on Registered Indians and Inuit without their knowledge, without their informed consent, and in the case of Registered Indian and Inuit children, without the knowledge and without the informed consent of their parents.

33. These experiments took place on Indian Reserves, in Residential Schools, in Indian Hospitals, and in Sanatoria.

Indian Experiments in Residential Schools

34. At all material times Canada or its Agents operated these schools and allowed experiments to be conducted on Class members in these schools.

i) Nutritional experiments

35. Researchers wanted to find out how to improve nutrition, and to test their hypotheses about the value of nutritional supplementation. They thought that the children in Residential Schools were ideal experimental subjects to test their hypotheses, because the diet provided by Canada and its Agents in these schools was nutritionally deficient. One series of experiments in Residential Schools ran for five years from 1948 to 1953.

36. The five-year experiments were conducted at six Residential Schools:

(a) The Alberni school in Port Alberni, British Columbia

(b) St. Mary's school in Kenora, Ontario

(c) The Cecilia Jeffrey school in Kenora, Ontario

(d) The Schubenacadie school in Schubenacadie, Nova Scotia

(e) St. Paul's school in southern Alberta near Lethbridge

(f) The Blood school in southern Alberta near Lethbridge

37. The children at some of the schools were given nutritional supplements, while the children at other schools were used as controls.

38. In 1953 the principal of the Cecilia Jeffrey school in Kenora wanted to give all the children at the school iron and vitamin tablets. The researcher asked him not to, because it would interfere with the nutritional experiment.

39. The researchers in some cases withheld dental treatment from the children in both the experimental group and the control group so that the experiments would not be affected.

40. In 1967 a study was conducted on the students at Breynat Hall, a Residential School in Fort Smith, Northwest Territories. The study was designed to measure the effects of stopping vitamin D supplementation and instead serving milk fortified with vitamin D.

41. Approximately 1,300 children were used as experimental subjects in these schools.

ii) Ear experiments

42. Canada also conducted an experiment on 165 children from the Cecilia Jeffrey school in Kenora, Ontario, in 1953 and 1954.

43. Researchers tested an experimental drug on children who already had problems with their ears. Nine children suffered significant hearing loss because of the drugs.

iii) Experiments with medications

44. In 1964 research was conducted on the students at a Residential School in Onion Lake, Saskatchewan. The effectiveness of a 5-day course of treatment with the drug Furamide was compared to the effectiveness of a 10-day course of treatment. They were trying to treat amoebiasis.

45. Research studies were conducted on the students at Residential Schools in Fort McPherson, Inuvik, Fort Simpson, and Fort Smith in 1960 and 1961. The researchers wanted to study the effectiveness of the drug isoniazid in preventing tuberculosis. Students were given isoniazid instead of the tuberculosis vaccine BCG, which would have been preferable given the conditions in which the children were living.

46. Parental consent was sought at the Residential School in Fort Smith, but the consent forms did not state the children were enrolled in a research study, so any consent obtained was not informed consent.

iv) Hemoglobin study

47. Dr. F. Vella of the Department of Biochemistry of the College of Medicine at the University of Saskatchewan conducted research into hemoglobin. As part of this research, he had blood taken from students at the Qu'Appelle Indian Residential School and the Gordon's Indian Residential School in the 1960s. Though the principal of Gordon's school recognized that the informed consent of the parents should be obtained, such consent was not sought.

Indian Experiments On Indian Reserves

48. Canada set up Indian Reserves, and through its Agents maintained control over them at all material times. Canada allowed researchers to conduct experiments on the residents of Indian Reserves without their knowledge or informed consent.

49. Researchers conducted nutritional experiments on the residents of Indian Reserves. People living on remote Indian Reserves were chosen because their diets were nutritionally deficient.

50. A nutritional experiment was conducted on 300 Cree residents of the Norway House Cree Nation Indian Reserve in Manitoba between 1942 and 1944. Nutritional supplements were given to 125 of the residents, with the rest of the people serving as a control group.

51. Experiments testing the effectiveness of a new tuberculosis vaccine were carried out on children living on Indian Reserves in the Qu'Appelle region of Saskatchewan. The experiments took place between 1933 and 1945.

Indian Experiments in Indian Hospitals

52. The federal government has jurisdiction over the healthcare of Registered Indians and Inuit in Canada. From 1936 to 1945, Indian Health Services was part of the federal Department of Mines and Resources. On November 1, 1945, Indian Health Services was transferred to the federal Department of National Health and Welfare.

53. In the 1930s, 1940s, and 1950s a system of Indian Hospitals was established in Canada. The goal was to segregate Registered Indian and Inuit patients from other Canadians, at first in an effort to prevent the spread of tuberculosis from Registered Indians and Inuit to other Canadians.

54. At all material times, the Indian Hospitals were funded, overseen, operated, supervised, controlled, maintained, and supported by Canada and its Agents.

55. Tuberculosis vaccines were tested on patients at Indian Hospitals, including the Fort Qu'Appelle Indian Hospital in Saskatchewan.

56. Streptomycin was tested on Registered Indian children at the Charles Camsell Indian Hospital in Edmonton, Alberta. Streptomycin is an antibiotic that was used to cure tuberculosis.

57. Questionable treatments were used on Registered Indian and Inuit patients in these hospitals. These questionable treatments include, but are not limited to, extreme bed rest, isolation from other patients, and surgery to remove infected lung tissue. These treatments continued after their use had been discontinued in non Indian Hospitals.

58. Patients who did not have tuberculosis were forcibly held in Indian Hospitals and treated for tuberculosis. In some cases, members of the Class who did not have tuberculosis were operated on and had portions of their lungs removed for the treatment of tuberculosis and operations to remove parts of the lungs of Class members after that form of treatment had been determined to be ineffective and unnecessary and had been discontinued in non Indian Hospitals.

59. Some members of the Class were operated on using only local anesthetic, causing extreme pain and suffering.

Indian Experiments in Sanatoria

60. The *Indian Act*, RSC 1985, c I-5, allowed Canada and its Agents to forcibly hospitalize Registered Indians and Inuit. Section 73(1) provides: "The Governor in council may make regulations (h) to provide compulsory hospitalization and treatment for infectious diseases among Indians." (The *Indian Act* 1961 has the same provision, but in section 72(1)(h).)

61. Class members in Sanatoria were under the control of Canada with the duty of being protected. Rather than being protected, the converse was true.

62. Registered Indian and Inuit patients in Sanatoria received discriminatory and inappropriate treatment for tuberculosis which included, but was not limited to the following treatment:

(a) the surgical removal of lung tissue was used as a treatment in the 1950s and 1960s, after this treatment was abandoned as unnecessary causing permanent impairment for other Canadian patients;

(b) extreme and prolonged bed rest was used as a treatment after this treatment was abandoned for other Canadian patients;

(c) isolation of patients who were believed to have tuberculosis continued after this method of treatment had been discontinued for other Canadian patients;

(d) as in Indian Hospitals, patients who did not have tuberculosis were forcibly held in Sanatoria and treated for tuberculosis. In some cases, patients who did not have tuberculosis were operated on and had portions of their lungs removed for the treatment of tuberculosis; or

(e) some patients were operated on using only local anesthetic, causing extreme pain and suffering.

Knowledge and Informed Consent

63. In all cases the experiments were conducted without the knowledge and informed consent of the children, and without the knowledge and informed consent of the parents of the children.

64. In the case of the Residential School experiments, the researchers relied on the consent of the school principals. However, the principals did not seek the consent of the parents. The principal of the Gordon's Indian Residential School in Saskatchewan acknowledged that parental consent should be obtained before children participated in research studies, but such consent was not sought. In addition, the principals did not have all the details of the experiments, and so their consent was not informed consent. In any case, Canada knew that the Residential School principals were not the legal guardians of the students.

65. The research was not carried out for the subjects' benefit. In the case of the nutritional experiments the diet the children received at Residential Schools after the studies were concluded was not improved. The results of the experiments were not acted upon.

66. In some cases, the research conducted had no harmful effect. However, medical research on human subjects may only be conducted with the knowledge and informed consent of the participants, or with the knowledge and informed consent of their parents in the case of children.

Physical, Sexual, and Emotional Abuse

67. Due to the systemic failures of Canada to adequately supervise the care that Registered Indian and Inuit children received while being test subjects in experiments, Class members suffered widespread physical, sexual, and emotional abuse.

68. Physical abuse suffered by Class members included, but was not limited to:

(a) beatings;

(b) prolonged isolation;

(c) physical restraints;

(d) deprivation of medical and dental care; and

(e) forcible confinement.

69. For example, some children in Indian Hospitals and Sanatoria were beaten and some were tied down if they did not cooperate with the staff.

70. Class members experienced pain and suffering as a result of the medical experiments done on them. More blood had to be taken for the studies than would otherwise have been necessary, and more injections were given than necessary. The children had to endure the discomfort of gastric lavage, which involves inserting a tube through the nose into the patient's stomach, then taking a sample of the gastric contents. This is a way to test for the tuberculosis bacilli, and was done more frequently than necessary because of the experiments.

APPENDIX 11

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Le N° 1 des quotidiens français d'Amérique

MONTRÉAL, MARDI 11 MAI 1999 VOL XXXV / NO 327 / 104 PAGES

ANGELIL N'EST PAS CONDAMNÉ

La famille Dion nie la rumeur planétaire

Page 6

EXCLUSIF

LE CIMETIÈRE OUBLIÉ DES ORPHELINS DE DUPLESSIS

Surnommé « le cimetière de la soue à cochons »

3 pages

PHOTO YVAN TREMBLAY

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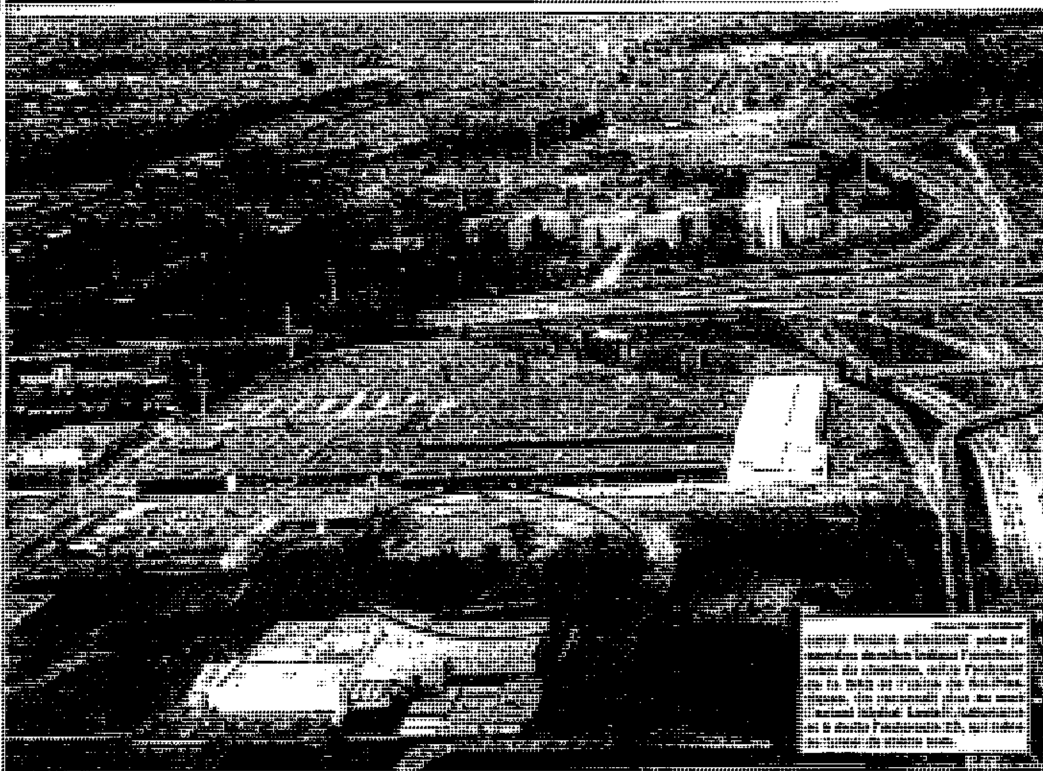


Les sœurs ont voulu effacer le souvenir du « cimetière de la soue à cochons »

Les automobilistes qui empruntent chaque jour le tunnel Lafontaine passent à proximité d'un cimetière dont on a tout fait pour effacer le souvenir. C'est là qu'ont été inhumés jusqu'en 1958 plus de 2000 pensionnaires de Saint-Jean-de-Dieu, parmi lesquels des « orphelins de Duplessis ».

LAURENT SOUMIS

Encore aujourd'hui, du côté ouest de l'autoroute 25, juste avant l'entrée du tunnel, on aperçoit les arbres près desquels ont été mises en terre les dépouilles non réclamées des pensionnaires de l'asile Saint-Jean-de-Dieu, devenu en 1976 l'hôpital Louis-H.-Lafontaine.

Aucune inscription ne rappelle ce passé oublié. Les sœurs de la Providence ont vendu les terrains du secteur en 1974 et 1979 à la Société des alcools pour la somme de 4,9 millions $.

L'acte de vente, qui ne fait pas état de l'ancien cimetière, dégage les sœurs de toute garantie ou responsabilité quant à «l'état, la composition et le degré de compaction du sol et du sous-sol».

Aux Archives de l'hôpital Louis-H.-Lafontaine, le dossier du cimetière est vide. Aucune photo, aucun document. Et le registre des décès de l'hôpital est confidentiel, indique la directrice Denise Champagne.

Les religieuses ont emporté avec elles les souvenirs de ce lieu fermé en 1958

Les seuls souvenirs, s'il en reste, ont été emportés par les sœurs au moment de la vente de l'hôpital en 1973. Ils appartiennent aux archives privées des sœurs dont elles nous refusent l'accès «pour le moment».

Néanmoins, *Le Journal* a retrouvé la trace du cimetière, ouvert en 1877, sur différentes cartes du début du siècle. On y voit l'emplacement du caveau et du cimetière de 100 pieds par 100 pieds, agrandi en 1904.

Les malades et les employés des sœurs l'avaient surnommé «le cimetière de la soue à cochons», étant situé à proximité des bâtiments de la ferme de la communauté.

À la Ville de Montréal et aux Archives nationales, des cartes et des photos aériennes confirment sa présence jusqu'à la fin des années 50.

En 1958, on a fermé définitivement le cimetière après 81 ans d'activités. Les sœurs ont déjà affirmé avoir exhumé la totalité des corps en 1967, mais on a signalé la découverte d'ossements au cours des années 70.

Appendix 12 – St-Anne's

School's electric chair haunts natives

Oct 21/96

BY PETER MOON
The Globe and Mail
Fort Albany First Nation, Ont.

First it was used for entertainment, then for punishment for aboriginal children.

THE homemade electric chair that was used for years to punish aboriginal children at St. Anne's Residential School has disappeared, but its memory endures.

Hundreds of children who survived the horrors of the school have bitter memories of the chair that was used first for entertainment but eventually as a means of forcing them to bend to the will of the Roman Catholic missionaries who ran the school.

"People were put in the electric chair as a form of punishment," Mary Anne Nakogee-Davis, 41, who attended St. Anne's between Grades 1 and 8, said in an interview. "They would put children in it if they were bad. The nuns used it as a weapon.

"It was done to me on more than one occasion. They would strap your arms to the metal arm rests, and it would jolt you and go through your system. I don't know what I did that was bad enough to have that done to me."

Edmund Metatawabin, 49, a former chief of the Fort Albany First Nation, said he remembers he and his class being forced to take turns sitting in the chair and receiving painful jolts of electricity to entertain visiting dignitaries.

"I was six years old," he said. "There was no sense of volunteering or anything. We were just told by the brother to do it and there was never any question of not doing it.

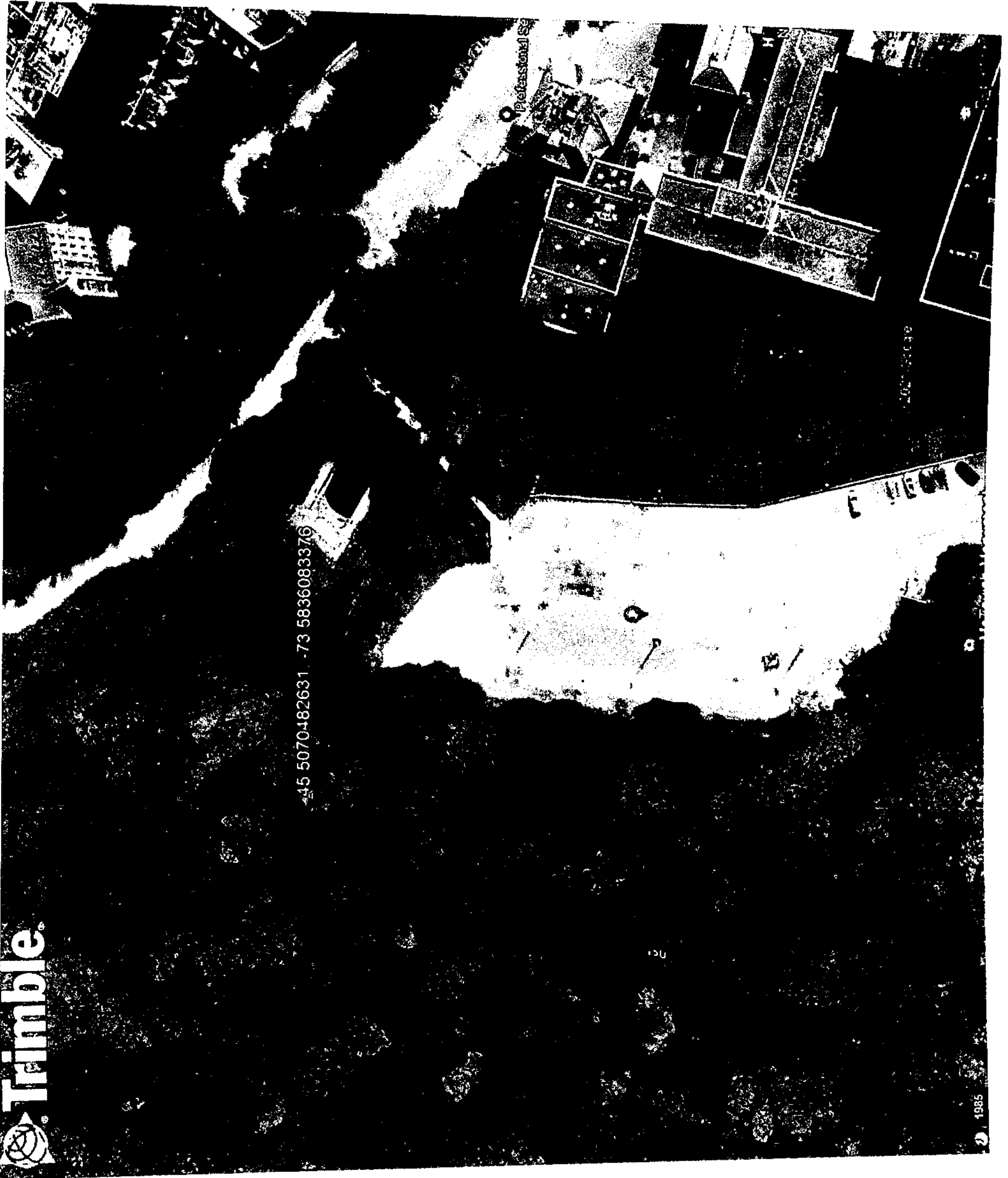
"Once the thing was cranked up, I could feel the current going through me, mainly through my arms. Your legs are jumping up, and everyone was laughing."

St. Anne's operated as a residential school from 1904 to 1973 in this isolated Cree community of 1,400 people on the west coast of James Bay, 1,000 kilometres north of Toronto.

The federal government forced Cree and Ojibwa children to leave their families and live at the school for 10 months of the year.

Please see Electric / A4

Appendix 13 - Coordinates



APPENDIX 2

phoenix rising

June 1986
Spring/Summer Issue
Vol. 6, No. 1
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THE VOICE OF THE PSYCHIATRIZED

Psychiatric Brainwashing in Canada

Out of the Ashes

SCHIZOPHRENIA

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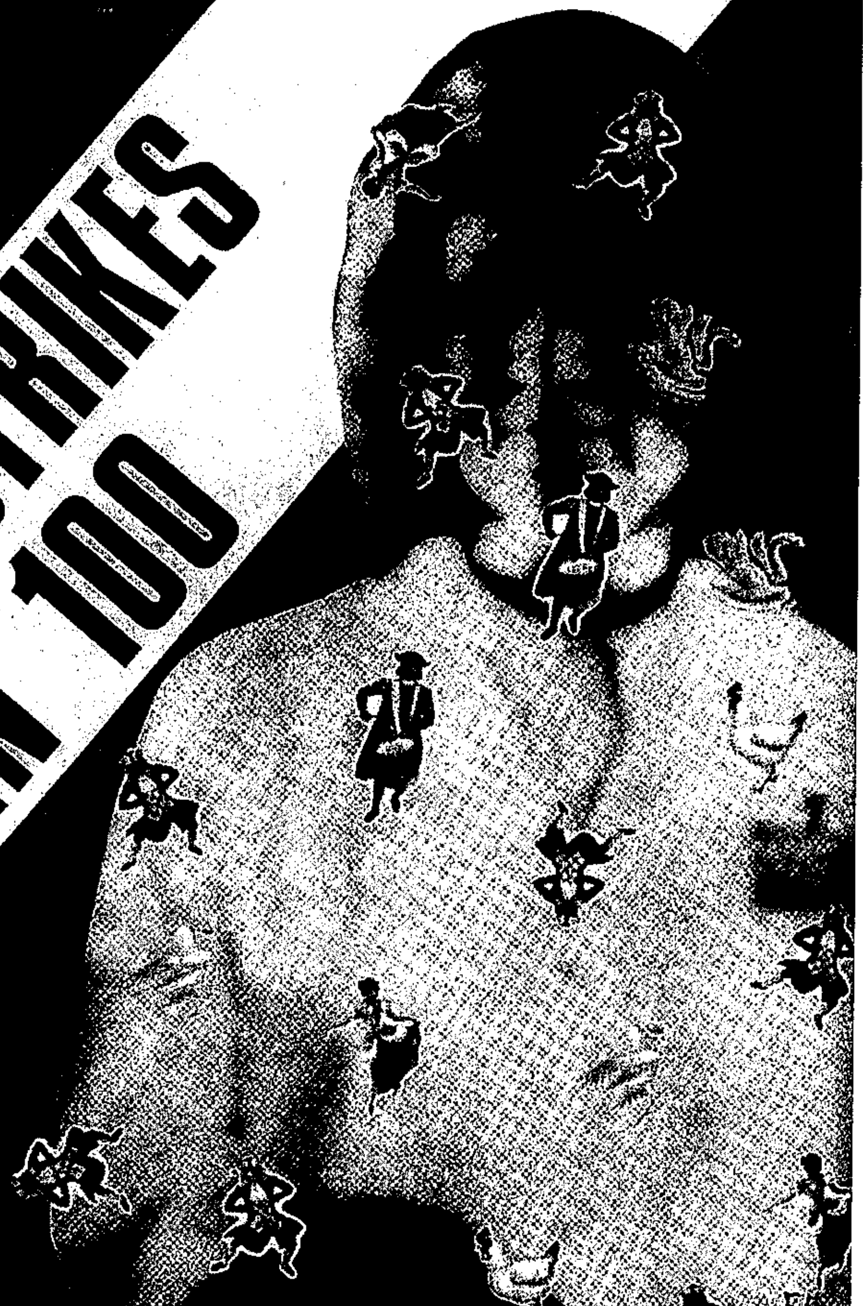
SANITY STRIKES
99 IN 100



phoenix rising

June 1986

INSIDE

EDITORIAL

Society's "norms" and "mores" are, of course, forever with us. Too bad for the crazies. Normalcy and morality boil down to keeping your ass well covered and sitting on it for a lifetime — then on to the next generation and the same rearguard action.

So today's nut detectors are too many dopamine receptors, chemical imbalances and the still unnamed new ones being cooked up even now — so scary because they're "scientific" and this is the society — straight and true and just progressing along determined to prove the big bang theory of human disintegration — he's got the answer for sure. A few decimal zero zeroes of this and a couple of hundredths of a milliliter of that and a sharp clean needle, and we'll all be perfect. And it won't hurt a bit. And then there's eugenics, breeding normal test tubes. And everybody sit around and cluck cluck about the barbaric old days of shock treatment. Isn't science wonderful.

Who wants to sit around clucking, and besides, science will just learn more precise methods of measuring aberrant clucks to find the new crazies.

But that's a broad social view of "them against us," and it doesn't work when a reader writes us a heartrending letter about the sufferings of himself, his family and especially of his son who committed suicide. He states:

"To say that real, organic mental illness does not exist is to say that the brain, the most complex part of the body, is the one part that never malfunctions. Why? What gives it this invulnerability? The fact is that it does malfunction — unless you believe that Alzheimer's disease, for example, is not an illness."

We can't begin to respond in an editorial, but we must respond soon.

Likewise we must react to the insanity of "normalcy" as perpetrated by that eminent Canadian psychiatrist who mangled people's minds in the name of science, the just and true, and with the blessings of the Government of Canada and the CIA (see feature article). It's almost enough to make us feel moral and self-righteous. But that's to fall into the trap, isn't it?

Meanwhile, **Out of the Ashes** more and more arises — people celebrating and suffering their madnesses.

And a joke comes to mind. A woman walks into a psychiatrist's office. "Take off your clothes and lie down on the couch," he commands. Afterwards he says, "Well, that's my problem. What's yours?" End of joke.

It's all very difficult to measure.

phoenix rising

Editorial Collective for this issue: Tim Dunn and Liane Heller/Editorial; Don Weitz/Research and Writing; Denise Mails/Paste-Up and Layout; Maggie Tallman/Advertising, Circulation, Correspondence and Column; Carole Stubbs/Consulting.

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The opinions of the editorial collective are expressed in the editorial and unsigned articles. Other articles, columns and letters to the editor express the views of the writer. We will not accept any advertising which in any way supports forced drugging, electroshock, involuntary confinement, or psychiatry's medical model of mental illness. *Phoenix Rising* reserves the right to edit material submitted. Material should be submitted typed and double-spaced. Persons wishing to have material returned must enclose stamped, self-addressed envelope. *Phoenix Rising* is published quarterly by: ON OUR OWN, Box 7251, Station A, Toronto, Ontario, Canada M5W 1X9. Telephone: (416) 699-3194. Second class postage No. 5342.

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An anguished father's questions

Dear Editors

In the "Write On" section of your December 1985 issue is the statement that "a letters column is an appropriate place for a range of views, including those that differ or are even critical." That encourages me to hope that you will print this letter, which challenges one of your basic positions — your opposition to the medical model of mental illness.

I am not trying to say that all mental disturbances constitute illness in the medical sense; but I do say that *some* do. If I correctly understand my reading of *Phoenix Rising* and the statements of some of your members, you disagree with that; you believe there is no such thing as biochemically caused mental illness.

To say that real, organic mental illness does not exist is to say that the brain, the most complex part of the body, is the one part that never malfunctions. Why? What gives it this invulnerability? The fact is that it does malfunction — unless you believe that Alzheimer's disease, for example, is not an illness.

Both dissection of dead brains and electronic scans of living ones show abnormalities in the brains of some patients diagnosed as mentally ill. Some have unusually large numbers of dopamine receptors; some have enlarged ventricles. My son's brain, examined after his suicide, had double the normal number of dopamine receptors.

The hallucinations of the mentally ill — no quotations marks, please — cannot come from normally functioning brains. You choose to call them visions or spiritual experiences (August 1985 *Phoenix Rising*, page 34A). I suggest that you ask the people who suffer from them if they would use such bland terms to describe them. Perhaps some would; many others would not.

My son heard voices, and they hounded him to his death. On the day he jumped off a bridge he left a note saying that the voices had told him they were going to kill him and would not let him warn us. A woman I know had a son who kept hearing what he believed to be the voice of God, threatening to kill him. He put the points of two knives against his eyes and fell against them. They penetrated his brain and killed him. Other mental patients in Toronto have jumped in front of subway trains. Some "spiritual experiences!"

If all the cases that psychiatrists call mental illness are nothing but reaction to the problems of life, why should young people without any serious problems sink into apathy and withdrawal, or start hearing voices, or think they are the victims of a conspiracy? Time and again it happens that happy, loving people change out of all recognition, and this for no apparent reason. Often they have brothers and sisters, living under identical conditions, who experience no such change.

I don't question that there are terrible abuses in psychiatry, and I respect your fight against them. But by denying that there is such a thing as mental illness you weaken your credibility. I suggest that your struggle should be for the reform of psychiatry, not for its abolition.

Norman Houghton,
Toronto, Ontario

No philosophy; no belief system; indeed, no point of view — however passionately held or eloquently expressed — seems an adequate response to a personal tragedy of overwhelming emotional impact, such as you have experienced in the loss of your son.

It is clear that your belief in at least part of the medical model of mental illness, and in psychiatry's capability to achieve a cure, is sincerely held and fervently expressed. And it is equally clear that our own viewpoint, as you have pointed out rejects both the concept of mental illness and the efficacy of psychiatry in helping people who are troubled and tormented.

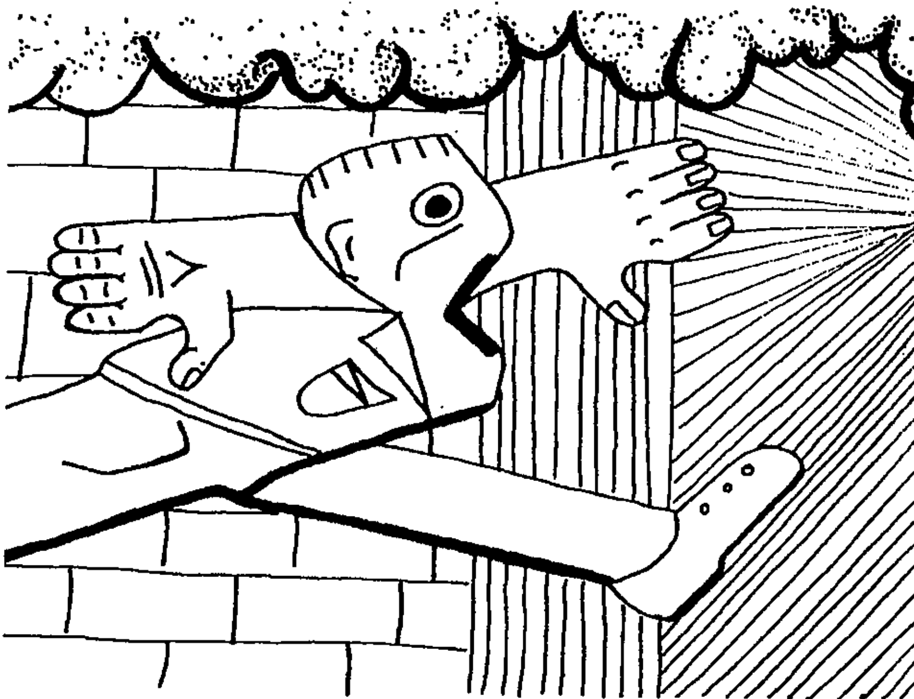
Despite these polarities, however, we feel we can offer a point of agreement that seems to us more appropriate than a discussion of our respective philosophic differences; this concurrence is that the death of your son was shocking, saddening, and tragic. We deeply sympathize with your pain, and we truly appreciate the frankness and thoughtfulness of your letter.

Incriminating Thoughts?

Dear Editor:

Having just read p 39 (P.R. Vol. 5/No. 4) "Landmark decision on involuntary commital" (first item under 'Mad News') I found myself, not encouraged but discouraged, not hopeful but frightened.

The item in question concerned a Mr. A's appeal of his involuntary



commital to court. How can Judge Locke (the Judge presiding at this appeal) say, generally, the burden of proof for involuntary commital lies with the phsyician i.e. (proof of dangerousness), and then rule in this specific instance that such evidence exists, when it doesn't?

The "evidence" that the judge considers is that Mr. A hears voices telling him to perpetrate violence toward others. Locke says that the fact Mr. A doesn't obey this voice isn't the point. The fact Mr. A doesn't obey this voice *IS* the point. Who hasn't thought "I am going to kill you", etc., and especially under conditions where others are depriving you arbitrarily of your human rights, as in involuntary commital? Even if it were decided that having such "violent thoughts" were a crime (which is ridiculous), what evidence is there that Mr. A had such thoughts? The only evidence for such violent thoughts is self-admission, which should be inadmissible on the grounds of self-incrimination. (Canadian Charter 11 c.)

Not only has Mr. A committed no crime then, the supposed cause of the future crime he is predicted to commit (his "violent thoughts") has not been established, either as a legitimate cause or as a reality existing inside Mr. A.

I can only hope that District Court Judge Locke's ruling can be appealed to a higher court and, most especially, that Mr. A's legal right to refuse "treatment" (torture) while incarcerated is being respected.

Sincerely,
James Armstrong,
Thessalon, Ontario

Millbrook Censors *Phoenix*

Dear Don:

Was returned to Millbrook on January 24, 1986. It was good to see you at the Board hearing. Didn't know if you would get my message or not. The copy of *Phoenix Rising* you gave me was not allowed me here. I spoke with Administrator who said it would get looked into. It was later denied me on the grounds that it had not been mailed from Publisher to me — the institution rule here being that all magazines must come direct from Publisher. My issue of August 1985 is in my possession but has been thoroughly censored. I just began a very interesting article in issue you last got me, when I was separated from my property en route to here. I would greatly appreciate having a copy of the latest issue — mailed to me from Publisher...

Thanks Don. For now, take care.
Eldon Hardy,
Millbrook, Ontario

Dear Eldon:

Good to hear from you but wish you weren't in that place. Of course I'll see to it the magazine is sent — the 'proper' way. It's an outrage that the authorities there hassle you so much over getting a copy of *Phoenix*. Makes you wonder what they're afraid of. We can't print your whole letter because we haven't enough space, but thanks for bringing another example of institutional stupidity — not to say injustice — to our attention.

Keep on writing and I hope to see you soon.
Don Weitz
& everybody at *Phoenix*

Friends needed — not drugs!

To Whom It May Concern:
As you may not have heard of On Our Own ... It's a group of ex-psychiatric patients trying to do something with themselves. But a lot of people are so heavily medicated they just aren't able to think. Why can't we start to take a look at that aspect huh? I'm speaking from experience. I've just about had it with our Mental Health System, 'cause I lost a sister I really truly loved to your so called medication and a lot of friends, who committed suicide from losing their power of mind. Why of course you don't give a damn all you care is just the almighty dollar! Why?! Oh yes sometimes people need just a friend to be there to confide in. Not always your so-called psychiatric drugs. Have you got a heart or what for people, cause if you did you'd start to help On Our Own moneywise.
Sincerely,
Nathan
of On Our Own
P.S. What it boils down to is people helping each other.

Thank you, readers

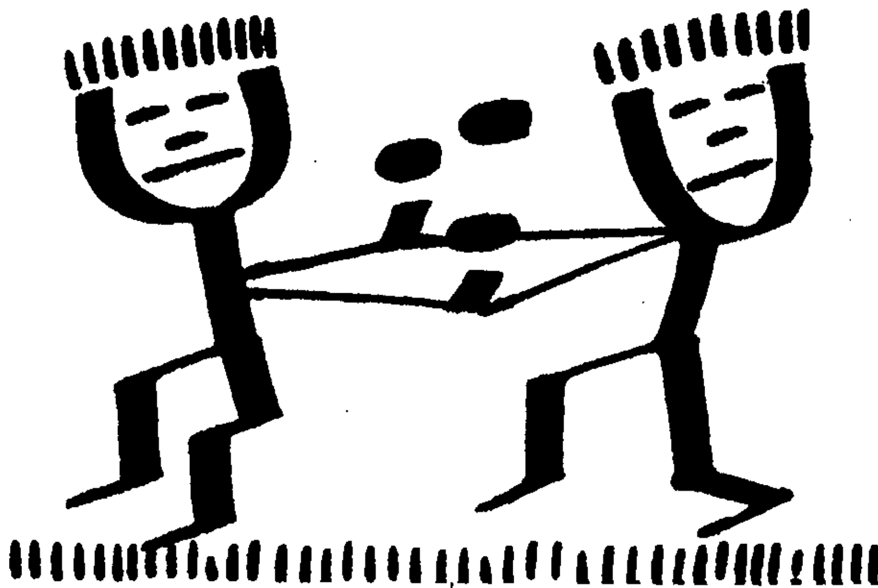
Dear Editors:

My thanks for the article in the Winter issue penned by Jean Skov, "Recovering from psychiatry: How I got myself back."

Recounting her experiences is indeed an expression of her anger that will benefit others.

More personal accounts please.

Yours truly,
A. Fewster, R.N.
Sarnia, Ontario



Dear Editors:
What a joy to see that *Phoenix Rising* is going to continue to rise...
The December '85 issue is chock full of interesting pieces. Cedar Christie's sketches and drawings (in particular the drawing on page 36), are excellent. They add enormously to the magazine's content. The Bookworm Turns is my favourit^ feature, and the Mad News is a helpful resource. I especially like the fact that the editorial collective responds to letters in Write On. Keep it up! It's always annoying when a Letter to the Editor asks a question that doesn't get answered, or makes an angry statement that doesn't get a rebuttal.
Glad Tidings,
Sheila Morrison,
Toronto, Ontario

Dear Don:
Thank you very much for your wonderful letter, and for sending me the winter issue of *Phoenix Rising* which I read immediately with fascination and quite a few "oh my gods" and "holy fucks".
I haven't decided what I will do to heal myself and put into action my anger after my six week outpatient stint at UBC's "Day House". If it takes the form of writing I'll send you a copy.
Natasha Lyndon

Dear Editors:
I want to congratulate you on your excellent work ...
When I read your December issue I was furious and I cried because I have been in a mental institution and I was put through hell.
A kind word, a smile, a hug, and trying to understand each other's pain would certainly be a first step; then together to find ways to cope with the everyday problems. And guidance. Things that are not taught in mental institutions.
I want to give Mrs. Skov a big hug. She's a magnificent person and she's a survivor. All the best to her...
May God Bless you!
Yvonne Savoie,
Dartmouth, Nova Scotia

THE

MAD MARKET

is a non-profit store operated by On Our Own, a self-help group of Ex-psychiatric inmates.

☐ We offer items for sale at some of the cheapest prices in town!
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- Clothes, furniture, books, appliances, etc.

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Empty advertising

It's a wonderful idea for Ontario's Ministry of Community and Social Services to launch an advertising campaign for its assistance program for victims of assault and battering. Educate the public about the seriousness of the problem: reach the many individuals who aren't aware that such help exists; that sort of thing.

But an even better idea would have been to spend the money to open more hostels, hire more staff, and expand the volunteer base. Instead, government funding for these programs has been cut and the existing agencies are often unable to respond quickly to those who most need help.

An ad campaign that promises what it can't deliver is referred to as misleading.

Beryl rides again!

If there are any of you folks out there sitting on your respective handicaps feeling you can't do much to change things, take a tip from Beryl Potter. She and 150 others travelled to the House of Commons to become a 'visible' minority protesting the Conservative Government's proposed Employment Equity Legislation.

Black Monday Beryl came close to being thrown out of the Visitors' Gallery when she made her feelings known by shouting at the Employment Minister, Flora MacDonald, that she had lied to the handicapped people. Further comments from Sheri Stein, legal counsel for the coalition indicated the bill had 'no teeth.'

Who says that a 62 year old triple amputee can't move them and shake them.

DEAR MOM:
HAPPY 75TH! THANKS FOR ALWAYS BEING THERE WITH ALL YOUR LOVE AND SUPPORT OVER THE YEARS.
LOVE FROM YOUR GIRLS: MAGGIE, OLLIE, GERTIE AND MABEL

Getting the record straight

Finally, there's at least one psychiatrist who realizes there are problems with electroshock. It's too bad, however, that Dr. Sidney Barza of Montreal hasn't yet got a handle on the *real* problems.

It seems that one of the good doctor's patients, suffering from memory loss after receiving ECT, forgot to take her birth-control pills and became pregnant. Writing to the *Canadian Journal of Psychiatry*, Barza said his patient had greatly benefitted from ECT, and "recovered rapidly" from an "endogenous depression" — but he did allow that the "short course of treatment" had produced a side effect.

The side effect in question? Not memory impairment; that would have been too obvious. No, as far as Barza was concerned, the woman's pregnancy was the problem, and he even went so far as to note that "pregnancy may be a side-effect of ECT in a certain group of women during their child-bearing years."

It seemed fairly ironic to me that a procreative capability would be attributed to a machine normally associated with the destruction of the very essence of life — brain cells. But what do you expect from a psychiatrist?

PSYCHIATRY KILLS
(above our desks)

NEVER LET IT BE SAID I HAVE NEVER PARTICIPATED IN A BEAUTY PAGEANT!

Buttons and bumper stickers seen and loved

QUEEN STREET IS CRUEL AND UNUSUAL
(Although this is a group button referring to Queen Street Mental Hospital, it is now a collector's item for the Toronto Transit Drivers who work the Queen Street run.)

Institutional anguish

Each time I correspond with an inmate at 'Penetang' (officially known as the Penetanguishene Mental Health Centre), there's a strange urge to write PenetANGUISHene. Funny how these things come over you, isn't it?

Adding insult to injury

What's in a medical chart? Well, just about anything, from a patient's political opinions to idle gossip from neighbours.

Take the example of a Toronto woman who told her doctor she was opposed to extra-billing by Ontario physicians, and later — in another doctor's office — noticed these entries on her medical chart: "Has a chip on her shoulder. Antagonistic tone against doctors opting out. Wants to know what we are planning to do to inconvenience our patients."

What such remarks had to do with treatment for the sore throat and earache, she couldn't fathom; baffled, angry, and worried that the entry would affect the quality of her medical care in the future, Fiona Stewart cried foul, and took her concerns to the press — with ample justification.

But what about people who don't get a chance to see their records, or have to wait years to find out that medical information isn't always as confidential as it's supposed to be?

A friend of mine, who was recently allowed to read the records pertaining to a breakdown she suffered 25 years ago, found out that among those who evaluated and discussed her condition were neighbours, teachers of her children, and other "interested groups."

Presumably, she didn't even have to beg her doctor to show her the charts; she could just have asked neighbours and other "interested groups" what was in her medical records!

I OWE, I OWE — IT'S OFF TO WORK I GO (seen on a young bass player's case at a bus stop)

by Randall Dowhan

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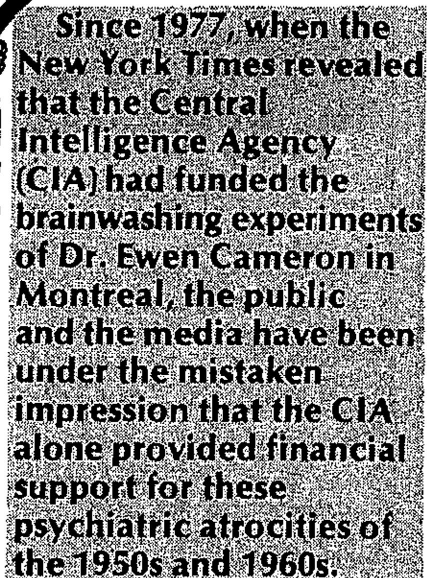
A PSYCHIATRIC HOLOCAUST:

Canadian government, CIA supported experimentation in two Montreal institutions

By Don Weitz



Since 1977, when the New York Times revealed that the Central Intelligence Agency (CIA) had funded the brainwashing experiments of Dr. Ewen Cameron in Montreal, the public and the media have been under the mistaken impression that the CIA alone provided financial support for these psychiatric atrocities of the 1950s and 1960s.

Indeed, the CIA connection was paramount, as former CIA agent John Marks reveals in his 1979 exposé, *The CIA and Mind Control*, which documents some of the agency's covert operations — with such code names as "ARTICHOKE," "BLUEBIRD" and "MK-ULTRA"[1] — involving mind-control experiments that drove many of its Canadian and American victims to madness, even suicide.

But what is only coming to light now is that the Canadian government also secretly supported and funded many of these psychological and psychiatric abuses, under labels like "psychological warfare" and "national defence." From 1950 to 1964, the Department of Health and Welfare and the Defence Research Board (now part of the Department of National Defence) awarded several grants to Cameron and other psychiatrists and psychologists working at the Allan Memorial Institute and McGill University in Montreal.

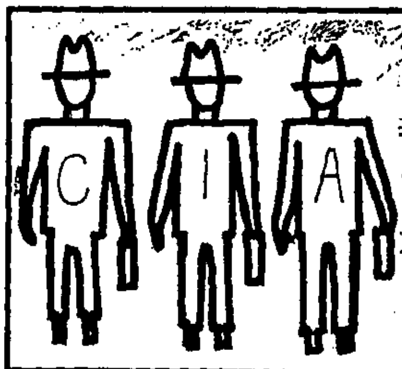
The Ottawa - CIA Connection

During the Cold War, in the late 1940s and 1950s, the CIA was obsessed with finding and using methods to combat Soviet espionage: If the Soviets could brainwash spies and defectors to extract confessions from them, why couldn't the Americans do the same? Under the directorship of Allan Dulles and Richard Helms, the CIA set up several secret projects — including "ARTICHOKE," "BLUEBIRD," "MK-DELTA" and "MK-ULTRA" — all involving mind-control and brainwashing techniques, strategies and experiments.

"BLUEBIRD," which began in April, 1950, and "ARTICHOKE," which began in August, 1951, were discussed during at least two secret meetings between the CIA and scientists in the spring and summer of 1951. Three prominent Canadian scientists attended the June 1 meeting in Montreal's Ritz-Carlton Hotel: psychologist Dr. N.W. Morton, Director of Operational Research for the Defence Research Board (DRB) in Ottawa and Past President of the Canadian Psychological Association; Dr. Omond M. Solandt, a former research scientist, Chairman of the DRB and Deputy Minister of National Defence, and Professor Donald O. Hebb, a research neuropsychologist and Chairman of McGill University's Psychology Department.

During the meeting, CIA officials expressed keen interest in mind-control experiments and asked for active support from the Canadian and American scientists. These excerpts from notes taken during the discussion show the extent of the Canadian involvement — both governmental and scientific — despite the deletion of the names of many of the officials: (In quoting from notes, reports and other documents, all italics are mine.)

> The Canadian representatives had obviously discussed several programs which they were anxious to explore ...
>
> **Political warfare:**
> Research into the psychological factors causing the human mind to accept certain political beliefs aimed at determining means for combatting communism and "selling" democracy. This program was suggested by (name deleted), a consulting psychologist.[2]
>
> **Control of the Individual Human Mind:**
> Research into the means whereby an individual may be brought temporarily or perhaps permanently under the control of another. This project was suggested by (name deleted), who is prepared to undertake it immediately should it be approved. (name deleted) has had previous experience in this type of research and *expects a grant from the DRB* in the near future ... While this grant will not permit *human experimentation* he feels that such experimentation can be tied in.
>
> ... both of the projects will be written up for *consideration by the DRB* and will probably be approved.
>
> *The Canadian DRB programs are relatively firm, and will undoubtedly go forward ... The U.S. programs ... can be tied in where they are of mutual interest.*
>
> **Conclusions and Recommendations**
> The Canadian representatives



were fully acquainted with the problems and were carefully selected to provide a balance of scientific competence to the discussions. (name deleted) in particular, indicated a keen understanding of the "Bluebird" problem, and was obviously interested in conducting research programs in connection with it. With the backing of DRB (names of institutions deleted) should provide *a center of interest and activity which will be of utmost value in the testing of various hypotheses as to control of the human mind.*

> ... U.S. interests can best be served by *channeling our contact through the DRB...*[3]

These notes make it clear that Canada was to be a major brainwashing and mind-control research centre for the CIA, and that the Canadian research was to be carried out under the cover of the Canadian military, specifically the DRB or the Defence Department.

To ensure secrecy, the CIA would set up two distinct but related mind-control projects: "BLUEBIRD" (or "ARTICHOKE") and "MK-ULTRA." The need for such strict secrecy was discussed at length, as well as the possibility of cooperation with other foreign intelligence agencies.

Less than two months later, on July 23, 1951, another secret meeting was held; names, as well as other identifying information, were deleted or barely legible in the notes. But the goals and objectives of the projects were beginning to come into focus, including studies of "the availability of the individual and the detection of an amenable type," and the "physiological and psychological reactions" to the "interrogation." Techniques — specifically, drugs and hypnosis — were also discussed.

And the notes reiterate the Canadian commitment to CIA research and secrecy:

> There is no existing program in Canada at the present time. There will be one.
> We may expect inquiries from the Canadians as to our progress ... any connection with CIA is not revealed.[4]

Yet another secret meeting on "ARTICHOKE" was held on Dec. 3, 1951. Again, all names and other identifying information were deleted, and it's doubtful that any Canadians attended. However, the use of electroshock as a significant technique in brainwashing was discussed extensively, and an unnamed shock expert — a "psychiatrist of considerable note ... a fully cleared Agency consultant" — was mentioned:

> The writer asked whether or not in the "groggy" condition following a convulsion by the electro-shock machine anyone had attempted to obtain hypnotic control over the patients, since it could be a good time to obtain hypnotic control ... (Doctor's name deleted) stated ... it had never been done, but he could make this attempt in the near future at the (name of institution deleted) and see whether or not this could be done. It was (name deleted) opinion that an individual could *be gradually reduced through the use of electro-shock treatment to the vegetable level* ... amnesia could be guaranteed ...[5]

This insensitive hypothesis was soon tested by Cameron and his psychiatric colleagues who reduced many psychiatric inmates to this "vegetable level" by using electroshock and other brainwashing techniques.

But first, let us turn our attention to Hebb and his experiments at McGill.

Hebb and the Sensory Deprivation Experiments

Shortly after he returned from the CIA meeting of June 1, 1951, Hebb submitted one of several grant applications to the Department of National Defence; specifically, to the DRB. Hebb's name did not appear on the first application; instead, the research project was simply assigned to McGill.

The sensory deprivation research he undertook was always classified as "psychological warfare" and "Human Resources and Military Psychology," but his 1951 application to the DRB, innocently titled, "Conditions of Attitude Change In Individuals," covered what were the first brainwashing studies conducted at McGill.

In this application, Hebb requested a one-year grant of $5,000 "to determine the specific conditions of *limitation of subject's field of perception and action which when coupled with subsequent suggestion will effect persistent changes in attitudes of some fundamental importance.*" To make sure the DRB also believed this research was "of some fundamental importance," he wrote, under the heading, "Requirement:"

> A hostile power may attempt conversion of attitudes, together with behaviour appropriate to these, of our nationals who fall into their hands. This may include the use of psychological, as opposed to essentially physical, means. It is desirable to determine the feasibility of such attempts, with a view to ascertaining what defensive action would be taken.[6]

In this exploratory study, animals and "paid human subjects" (McGill student volunteers) would be subjected to a prolonged,

monotonous environment — "comparable to "White Noise" — for up to three or four days at a time.

The DRB quickly approved the application.

In his December, 1952 progress report to the DRB, Hebb reported on his initial results:

> Experimentation to date has been exploratory. Tolerance for the conditions of perceptual isolation varies in subjects ... from 0-60 hours. *The motivational disturbance is great and the intellectual efficiency is impaired.*

Despite these disturbing preliminary findings, the DRB approved Hebb's request for an additional $10,000 to continue his research — and no questions were asked.

A year later, in his December, 1953 progress report, Hebb reported even more disturbing results:

> One study demonstrated (i) the incapacity of college students to tolerate a severe perceptual limitation, and, as a result, their eagerness to listen to almost any verbal material offered them, and (ii) that propaganda for an absurd point of view becomes significantly more effective under these circumstances than for control subjects. Another effect was a significant lowering of intellectual efficiency during and immediately after the period of perceptual deprivation, and that during the deprivation period, the subject developed hallucinations.[8]

In short, the sensory deprivation experiments were causing many healthy students to break down or hallucinate; under this stress, they were becoming amenable to the researchers' suggestions. Except for the hallucinations — which interfered with the process — the brainwashing was proving effective.

Over the following two years, Hebb was awarded $18,000 in grants.

By the time he submitted his final report, in December, 1955, Hebb had completed two major experiments, which he described:

> ... the experimental subjects show a deterioration in problem solving ability both during the ... isolation, and for several hours after emergence ... when the tests actually were presented, the subjects would frequently not try very hard to get the correct answer, and complain about having to do them. Again, after a few days in isolation ... there was some disturbance of normal motivational patterns.[9]

After completing 48 to 72 hours of isolation, five of the 65 students experienced "attacks of acute anxiety." One became hysterical. One suffered an epileptic attack. And a majority of these students, and the others, described the experience as "a form of torture."[10]

Few of the young people could tolerate the isolation for more than three or four days, despite the fact that they were being paid $20 a day — a considerable sum in the mid-1950s.

The details of these experiments were first published in 1954 in a scientific report by three psychologists working for Hebb in the psychology department at McGill.[11] A similar study, published in 1956, confirmed all the major results of the 1954 study.[12]

During the experiments, the students spent 24 hours a day alone on a comfortable bed in a sound-proof cubicle; meals and trips to the toilet were the only respite. Their vision, hearing and touch were severely restricted; for example, they wore goggles eliminating pattern vision, and special gloves which covered their arms and hands. As well, they listened to a continuous hum, or "white noise," through earphones imbedded in a pillow. And to increase their sense of isolation, researchers rarely talked with them.

In a 1961 summary of these experiments, psychologist Woodburn Heron reported that almost all 29 students in one study group suffered some serious sensory, emotional and intellectual disturbances within the first two days of isolation.[13] The disturbances were temporary, but the experience proved so overwhelming that within the first two days, a majority of the students experienced vivid visual, auditory and tactile hallucinations, as well as difficulties in concentration and problem-solving. During and immediately after the isolation, many of them also complained of dizziness, confusion, nausea, fatigue, headaches, and, because of the terrifying nature of the hallucinations, insomnia.

A sub-study involving 12 of these students also revealed a marked slowing in Alpha-wave activity — the brain's arousal system — for as many as three days after isolation. This neurological disturbance formed an ideal base for brainwashing: since the

"A hostile power may attempt conversion of attitudes . . . This may include the use of psychological, as opposed to essentially physical, means. It is desirable to determine the feasibility of such attempts. . ."

— Grant application to Defence Department by Professor Donald Hebb, Montreal, 1951.

"a general disorganization of brain function similar to that produced by anoxia, by large brain tumors, or by . . . certain drugs."

students' brains weren't receiving enough sensory stimulation, their faculties of judgment were impaired, drastically raising their level of suggestibility. As a result, when they were subjected to a series of 90-minute recorded messages about ghosts, poltergeists, and other extra-sensory phenomena, their tendency to blindly accept the data as fact was markedly increased.

Heron compared the effects of prolonged isolation to those of brain damage: "a general disorganization of brain function similar to that produced by anoxia, by large brain tumors, or by ... certain drugs."[14] As well, he concluded: "A changing sensory environment seems essential for human beings. Without it, the brain ceases to function in an adequate way, and abnormalities develop."[15]

The McGill students quickly discovered this painful truth. Many of Cameron's patients at the Allan would also discover it. The DRB and the CIA already knew it. Yet the funding, for these and other brainwashing experiments, continued.

The Cameron Experiments

Isolation

From 1950 to 1954, the federal Department of National Health and Welfare gave Cameron $17,875 to support his "Behavioural Laboratory" in the Allan. This grant funded several of his brainwashing studies, including sensory deprivation, psychic driving, electroshock, and the use of the male hormone testosterone on women patients.

He was unable to find patients who would agree to undergo the Hebb/McGill isolation procedure, but he did use a modified version of "the isolation technique of Dr. Hebb"[16] on some patients, to lower their resistance to his psychic driving experiments.

As early as 1952, there was evidence — Hebb's report to the DRB, for example — of the serious psychological effects of McGill's sensory deprivation procedure. And in 1956, two years after the first publication of the McGill sensory deprivation studies, psychologist Fern Cramer and Dr. Hassan Azima, a colleague of Cameron and a psychiatrist interested in "regression," published the results of a study using the McGill technique on several patients at the Allan. Two similar versions of the Azima-Cramer study were published simultaneously in 1956; one, abstractly titled, "Effects of the Decrease in Sensory Variability on Body Scheme," was published in the *Canadian Psychiatric Association Journal,*[17] and the other appeared in *Diseases of the Nervous System.*[18]

He failed to mention a maximum time period for psychic driving; or, in his words, an "optimum amount." But he did refer to his patients' "defences against psychic driving itself" as "running away from the situation" — bolting out of his office or trying to escape from the institution.

On Dec. 14, 1954, Dr. Jean Gregoire, Deputy Minister of Health for Quebec, sent a copy of Cameron's final report to Dr. Gordon E. Wride, Principal Medical Officer for Health Insurance Studies in the Health and Welfare department. On Dec. 21, Wride answered, thanking Gregoire. There were apparently no other comments, either about the report or about the experiments themselves.

In 1956, Cameron published a major article on psychic driving in the *American Journal of Psychiatry*, the official publication of the American Psychiatric Association, of which he was once president. In the article, based on his government-funded research at the Allan, he described his technique as a new "therapeutic" method, claiming that "driving" patients with "verbal cues" would help "reorganize" their personalities. ("Reorganization" was also mentioned in the Azima-Cramer study.)

As a footnote, Azima and Cramer expressed their "deep gratitude to Dr. D.E. Cameron for his guidance and his continuous encouragement in this project..."

Most of the 15 patients who were involved in the study were diagnosed "neurotic," and all but one were women in their 30s and 40s. The Allan technique, almost identical to the one used at McGill, consisted of severe restrictions of vision, hearing and touch. Talking was limited to two brief interviews a day with the researchers, and nurses were ordered not to talk to the patients. But unlike the McGill students, the patients at the Allan were forcibly isolated, and for longer periods — four, five, and as many as six days in a row.

Within the first 48 hours of isolation, most of the patients became disturbed, or "regressed," and more than half of them started hallucinating and experiencing intense "depersonalization." Two became overtly "psychotic" and were then subjected to electroshock to erase their "paranoid" or "obsessional" reactions.

One patient, a 25-year-old man, began to panic on the fifth day of isolation:

> I feel I am not here ... I am scared. I am in another world ... I am afraid I am not going to come back ... I feel like I am going out of this world ... I don't feel real.

A 41-year-old woman became so upset that she stopped the "treatment" on the fifth day; nevertheless, she was one of two

patients whom Azima and Cramer claimed as proof of "lasting improvement." (This so-called permanent improvement lasted four days.)

In their summary, Azima and Cramer made this telling — almost prophetic — statement:

> The imposition of some action tendencies during the disorganization state may lead to reorganization according to planned patterns, and this may be useful in clarifying the problem of 'brainwashing', etc. Further research along the lines described here seems warranted.

This 1956 study gave Cameron even more encouragement to continue using this isolation technique on many of his patients in his psychic driving and depatterning experiments, many of which were funded by the CIA and Health and Welfare.

Psychic Driving

In his final report to Health and Welfare in 1954, Cameron described his psychic driving procedure:

> The dynamic implay may be set up either by autopsychic or heteropsychic driving. The first consists in the repeated playing of a key statement by the patient. The second is the playing of a statement devised by the therapist from his knowledge of the patient's dynamics.[19]

Cameron added that he usually played the patients' statements for 10 to 30 minutes at a time and the therapists' statements for as long as "ten consecutive days of 16 hours each if the patient is kept under modified sleep treatment during this period."

Some of these cues, usually selected by Cameron during therapy sessions, were arranged in a "loop," which he played back to the patients for 10 to 15 hours a day, sometimes for weeks od end. Through this technique, he speculated, the patients would be forced to respond to hidden or repressed experiences triggered by the psychic driving; some of the cues, he further hypothesized, would be imbedded in their minds and eventually change their behaviour.

In the article, Cameron also described the way he dealt with seven of his women patients who

$9 million lawsuit against CIA

Canadian brainwashing victims still seeking compensation

[illegible]

[illegible]

These Canadian victims have said they'll accept $175,000 each as an out-of-court settlement, but the CIA has rejected this offer. And if some settlement isn't reached soon, more victims, like Florence Langleben, may die because of poor health.

We strongly urge our readers to write to External Affairs Minister Joe Clark demanding more pressure on the U.S. government to settle the case and compensate the victims, and the release of all relevant Canadian government documents about Cameron's brainwashing experiments to Joseph Rauh, the victims' lawyer. Please mail your letters to:

The Honourable Joe Clark
Minister of External Affairs
House of Commons
Ottawa, Ontario
K1A 0A6

And please send a copy to:

Mr. Joseph Rauh
Rauh, Lichtman, Levy & Turner
1001 Connecticut Ave. N.W.
Washington, D.C.
[illegible]

THANK YOU.
—Phoenix Staff

suffered from depression or "feelings of inadequacy" while being treated in the Allan. They were all subjected to intense psychic driving, for hours, and without their consent. One "highly defensive" woman, for example, became very upset after she was forced to hear her own statements repeated 30 to 45 times.

Another woman, who felt "intensely rejected by her husband," was forced to listen to this sequence:

"I hate to hear that — it upsets me; look at me shaking." (19 repetitions)

"It upsets me enough ... I can't count on my husband and my mother." (21 repetitions)

At this point, Cameron commented, "the patient became red, restless and began to breathe heavily." Nevertheless, he continued the barrage...

"It makes me mad when I think of my past, when I was so lonely... I am so lonely." (45 repetitions)

At this point, Cameron said he stopped the psychic driving because his patient "continued to shake...")[22]

Another woman was so upset by the procedure, which triggered painful memories of incest with her father, that she ran out of the building; Cameron drily noted that he later had her committed.

And yet another woman was subjected to 25 hours of psychic driving, "part of it with her thinking disorganized under LSD-25."[23]

In the same article, Cameron proposed using even more drastic methods, including "prolonged sleep" with sodium amytal, combined with 10 to 15 days (10 to 20 hours a day) of psychic driving; the McGill "psychological isolation" procedure, and hypnosis under the drug Desoxyn, an experimental amphetamine later taken off the market.

The experiments Cameron carried out in the 1950s were published in Canadian and American medical journals between 1958 and 1961.[24-27] Nevertheless, Health and Welfare continued to support the research: from 1961 to 1964, a second grant of $57,750 was awarded for more research into psychic driving.

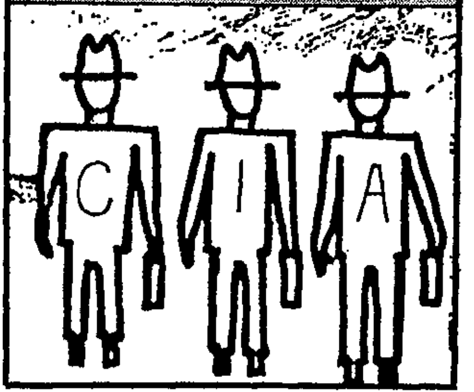
The final report of his project, "A Study of Factors Which Promote or Retard Personality Change in Individuals Exposed to Prolonged Repetition of Verbal Signals,"[28] was submitted in 1965, and officially received and signed by various government officials, including Wride and Dr. J.A. Dupont of Health and Welfare and Denis Lazure, Assistant Deputy Health Minister in Quebec.

In the report, Cameron described 61 tests on 50 patients at the Allan, and an "intensive study" of 18 of these patients during a two-year follow-up period. He claimed recovery for as long as five years, including three years of "ambulatory" (outpatient' driving for three to six hours a week.

Several of these people, he wrote, broke down or "decompensated"; his "treatment" for this reaction consisted of more driving, drugs, electroshock, or a combination of all three.

"I feel I am not here . . . I am scared, I am in another world . . ."

—Isolation victim, Allan Memorial Institute, Montreal



Once again, the vast majority of his human guinea pigs were "psychoneurotic" women[31]

The results of this government-funded research were later published in 1956 in the *Canadian Psychiatric Association Journal*. The article, titled "The Effects of Long-Term Repetition of Verbal Signals," was co-written by Cameron, Leonard Levy, Thomas Ban and Leonard Rubinstein, all staff members at the Allan or McGill.

continued on p. 36

OUT OF THE ASHES

THE SEASON OF PEACHES

there is something about the eyes
of old women who have been
shocked too many times
like bruised blotches on overripe fruit
ringed like elephants' knees
eyes that look as though they have been
pummelled forever
by many fists
the shocks tell women to make meals
and to do the laundry
and to bake peach pies
some women don't need the shocks
baking comes naturally to them
for the unnatural ones
their husbands sign the consent forms
because they savour the taste of peach pie
how many women have you seen with the bruised
eyes?
who makes your pies for you?
what would happen if they stopped?

— **Cynthia Ingle**

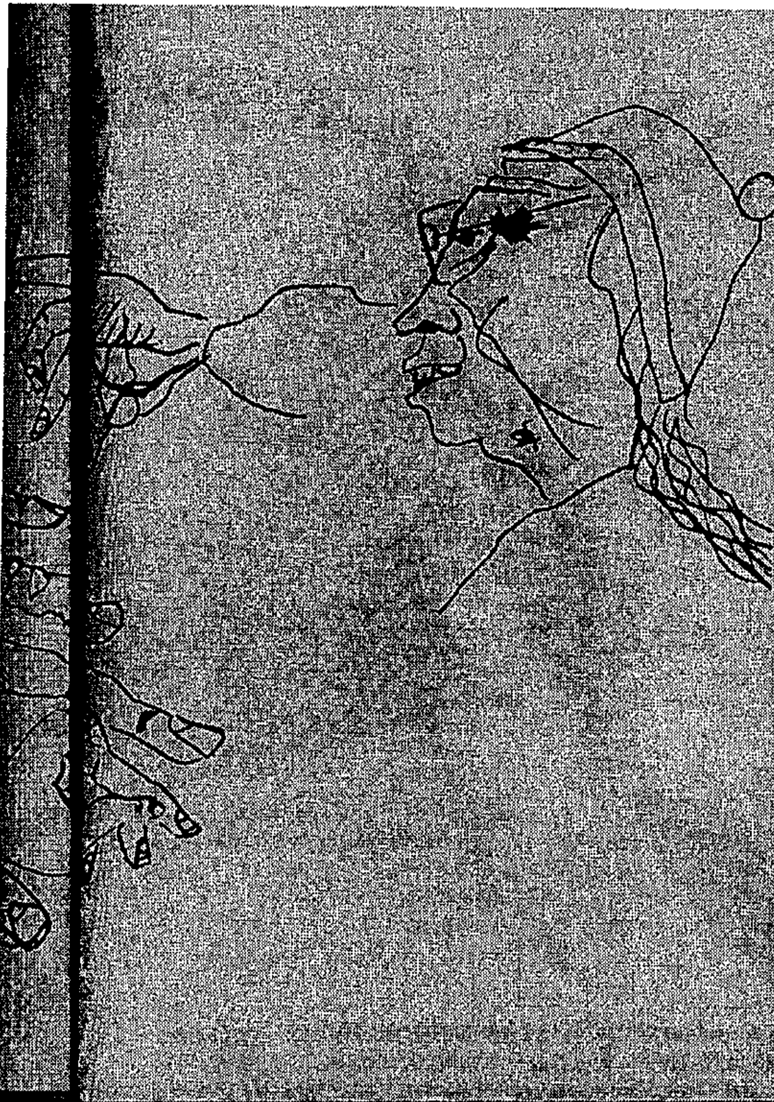
by Randall Dowhan

NIGHT SOUNDS

Night a fallen web,
trapped inside
these tall awed walls.
Musk and muted whispers ebb
till the very city falls
wine and starlight to our credit,
in the yard the cricket sounds.

We have answers
in our eyes
but there is darkness
all around.

— **Sperry**



FOR ALL THE FLAILING BROKEN ONES

I have walked your intricate halls:
I know how you despise those tiny pills
"rape your mother, awake feeling fine."

You hate the fact that it's happened again
the mornings that come with old shiverings;
the way fast friends only stop to stare
and sad melodies are playing your thoughts.

The evening and the last pale light:
Be done with it now?
for the rug has been burned from underneath
and you lie for weeks, all splintered bones.

Favourite poems can only be words
a painting, an indulgence of colour;
the only things that can infiltrate:
sharp awareness of past imperfections.

But the corridor ends in intensity:
hurl your senses to the winds and
rejoice, new anger seeping in;
fight again each day like a wounded titan
let your tears mount up like vesuvius
And explode them into spiralling poems:
so alarming to the layman.

— **Megan Stuart Mills**

What's your excuse, Grace?

by Stephanie Cooper

by Tsigane

Bonding can be inadvertently achieved with Crazy Glue and flesh onto wood. I happen to know because I am stuck to the floor of my box with the leisure to read the fine print. I see I could get loose with Crazy Glue Solvent. Usually I buy the antidote to these things right there in the store, but the last time I was out, they all stared at me. Besides, I just wanted to fix a place in the floor where memories come through, only I've glued my palms and fingers to it when what I wanted to do was glue one of my self-help books over the hole.

I'm not close enough to anything that would help except the television and even if I call them, they'll just talk to each other and ignore me. Then I can't listen for the voices outside my door. I wish I could reach the phone or the sink. I'm sure I'm supposed to medicate now. Three times daily, as directed. The doctors know what a good baby I was, a baby with the instinctive ability to follow directions. Whatever my mother's baby manual said was required of me, I was ready for, I did it. All those little feats. Object Permanence was the only skill I never got the hang of because by the time I got used to her coming back into the room, she stopped coming. Then another lady came. And another.

I'm not sure why my memory leaks out of the smokey floor crack, and my mother's face fades into that book she was always reading, holding me in her free arm across from it, eye level with a nice man I came to think of as my father. The first words I ever said, according to my mother, were "over 250,000 copies sold," and neither of us knew what I meant. Later I found out that nice smiling man in the white coat was Dr. Benjamin Spock, not my dad. Bonding. You can do it to anything. The only person I know now Laurel is dead is Ms. Pfaff. I could call her. Of course, when she comes and sees me stuck to the floor this way, she may think I'm not very organized. Winning Through Intimidation, Lateral Thinking, Nice Girls Do, Eat To Win, Men Are Just Desserts, Self-Gratification: A Beginner's Manual, Pulling Your Own Strings, Dealing With Death, How To Say No, (and mean it), Teach Yourself Typing, Self-Hypnosis and Meditation Techniques, Bio-Feedback, Self-Deliverance, A Guide to Mercy ... I'm reading my bookshelf for an antidote manual. I've read so many of these how to cope books, I almost believed I could, until Laurel died. Even if Dealing With Death

didn't help, Self-Deliverance might, if I could get loose. I like the sound of it: *deliverance.* So much promise, it sounds religious. I could follow the directions and bring Grace down from heaven on to my bowed head, my stuck hands ... Psychiatrists ought to treat their lab animals better than this, but who's going to make them? It's difficult to unionize such diverse elements as white mice and manic-depressives, monkeys and menopausal maniacs, kittens, dogs and paranoid schizophrenics, victims of incest and rabbits ... Enter Grace from above. Would she come if I called? Why should she? Ms. Pfaff only comes one in four times when I call. She has so many of us to check on in our humble circumstances.

Ha. I love it. Rattle my case, Ms. Pfaff. What's your excuse, Grace? Why have you eluded me for so long? As soon as I get unstuck, I'm going to medicate. I hate all this dirty white light blaring in the window. At least the stairs are silent. Until I really start to listen. Mellaril Milpath Equanil Lithium Thorazine Valium all that stuff over all these years and why don't I get any better? Isn't it medicine? I keep taking my pills and the noise gets louder and I have come to hate daylight. My hair falls out so I stop brushing it. My gums bleed. I stop cleaning my teeth. I still have tremors. I'm bloated and these itchy pimples cover my skin wherever I look. They keep telling me to come in for my medication and take the other pills at home and I follow their directions very carefully, but I don't get any better. Since they took me off lithium, I can read a little. Before, my hands shook so hard, my eyes couldn't pick words off the page for my brain to eat. Mostly my brain isn't that hungry anymore. I wonder what the television people are doing now. They always have somewhere to go: important engagements, gorgeous clothes, people who love them and when they're sad and afraid or angry, some friend appears to listen and care. Why didn't I get a script like that? The only ones who talk to me are the ones who have something to sell. Once they start dancing and singing and insisting, I want to go buy the stuff to see if something will make me feel like singing and dancing. My box is full of stuff I can't even eat. Everything has directions to follow, even the shampoo. "Repeat, if necessary." I like that. Maybe that's why I get so few visits, because they can trust me to follow directions. One tablet, three times daily, as directed. If I turned on the television and they talked me into buying something, I

couldn't go out anyway because I'm stuck to the floor. Maybe that's the only safe way for me to watch it.

Laurel used to say my big problem was organization. She was a librarian her whole life until a gynecologist insisted she needed hormone treatments for her severe menopausal episodes. These episodes had something to do with why she had to retire and when her doctor told her that it was natural to feel unattractive, or useless or cast aside at this time in her life, she told him there was nothing wrong with her having her job back wouldn't cure. He kept trying to explain about menopause and she kept saying "That's not fair. I never was attractive." Anyway she got shots and pills and I got advice:

"You can organize your life like an orderly library of times, places, things to do and with whom ... keep your life tidy and nothing will come leaping out of the floor at you with dead memories in its fangs, bloody memories."

I told her I was going to write a book called: 'U-fuck-it, U fix-it,' but she told me not to say that word.

"What word? Fix? Is that a bad word in a hospital?"

"You do need a keeper, Sarah."

Laurel's problem wasn't herself, like mine is. I mean one day she's looking at me from the next bed saying "my chest hurts" and the next day she has cancer? Then they take her away to another hospital and when I could get out to visit her, she's got this infection in the scar tissue where they cut her breast off. She cannot raise her arm and her hair is falling out, so I helped her sit up to have a smoke.

"First they gave me estrogen and now they're giving me estrogen inhibitors. Isn't life odd, Sarah?"

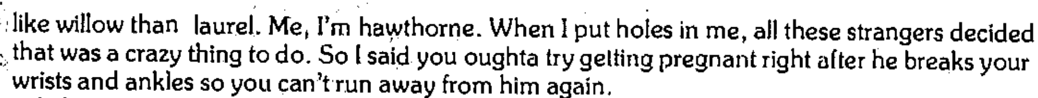
I can't agree. Then she is dead of a heart-attack. At least that's what the experts said, but I think she died of menopause the same way I nearly died of birth.

If there was a book on self-induced menopause, I'd follow the directions very carefully, pas de problème. It would be better than taking these birth-control pills "just in case," as Ms. Pfaff said. "You never know what might happen." Happens I thought I'd done enough damage with the knitting needles. "You never know." I have to get unstuck and medicate. Maybe she thinks Tom-Tom will come back and do it again. You never know. The thing is am I really stuck? Meditation and Self-hypnosis handbooks have taught me how to trance out and cut loose from my moorings. Not that I get out of this box, but I get out of me. Only it's been hard to concentrate like that since Laurel disappeared. When I read the book on how to cope with death, I found out that if you follow the directions carefully, you can begin to accept dying as a natural part of the cycle like the seasons and the murder of children or the shooting of innocent birds flying in the shot white light getting brighter until all else except the white warm light the flavor of its heat pours out of my eyes onto my hands as the tiny birds sizzle and pop in the healing light on my bleeding hands. Loose. My skin leaves tracks in the hard resin, finger and palm, toe and heel ... what do you think walked here? Idiot moron feeb loonie cow dog whore orphan tell me what walked here and I'll give you my disease. Gratis. Why is a psychiatrist like a whore? The more clients he sees, the richer he gets. When I left the hospital, the shrink and Ms. Pfaff told me to "get out and do things. Meet people. Take walks. But be careful." And if I can't cope, I can move into a hostel. I don't know which is worse, living alone or with a bunch of kindred spirits. I've tried both kinds of cages, and I still don't know. I wonder if the White Coats have to worry about how to meet people when they're all moving so fast. What walks do they take except down the overlit corridors to the parking lot where their cars wait to whisk them away leaving us here in our rooms full of nightmares electricity cannot exorcise.

"Take your medication. Get a hobby. Meet people."

LITHIUM BLOATED MANIC DEPRESSIVE WISHES TO MEET NORMAL PERSON FOR EXCHANGE OF VIEWS, MAYBE VOWS.

Sure, I could put an ad in the paper, if I knew how. My hands are still bleeding, I see, so I will take them to the sink and wash them in cold water. SON AND DAUGHTER SAD TO ANNOUNCE ... that's where it was. Under the personals in the newspaper. Laurel's funeral. They wouldn't let me visit. I called. She never answered. I wrote. She never answered. I hung around the nurses' station until they threw me out. By then the long lost children had co-opted her corpse. She was more



like willow than laurel. Me, I'm hawthorne. When I put holes in me, all these strangers decided that was a crazy thing to do. So I said you oughta try getting pregnant right after he breaks your wrists and ankles so you can't run away from him again.

Who is he?

She probably doesn't know who.

She calls him Tom-Tom.

We can't find.

There were so many people talking, wanting to know history, readings, sticking things in my arms, and someone was saying I was "too young to know what I had done, but that later I would suffer the tortures of the damned." At least one of them was right about something.

Why should anything of Tom-Tom's get to live and be called innocent? Just because the poor foetus isn't out here to get raped or broken? Nothing of his was going to live off me, thank you very much. So I self-helped it away.

If I was going with it, so what? ENRAGED EMBRYO EATS MOTHER ALIVE. GIVES B I RTH TO ITSELF, LIVING FOR WEEKS ON THE REMAINS OF HER DECAYING CORPSE.

It is Ms. Pfaff's contention that Tom-Tom only exists in my head beating beating beating and that I have made up all these stories because I have been victimised. Who am I to argue with her? She's older than me and has a lot more education and she might be right. Except his voice is in the corridor and the ghost of his hideous foetus oozes out of a crack in the floor where I left my fingers. I could hear him screaming at me to stop, but all I knew was the poor bugger wouldn't get a chance out here for bad or worse, and when I woke up out of that dream, Laurel was next to me saying how skinny I am and pale, and how she will alphabetise my life, for my own good. I wanted to let her. Then a woman came who said she was Ms. Pfaff, my caseworker, and suddenly I was a case, so when she said, "Name?", I answered "Aida Case." She filled many boxes of forms that day. Later she found out Tom-Tom rented that apartment where they found me, but since she couldn't find him, she still thinks I'm crazy. When she asked me how we "got involved," I told her about me being orphaned, in a foster home with the Sibleys, which was enough to make a person run away with the first chance that drove by. She asked me if I wanted to press charges. I wanted to press charges against my mother for raising me like a book and then leaving me to the likes of Ma and Pa Sibley. She wrote it all down. After a while, they started giving me pills. When Laurel got taken away, I almost enjoyed talking to Ms. Pfaff. I should call her now that my hands have stopped bleeding. Maybe try to explain what's happening to me. Only I don't know exactly. I keep hearing Tom-Tom outside the door. Sometimes Laurel comes to talk to him and he goes away. Sometimes I just hear men's voices out there saying:

"Let's do it. Who'd believe her anyway?"

When I turn on the television or the tap, the voices go away.

"Ms. Pfaff, please."

"Who's calling?"

"Aida Case."

"One moment."

"Hello."

"There are men outside my box and I would like to know should I take the pills now?"

"Yes, I'll be there by four. Just like last week. Please open the door this time, Aida. Last time I had to call the Fire Department."

"What time is it now?"

"Three."

"They won't be here at four."

"Read something. Listen to music. Don't get upset."

My first visit I brought Laurel a walkman to wear in bed, but the nurses said it upset everyone.

"Come live with me," I told her, "I'll feed you soup and toast and tea and hold your cigarettes."

"I wish I had time to help you, Sarah."

Why is everything I do a disease? Don't they just try to get on with it, hoping no one will notice and hurt them? Or is it easier for the Pfaff-people who are always overworked, "too much to do, not enough time in the day to do it," that's what she says. If it weren't for people like me, she wouldn't be so goddam busy. What would Ms. D. Pfaff be doing without me? Staying at home? Minding the children? Tranked out in her color-co-ordinated boredom? Would she be like me if her doctor told her to follow his directions?

Would I be her if I had her script? She tried to tell me the Sibley's "probably meant well" even when I said all they talked about was what God wanted me to do which was usually something

impossible. They got to me so bad, I used to yell:

"How the HELL do you know what God wants?"

They were always at me about stuff I couldn't help anyway, like how my body was changing and how I would have to watch myself very carefully and not make God angry by letting men touch me because I was nearing the age of temptation. Pa Sibley told me this story about a Christian Saint named Christomas or Crysotmus who lived thousands of years ago, how he tossed this beautiful woman over a high cliff to prove to the Lord he was beyond temptations of the flesh. When I said, "So was she and nobody sainted her," he beat me. He whipped me when I came home late from school and told me not to hang around with those ungodly city kids because I was different, and that if he had his way I wouldn't go to school at all, but stay home and learn the word of the Lord. He kept me home as much as he could, calling the Principal to say I was sick and Ma was taking good care of me. Everyone thought they were old-fashioned, god-fearing people, the kind of people everyone should be, but were too busy to try. To take in an orphan at their age was seen as a miracle of generosity. What ever crazy thing Pa did, Ma just watched and smiled. When she spoke to me it was: "Sit down, eat up, wash your hands, your teeth, the floor, the dishes, the laundry, time for bed, God loves hard work, and don't you forget it, Girl. Up at four. None of that reading either. We got them library books and took them back, told that woman the only book you need to read is the Bible." Everyone said if anyone could make a poor bereaved child feel at home, it would be the Sibleys.

God and the Sibleys drove me into the front seat of Tom-Tom's car, and he drove me into the back. The only man who ever really smiled at me and meant it was that doctor on my mother's book. And I been thinking how I can't remember my mother's face or why she left me and what I want to know is why do I have to keep telling them over and over? Who are you and where did you come from and who did this to you and do you have anything to declare. Does anyone ever ask them? All I really brought with me from back there is a doctor's smile, and how good I am at following directions. I'm doing what Ms. Pfaff said to do. I'm waiting. I'm not getting upset. It just happens I can see a woman-shaped chair in the corner. Her head and arms and legs are real skin, are aged, thin, stretched with brownish spots and her body from the boney shoulders down is a captain's chair. Her lap is the polished wooden seat and there are two wooden legs attached to her behind. She holds her arms rigid on her knees for arm rests... An old chair you could find in a kitchen or in a doctor's office waiting or placed by a friend's bed while she talks to you like she's already dead. She talks to you with her eyes closed.

"Aida, let me in."

Is that you, Laurel? Self-deliverance sounds so perfect, like birth without the baby. Not to have them banging on my box anymore, talking out there, not to be laughed at, stared at or tested, punched with needles, not to have to wait, not to be medicated, questioned, left alone for days. All I have to do is follow the simple instructions.

"Aida, come unlock the door."

Compose yourself. I am. Have someone with you who understands your need for deliverance. "Are you there, Laurel?"

"Please, Aida, open the door. Are you all right?"

I used to go to the library branch and sit in the rows of ordered books, only another lady works where you used to, and she doesn't like me hanging around. She wants to get a book and get out, I can tell. I haven't been back and besides I got lost. My feet wandered me away into places where nothing was familiar, everything was written in pictures until a cop took me back here and it was only two blocks away, he said.

"Aida, Aida, I'm getting someone to open the door."

This room is too tight for me, like a dress I grew out of only I can't afford a new one that fits so I have to wear it anyway and parts of me are protruding. You wouldn't know me after they gave me Lithium, Laurel, everything bloated, blew up my breasts like balloons. What's it like where you are? If I follow the directions in this book, no one can stop me from seeing you, unless the same people who die here go up there and still get to be the experts.

"Aida, answer me, please. You called me. It's Daphne Pfaff, Aida, are you hurt?"

"Who's out there with you?"

"Thank God, Aida. No one. Only the building super to open the door."

"Is Tom-Tom with you?"

"Can you open the door?"

Is my mother there, Laurel? How about Dr. Spock? I'd feel better if he were there. They're banging so loud my box is breaking. Maybe the test is over and they've come for what they really wanted all along. My brain. I could have been on the other side of that door if I'd got the right directions early enough. But that would mean some pitiful test animal named Daphne Pfaff would have to be in here with me yowling out there and breaking into her case.

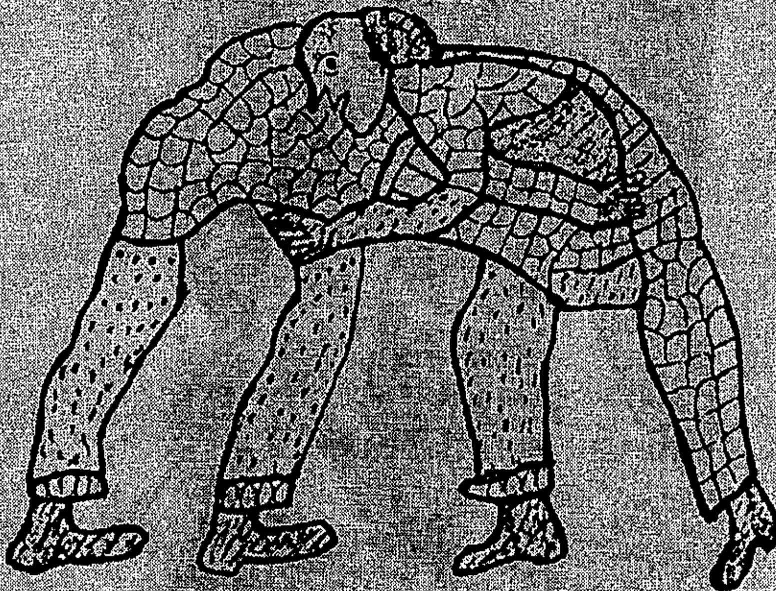
What should I do, Laurel?

Open the window, and get away.

THE HERMIT AND THE MOUNTAINS

He said, "The mountains increase my joy
By their unmoving presence; thirty years later
And they're still the savage novelty of rock and
height
They were. Nothing's lessened though my eyes
break,
The blood creeps down and I hear a muffled thrush.
Their darkness mothers me. On a cold night
I open the window and study their silhouette.
Groves of mountain trees pray up the slopes
Towards the naked summit and the waiting stars
— Or so they seem to wait, though fleeting —
and I can follow, shivering, if only from here."
He poured himself another whiskey, drank it back,
And offered me the flask. "Some night
I'll manage more than the thought, I imagine."

— **Derek Robinson**



on the violent ward at christmas

on the violent ward at christmas
festive lights frame shattered faces
blue crayon decorations
festoon the padded cell
voices wail at jesus
party hats are brandished
by orderlies
'a carolling
mother mary slyly winks
orders up a round of drinks
late at night the places change
osmotic transfer (bend - arrange)
and phantoms of the past appear
(the nurses dance with richard speck)

metamorphosis complete
the inmates shamble to their feet
and noting that the shift is done
they bid adieu to everyone

— **K.G. Rush**

My flesh burns —
a soul —

I cry
a touch   a look

I share with you a dreadful pain

Stranger on this wheel to nowhere:
Please hold me tight;
I'm starving.
I'm hungry
for those moments when you give me
myself;
for those moments when I feel
eternity waiting
like a soft dove,
an angry serpent,
another womb.

But
now

empty, confused

longing

— **Carole Stubbs**

I was down
rooting in the world
with some crazies
trying to help themselves
and we stumbled, coming
from the house of the faithful.
The fury that All Saints
put down upon me
blocked the sunlight
momentarily
and damn near turned out the lights.

I tried to catch myself
with my bad hand
and brutally torn thumbnail
as a woman in the parking lot
stood gazing.
The Red Cross man was too busy
giving me a case of tomato sauce
and he drove off smiling —
"too bad about your leg."

— **Sperry**

Poem 213 Ms. Anne Thrope and the Laundry Special Hours Mon. 7:00 to 9:00 C.D.T. An articulated omnibus survey in three parts. Like the man said as he fell down the laundry chute, "I'm really into laundry."

No, it wasn't dark
it wasn't stormy
the rain wasn't coming down on Terence,
there was no storm, only drang
on the night I took the laundry special.
(It's much better than being taken for
a ride on a train of thought.)
Yes, I was down with the frets
sitting on that doggasted sofa
in the Lost Duchess lounge
it's named after a local legend
I say she got lost trying to find herself
Yes, I was sitting there underneath the
swaggering lamp when this gentleman
came in with his luggage
and sat down beside me.

"Mind if I join you?" By the way,
could I sell you some luggage?
"Are you for real?" I asked.
"No, actually I'm Sir Real. You wouldn't
want to buy some luggage?
"I only buy luggage on Fridays at four
o'clock," I replied.
The waitress came for our order.
"Could I have a cup of water?" the luggage
salesman asked.
"Sorry," the waitress said. "We only
serve that during the cup of water hours."
"All right," he said, "I'll have the laundry
special."
"The same for me," I cried.

Meanwhile back in the apartment the door opened. It said, "This is a fire door. Do not leave it open." Funny, I thought it was made of wood. And yes, this is the laundry special.

And doing my laundry, I wondered does Neruda do his laundry and when? If Isaac Newton had been hit by a load of laundry, not by an apple, would gravity have been discovered? How did Napoleon cope with his laundry? Why do historians ignore laundry? Shakespeare wrote 36 plays but he never had to decide whether to use permanent press, delicate, normal, or heavy duty. And what of the presoaker? And 300 million years from now who will be doing their laundry on Mondays from seven to nine? Will they still be drinking laundry specials?

Sorry Sir Real, it's nine o'clock. The laundry special is over. No, I am not allowed to serve cups of water.

— **Josephine Toews**

DECEMBER 10/'85

It hurts so bad being
alone in this house.
I've always wanted to
let somebody into it,
but no one ever seemed
to want to come in.
When they came a little bit
inside the door
they always vandalized
the very poor furnishings inside,
so that I locked the door tight
and I only gave out the things
I was not afraid of losing.

There isn't much in this house
but a lot of hurt and anger
and fear,
and some very shabby furnishings.

I think that there isn't anybody left
that even feels there is anything
worth stealing,
only those who want to exchange
their hurt for my hurt,
because, like me, their pain has become
a constant companion to them.
I don't want to add my hurt to theirs.
I want to feel someone's presence
in my house so complete that
when they leave,
their strength and spirit stay with me.
Or if they want to stay
they will put some of their
beautiful possessions
in my house
and make it a nicer place
to live in.

—Carole Stubbs

THE ROAD TO HELL

The acrid, burnt flesh
I could smell
As I pursued the road
to Hell;
Nor did I hear an
angel choir
Cry — save this soul
from Satan's fire!

There is no God — my
God is dead;
I feel the deadness
grip like lead;
The world's a box
without a view;
Oh! dear sweet Jesus —
where are You?

I feel the fear,
yet cannot feel;
Then I'm down flat,
my mind areel;
A s'ringe is filled,
I don't know why;
A needle's stabbed
into my thigh!

There is no change
until I rise;
The room starts spinning
as I cry;
I have to pee but
cannot walk;
I try to shout, but
cannot talk!

I can't move back
towards my cot;
My nose fills up with
tears and snot;
There is no help, no
second chance;
Then — I begin to soil
my pants!

There is no God — my
God is dead;
I feel the deadness
grip like lead;
The world's a box
without a view;
Oh! dear sweet Jesus —
where are You?

* * * *

If I don't pace I'll
never move;
My needle seems to've
slipped it's groove;
The pacing means a
fighting heart;
And if I stop, I'll
never start!

* * * *

Poor Edom's stopped,
his mind has fled;
And now he's strapped down
to his bed;
His eyes are closed,
his fingers clenched;
I see the sweat — his
shirt is drenched!

Then, Edom's up and holl'ring
loud;
The rogue guard yanks him
from that cloud;
The floor comes up
and Edom's struck;
Poor Edom's just run
out of luck!

That rogue guard cock —
I'll break his head;
Before I'm done, I'll
strike him dead!
You cock! you slug! you'll
hear from me;
And *you'll* be my
activity!

* * * *

There is no God — my
God is dead;
I feel the deadness
grip like lead;
The world's a box
without a view;
Oh! dear sweet Jesus —
where are You?

Jerry Fromstein

WHAT LIFE WAS LIKE AT THE HOSPITAL

by Randall Dowhan

When I came to live in Toronto, I lived in the west end of Toronto. The first day when I moved out of my home my mother put me in a hospital. I went for tests and from that the Dr. told my mother that I was a mad man. I first went to T.W. Hospital. When the nurse came with the food I would not eat at all. Then they gave me drugs. When I felt like getting mad, they put my hands in a strait jacket. Then I went to Queen Street. There was a grey wall outside on Queen Street and Shaw Street. The first time I saw a person get E.C.T. was at Queen Street and the nurse told me I was going to get E.C.T. When I started to run for my life a nurse told me not to run. When lunch came I met Glen, Jim, Roy and Sam. Sam was like me. He was a madman. From Queen Street I went to Lakeshore 3131. That's where trouble began for me. They started giving me the wrong pills. I started to work down at Lakeshore. They had a chain gang to clean up the place. I got up one morning and George was like a boss. He kept on hitting me. One day I got so mad I hit Marco in the head with an apple. Then Rudy got mad at me and started hitting me for what I did. It was the hottest day in summer, 95 was the highest temperature that day. The gang was out in the sun doing some cleaning up after the field got cut. I started getting dizzy and Rudy said to let me cool off for a while. This happened in 1973. I took up some music and found I could play by ear. Then I started to get strong on food. I had breakfast one morning and went to work. I got my work boots on and Rudy told us that all the sidewalk had to be cleaned. I did my best at it. On Wednesday it was dance night. One day they asked me to sing on stage, that's when I knew Mike. I went to see my grandad in 1973. I took a flight over to Europe. The captain said hello to me of course. I was a young man at the time and never saw the pilot so I went to the first class and up front where the pilot sat. I looked at the air speed and saw it was normal for a jet, a DC8. We left Canada and flew across the ocean. When the captain told the people who were sitting to not remove their seatbelts because of the jet, I was sitting with my mother and the person on the plane gave me a drink on Air Canada. I came home one long weekend in August and my mother had her music on the radio. I asked her if there was something wrong. She said no, then I put my papers down and asked her again. She said yes. My grandfather died that long weekend. I gave her my left and my right shoulder to cry on and she let it all out of her system.

— **Buck**

Report reveals gaps in program

Patient Advocate Office: good intentions aren't enough

by Pat Capponi

(Pat Capponi is a member of the Psychiatric Patient Advocate Advisory Committee and the Editor of* Cuckoo's Nest.*)

A complaint, a wish, a preference expressed by a patient can be taken by some staff as a sign of psychopathology. Resist hospitalization and you may be seen as denying or lacking insight. Resist treatment and you may become 'a help-rejector' or 'an attention seeker.'

This excerpt from the first report of the Patient Advocate Office sums up why psychiatric patients in Ontario Provincial Hospitals need a truly effective advocacy program. Professional "helpers" believe that mental illness pervades the whole self, making the person's every statement suspect.

The advocacy program, headed by Dr. Ty Turner and established in 10 provincial psychiatric hospitals by May, 1983, was the subject of controversy among legal, consumer, service providers and government groups from the start, because of its close attachment to the Ministry of Health.

No real independence seemed to exist, since reporting procedures and hiring were within the very ministry responsible for the institutions where alleged abuses were occurring; the argument that only the ministry could .povide full access to its own institutions doesn't seem to stand up: why not give such access to a totally independent body, along with powers of enforcement. Indeed, according to the report, "... the program was not given any enforcement procedures or powers which would make it legally effective in its own right.

From the outset, it was apparent that our program's success would depend on the extent to which there was voluntary respect for and cooperation with advocates by the hospital staff members and administration."

To counter such arguments about lack of independence, a provincial Psychiatric Patient Advocate Advisory Committee was appointed. This body meets regularly with Dr. Turner, but as far as independence, the report states: "There is still a great question as to how much has been lost or gained through the present reporting structure of this program." (Committee members, incidentally, are appointed by the ministry.)

Data and files on complaints were compiled starting in 1983: most people accustomed to psychiatric institutions wouldn't be surprised at the most prevalent concerns:

"The most common hospital-related issues were legal in nature. For instance, patients requested information and/or action on legal rights more than 40% of the time. Therapeutic issues, and, in particular, the planning for discharge and treatment, accounted for 21% of all in-hospital issues."

There are a number of important matters glossed over in this report, such as an evaluation of the program's potential to respond to issues raised by the equality provision of the Canadian Charter of Rights and Freedoms, and the establishment of an external review of the advocacy office — yet to be organized.

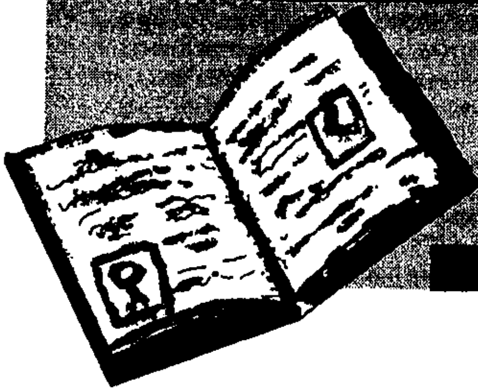
Why this apparent stalling? Some informed sources claim that the ministry fears this review would recommend that advocates gain truly independent status, with no reporting or hiring relationship to the government.

Another problem is that the program fails to deal with issues affecting treatment, quality of life, and security of the person. Each month, at the Queen Street Mental Health Centre, there is an average of two deaths: few of these result in public inquests (although a coroner attends each time) and the hospital sets up an internal review, at which no representative of the patient is present.

It is the writer's feeling that an advocate should and must be present at these reviews to ensure that the cause of the patient's death is investigated to prevent similar tragedies; but the program's self-avowed "reactive" stance prevents such involvement.

Another difficulty is that the advocacy office fails to see that people, whether in institutions or in the community, deserve rights to the security of the person, adequacy of care, and the assurance of an advocate to safeguard those rights. Instead, the report echoes institutions in so-called concern that "patients are being returned to the community without enough support to meet their basic housing, health and social needs" — as if these needs *were* being met in the institutions!

The Patient Advocate Office has made a significant impact on institutional care, but questions remain; and need to be answered, not avoided — starting with an independent evaluation of the office itself.



THE BOOKWORM TURNS

This book, long awaited by the psychiatric inmates' liberation movement, was well worth the wait. In his book, Lapon opens a chapter in the history of Nazi Germany that has been closed for forty years: the systematic slaughter of over 300,000 mental patients in Germany and across Europe, a tragedy that should be indelibly etched in the consciousness of humanity. Just as the Jews spend Holocaust Day in special remembrance of six million dead, so should we in the movement observe a day of mourning for this slaughter in the name of racial purity.

Lapon shows how the mass murder of "mental patients" by psychiatry in Nazi Germany and in the United States was a harbinger of later extermination of Jews and other victims of Nazi persecution.

The author also documents links between the American eugenics movement and Nazi atrocities in the "treatment" of psychiatric inmates, the mentally handicapped and other disadvantaged groups. Social Darwinism in the United States bespeaks the rotteness at the core of this so-called science.

But the book is more than a history of Nazi and American atrocities. It is an eclectic compilation of biography, political analysis, and history of the anti-psychiatry movement, including a revealing description of incarceration in a psychiatric ward, which shows how the "mental health" system works.

Both inmates and ex-inmates will be interested in this book, which also covers the means used by German-trained psychiatrists to practice in the United States, a chronolgy linking psychiatry and eugenics, and a history of the anti-psychiatry movement. There are also sections which would particularly interest ex-inmates, including a critique of alternative therapies and an analysis of "mental health" workers.

This book is a valuable addition to the anti-psychiatry reading list. However, it remains to be seen if psychiatrists and "mental health" professionals are willing to have their eyes opened to this sorry chapter in their history and their ongoing existence.

STILL SANE
Persimmon Blackbridge and Sheila Gilhooly; photographs by Kiku Hawkes

Press Gang Publishers, Vancouver, B.C., 1985, 101 pp., paper ($12.95)

by Lilith Finkler

Frequently, individuals who "review," critically analyze and evaluate, do so under the guise of OBJECTIVITY. They unconsciously internalize the values and attitudes of the status quo, and do not acknowledge them publicly, as they comment upon books, records, plays, et cetera. They presume no bias or personal involvement. I, however, do not pretend such impartiality. I am one of the "crazy dykes" to whom the book "Still

by Cedar Christie

Sane" is dedicated. I read it, reread it, and comment upon it from that perspective.

Still Sane has been a series of sculptures, a video, a slide show, and now, thanks to Press Gang Publishers, it is a book. It is the story of Sheila Gilhooly, a young woman incarcerated in a psychiatric institution. She was forcibly drugged, electroshocked, and sexually abused. Her crime consisted of daring to love another woman in a society that reinforces heterosexual relations. However, it is also an account of a woman's survival; her determination to escape the psych ward, and the development of her pride as a lesbian and as a mad person.

While the narrative was written by Sheila, the actual sculptures were largely made by Persimmon Blackbridge, co-author of *Still Sane*. An informative transcription of a conversation, at the back of the book, offers details of the two women's collaboration.

Still Sane is presented in book form in much the way as it appears in other media. The photographed sculptures (primarily in black and white) are on one side of the page and the words are on the other. Due to the excellent quality of Kiku Hawkes' photography, the art work has retained much of its three-dimensional value, and one can well imagine the individual pieces on public display.

The story itself is eminently readable. The words are simple, often presented in a conversational style, which makes them readily accessible to the public. Unfortunately, the authors of the three other essays, included near the end, occasionally make theoretical and political jumps without providing the necessary logical steps in their arguments. For example, Nym Hughes' explanation of how psychiatry reinforces racism presumes an understanding of eugenics. And terms such as "mental illness workers" are unclear to the uninitiated activist in the mad movement.

Nonetheless, these three essays are an extremely important contribution to the book. They help to place Sheila's experience within a political and social context. Nora Randall's story clearly illustrates that what happened to Sheila Gilhooly ten years ago continues to happen today. Lesbians are still not safe in the clutches of psychiatry. Nym Hughes explains how the psychiatric industry oppresses other groups; including the poor and working classes, women, people of colour, and the physically and developmentally disabled. Deedee M. Hera's essay, "Still Mad," clearly illustrates the tenets of both the ex-psychiatric inmate and the lesbian liberation movements. She offers a brilliant critique of feminist therapy, clearly locating it within the spectrum of psychiatric abuse.

The list of resources at the back is helpful, and will allow those readers who are interested to explore the issues further. There are a few production problems, unfortunately: pagination does not start until page 74, and I also noted, with some chagrin, that after only a few readings, two pages had already fallen out.

While the paperback copy, priced at $12.95, is not cheap, it is certainly reasonable. The numerous photographs undoubtedly contributed to the high costs in production. As a working-class woman, I was exceptionally pleased to read a Press Gang fundraising letter, released prior to publication, and requesting assistance in keeping the price of the book within the economic reach of most women. This speaks well of Press Gang as a feminist press; many who claim that title display no such awareness of poor and working-class women's realities.

In conclusion, *Still Sane* is highly recommended. It is educational, informative, even inspirational. The women who are responsible for its publication functioned collectively in the tradition of the women's movement for social change. I thank them all for their contribution.

This issue's Phoenix Pheather and Turkey Tail are both awarded for political statements on the crucial issue of electroshock.

To members of the Riverdale New Democratic Party Riding Association, a Pheather for a courageous decision to adopt a resolution to abolish electroshock in this province.

The resolution, officially adopted by the association on March 25, asks the Ontario NDP to consult with the Ontario Coalition To Stop Electroshock and other anti-shock advocacy groups in preparing an amendment to the *Ontario Health Act*, specifically prohibiting any use of electroshock in the province. The proposed amendment, which the Riverdale NDP wants introduced in the Legislature this fall, may be on the agenda of the Ontario NDP at its convention in June.

We applaud the Riverdale NDP for its politically daring stand.

As for the Turkey Tail, a more well-deserving recipient than A.J. Liston, PhD, would be difficult to find. Liston, the Assistant Deputy Minister of Health and Welfare Canada, recently responded to our query about operating standards and testing of machinery used to administer electroshock in Canada.

One would have thought that a federal bureaucrat would at least attempt to suggest that standards are upheld and monitored; but no: Liston bluntly admitted that no such monitoring even *exists*. Here's part of what he said in his letter to us:

"No performance and maintenance standards exist for shock machines.

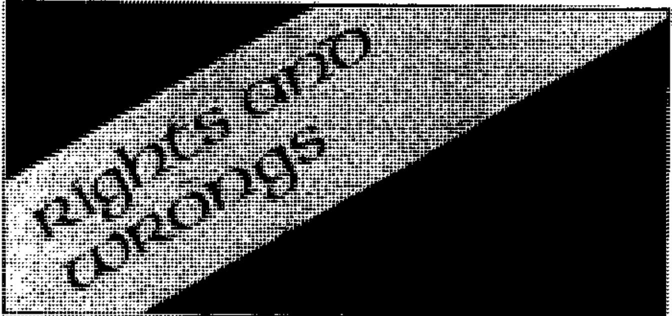
The Bureau of Medical Devices has not tested E.C.T. machines since there have not been any reported problems from users.

The Bureau has never inspected shock machines."

No reported problems from users, Dr. Liston? How about brain damage?

We certainly hope you can find an appropriate portion of your anatomy on which to affix your Turkey Tail.

MAD NEWS



INMATES' EXPERIENCES SUBJECT OF ANTHOLOGY PROJECT

An anthology about people's experiences as psychiatric inmates in Canada — *Breaking the Silence* — is being co-edited by Dr. Bonnie Burstow and Don Weitz, members of ON OUR OWN. The book will feature personal stories, diary excerpts, poems and graphics by psychiatric inmates and ex-inmates about their institutional experiences. A Canadian publisher is still being sought and the publication date is sometime in 1987.

If you have been incarcerated in a psychiatric institution or ward in any province or territory in Canada and wish to contribute to this important book, please submit your material typed and double-spaced, with a self-addressed stamped envelope, *as soon as possible.* Please contact: Dr. Bonnie Burstow, (416) 536-4120, 17 Yarmouth Road, Toronto, Ontario M4K 1E8.

SIXTEEN MILLION DOLLAR PROGRAM TO ASSIST DISABLED

A new federal program administered by the Secretary of State will provide more than $16 million in grants and contributions over the next five years to improve the status of disabled Canadians.

The new strategy involves three components:

- A new Disabled Persons Participation Program of community support to assist disabled persons and their advocacy organizations to meet the objectives of self-determination, self-reliance and self-management.
- A partnership between the public and private sectors in planning for the Decade of Disabled Persons in order to meet its goal of "Full Participation and Equality" of disabled persons.
- An implementation for all outstanding *Obstacles* recommendations (an all-party report on the status of disabled persons) to be tabled before the newly-created Parliamentary Sub-Committee on the Status of Disabled Persons.

1985 ONTARIO REVIEW

INMATES GAIN NEW RIGHTS

The past year was a good one for psychiatric inmates in Ontario, as lawyers, rights advocates, ex-inmate activists and some alarmed legislators discovered that many existing laws violated the *Canadian Charter of Rights and Freedoms* and achieved some long-overdue changes.

Thanks to recent amendments to the *Provincial Election Act* and the *Municipal Election Act*, psychiatric inmates in Ontario can now vote in all municipal and provincial elections, and many did. Last November, all inmates in the federal prisons in Quebec were allowed to vote in the

provincial election. In 1986, we can expect more court cases challenging laws denying the vote to inmates and prisoners as unconstitutional.

As of January 1, any person involuntarilly committed to any of the province's ten psychiatric institutions and psychiatric wards in general hospitals must be promptly informed of the reason for their committal. If you are involuntarily committed and have never talked to a rights advisor, contact the nearest community legal clinic or Attorney-General Ian Scott, who is responsible for the rights advisors.

If you are in a provincial psychiatric hospital, first call your Patient Advocate.

On September 18, 1985, Attorney-General Ian Scott and Health Minister Murray Elston announced that inmates will have more access to legal aid, including more lawyers to respond to notices of involuntary committal and renewal certificates; and more information for all inmates of their right to a lawyer, a review of their committal by a regional review board, an appeal of any review board decision to a District Court, and legal representation at review board hearings.

As a result of an historic court decision in February, 1985, psychiatrists and hospitals must now prove that a person suffers from a "mental illness" and is dangerous to himself or herself or others before locking up the person. Lawyer Carla McKague argued on behalf of her client, who remains in Queen Street Mental Health Centre, that the psychiatrists never proved he was "mentally ill" or dangerous, and that his involuntary committal violated the Charter. In his decision, District Court Judge Hugh R. Locke asserted that the burden of proof for involuntary committal "falls upon the physician who signs the specific forms ... and upon the hospital...," and that the standard of proof should be "a preponderance of evidence." (See "Landmark Decision" in vol. 5, no. 4, p. 39.)

CHALLENGING THE "5-DAY ASSESSMENT"

HOW TO FIGHT FORCED INCARCERATION

by Michael Berman

There is a procedure which may be followed in cases of involuntary incarceration under a five-day, Form 1 Assessment. The challenge to the hospital's or doctor's authority arises under the Mental Health Act in its requirements to validate a Form 1 Assessment.

During the period between admission to hospital and the expiry of the five-day period, inmates or their representatives can follow these steps:

- Complete a Form 14, which gives consent to release medical records to another person, such as a lawyer or advocate.
- Fill out a Form 16: "Application to the Regional Review Board." (Copies of both Forms 14 and 16 are available on request at the nursing station on the ward. At the top of Form 16, cross out the phrase *Application To Regional Review Board* and write in: *Application To The Treating Physician.* Also, cross out the phrase *The Chairman of the Review Board* and replace it with the *name of your treating doctor.* Give the form to your assessing doctor within the five-day period, and tell the doctor that this application is being made directly to him/her, because you're challenging his/her authority to detain you under the *Mental Health Act.*
- If your doctor refuses to release you, advise him/her that the requirements of the Act must be strictly complied with and if they are not, you may start a civil action against the doctor for *wrongful detention.*

The goal is to make psychiatrists think very carefully about their decision to incarcerate you or anybody else in a psychiatric institution. If you do sue for wrongful detention, and a court agrees that your doctor was wrong to refuse to release you, you could be awarded substantial damages.

PHOENIX COMMENTS

Michael Berman is a lawyer and patients' rights advocate in Toronto. Last fall, he forced Queen Street Mental Health Centre to release a woman incarcerated during the 5-day "assessment" period. Under Ontario's *Mental Health Act*, any doctor can order the incarceration of a person (for five days) for the same reasons as those for involuntary committals: "mental disorder" that will cause or threaten to cause "bodily harm" to yourself or others, and/or "lack of competence" to care for yourself. Under the Act, the inmate can appeal involuntary commital, but the Act says nothing about the assessment. In this article, Mr. Berman tells us the legal steps to take to challenge the assessment; we believe it's the first time that this legal strategy has been used in Ontario.

MINISTRY OF HEALTH BACKS DOWN

LAWYER OVERTURNS DRUGGING ORDER AGAINST TWO CLIENTS

Two psychiatric inmates have recently won the right to refuse to submit to forced drugging at Ontario institutions in which they were incarcerated.

In both cases, the inmates are women who were involuntarily committed and subjected, against their will, to dangerous neuroleptic drugs; in both cases, lawyer and inmates' activist Michael Berman launched appeals on their behalf, and in both cases, the Ontario government withdrew from the appeal procedures before any court actions could be heard.

One of the women, Mrs. J., who was in Queen Street Mental Health Centre last fall on a voluntary basis, refused the drugs ordered by her psychiatrist, Dr. A. Pospisil. The doctor's response was to ask the Central Regional Review Board to change the 81-year-old widow's status to involuntary; the board concurred.

But Mrs. J., with Berman's

help, fought back: on Jan. 3, she appealed the board's decision and applied to be released from Queen Street in order to find her own home. Despite considerable evidence that Mrs. J. was in no danger of harming herself or others and that she was not benefitting from the prescribed drugs, the board upheld its ruling and ordered her to be drugged for up to three months. However, after Berman's motion in the District Court in Toronto — he argued that Mrs. J.'s commital and enforced drugging violated three sections of the Canadian Charter of Rights and Freedoms — the Ontario Ministry of Health abandoned its court action, and the institution agreed to an "unofficial understanding" that Mrs. J. is not to be drugged while in Queen Street, where she is still incarcerated involuntarily.

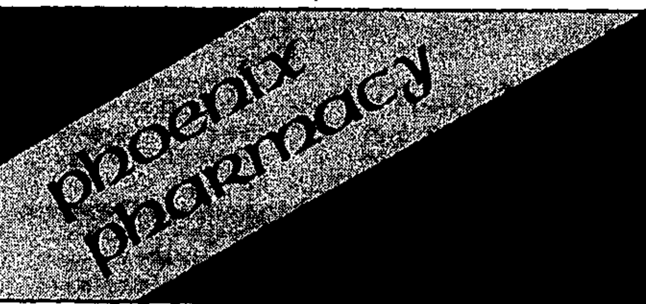
The second inmate, Mrs. S., was first admitted to Hamilton Psychiatric Hospital last December for a five-day assessment — a form of involuntary commital — and later declared incompetent, forced to submit to drugging, and incarcerated on an involuntary basis. Mrs. S. was denied the right to representation at both her first board hearing and her subsequent appeal, which was rejected.

In his motion filed in District Court in February, Berman questioned the validity of the commital order and again cited three sections of the Charter as arguments against the enforced drugging of his client!

Once again, the Ministry of Health decided not to pursue a court case; the board's drugging order was allowed to expire and Mrs. S.'s status was changed from involuntary to voluntary.

PHOENIX COMMENTS

Although both cases represented what Berman called "indirect victories" — since neither was heard in court, no precedent could be set — we feel the disposition of these women's cases may cause Ontario's institutional psychiatrists and regional review boards to think twice before forcing drugs on inmates. We hope advocates such as Berman will continue to fight for people in psychiatric institutions — all the way to the Supreme Court of Canada, if necessary.



DANGEROUS SIDE EFFECTS

ANTI-DEPRESSANT TAKEN OFF MARKET

The anti-depressant drug Merital is being pulled off the market in Canada after reports of its many adverse side effects, including hemolytic anemia, a sometimes fatal disease of the red blood cells.

Merital, the trade name for the drug nomifensine, has been marketed in Canada since 1983 by Hoechst Canada Inc., which said that reports have linked the drug to hemolytic anemia, in which antibodies are produced that attack red blood cells. The drug has also been known to produce hypersensitivity reactions with flu-like symptoms.

Federal health officials, who are monitoring the recall, told us in a letter that "very few" adverse reactions have been reported in Canada — where up to 50,000 people have used the drug — but that the number has been on the increase in the United Kingdom. As a result, the company has decided to extend its withdrawal of the drug to its worldwide market, including the United States and the United Kingdom.

PHOENIX COMMENTS

It's chilling that across the world, more than 14 million people have been subjected to this dangerous drug — a statistic the Hoechst company boasted in its slick, glossy advertising, while playing down its warning about serious reactions. More chilling, still, to consider the catch-phrase used by the company in its ad campaign: "Merital — the anti—depressant you can feel right about."

GOVERNMENT AND CANADIAN PHARMACEUTICAL ASSOCIATION SHIRK RESPONSIBILITY TO CANADIANS

The government of Canada and the Canadian Pharmaceutical Association (CPA) still refuse to inform patients and the public about psychiatric drugs and their risks, including Tardive Dyskinesia (see our "Tardive Dyskinesia Epidemic," Vol. 3, No. 2, 1982). Instead, the government and the CPA are simply leaving it to the "discretion" of doctors and pharmacists to tell their patients about these drugs.

Since 1983, Health and Welfare Canada and the CPA have been sending little slips of paper or "Supplementary Information On Medication" (SIMs) on various psychiatric drugs to doctors and pharmacists — *not* to patients.

The information on these SIMs is very skimpy when it comes to drug warnings and adverse effects. For example, in the blurb on the phenothiazines or neuroleptic drugs, there is absolutely no information about tardive dyskinesia, the most serious and permanent effect of these drugs. Further, doctors and pharmacists are not *required* to release this information to you when a psychiatric drug is prescribed.

We believe our readers, and every Canadian, should have the absolute right to detailed information about any psychiatric drug which is prescribed. We should have the right to know the name, type, dosage, maximum safe dosage, major effects, and, especially, the many serious risks — including tardive dyskinesia — of these mind-disabling drugs.

We urge you to write letters of protest to the Canadian government and the CPA demanding that such detailed information be automatically given to you whenever a psychiatric drug is prescribed. Here are the addresses:

Dr. A.J. Liston,
Assistant Deputy Minister,
Health Protection Branch,
Health and Welfare Canada,
Tunney's Pasture,
Ottawa, Ont. K1A 0L2

Mr. Leroy Fevang,
Executive Director,
Canadian Pharmaceutical Association
1815 Alta Vista Drive
Ottawa, Ont. K1G 2Y6

FILM ON INJECTION OF NEUROLEPTICS

THE LATEST TECHNIQUES OF CHEMICAL TORTURE

The following is quoted directly from the October, 1985 issue of *Update*, a quarterly published by the Community Advisory Board of Whitby Psychiatric Hospital. McNeill, the multinational drug company mentioned in the item, manufactures Haldol, one of the most powerful and dangerous neuroleptics which is usually forcibly administered to "schizophrenics."

Whitby Psychiatric Hospital
Audio-Visual Department
in cooperation with McNeill

us

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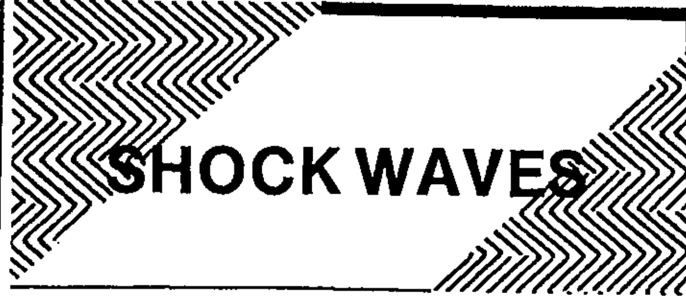
Pharmaceuticals have produced a program illustrating a technique for intramuscular injections of long-acting neuroleptics. Marie-Claire Belander of the Allen Memorial Hospital, Montreal, Quebec teaches psychiatric registered nurses accurate assessment of patient injection site, choice of needle length and gauge, and the Z-track method of administration.

Note: If you wish to borrow any of these tapes, please call or write: Audio-Visual Services, Whitby Psychiatric Hospital, P.O. Box 613, Whitby, Ontario L1N 5S9 668-5881 Ext. 352.



REVIEW IGNORES DANGERS OF ECT

EX-INMATES PROTEST PROPOSAL TO CONTINUE USE OF ELECTROSHOCK

by Brian McKinnon

The Electro-Convulsive Therapy (ECT) Review Committee, set up almost two years ago by the Ontario government, has failed to put an end to one of the most dangerous practices known to medical science.

In its 100-page report, handed down on Dec. 20, the committee acknowledged the risks and adverse effects connected to the use of ECT, but nevertheless recommended that it should continue to be available as a so-called mode of treatment.

But this decision hasn't been accepted passively by the thousands of people whose lives have been damaged by electroshock, nor by the many organizations — such as the Ontario Coalition To Stop Electroshock and On Our Own — whose goal is to end this barbaric psychiatric anachronism.

On Nov. 11, more than 30 people — including two ex-inmate activists from Buffalo and David Reville, the South Riverdale MPP and himself a former inmate — braved the bitter cold to take part in a demonstration outside the committee's Bloor St. office and in front of the Clarke Institute of Psychiatry, the training centre for Ontario shock doctors and the site of one of the highest volumes of ECT in the province.

The demonstration was planned for Remembrance Day "to link up in people's minds the connection between the present abuse and the pioneering experimentation that was done on electroshock in the death camps of Nazi Germany," as the Coalition's Dr. Bonnie Burstow told a reporter covering the protest. Following the march to the Clarke, the demonstrators kept vigil — and listened to a number of moving testimonials — outside the building.

"I'd like to just make a statement to this Dr. (Vivien) Rakoff of the Clarke Institute, and that is: Fry your own brain, Rakoff, and leave ours alone!" shouted protestor Paul Rogers, drawing a resounding cheer from the crowd.

Added Reville: "It's got to stop! Keep up your work and it will be stopped!"

Others, like shock survivor Shirley Johnson, spoke of personal loss and tragedy as a result of ECT. Johnson, whose son committed suicide after being subjected to shock, reminded the group that the momentum to outlaw electroshock will escalate if "we have that love in our hearts to speak out."

Less than six weeks later, the committee's report was released; its main finding is a dramatic reminder of just how much opposition was — and is still — needed. While the committee proposed strong legal protections of psychiatric patients' rights, including the absolute autonomy of a competent patient to refuse treatment, its endorsement of the continued use of electroshock gave even this constructive recommendation a negative cast, since psychiatrists will be able to continue to promote ECT to inmates while playing down its many negative effects.

As well, the very structure of the committee, and many of its conclusions about the nature of ECT, were open to extensive criticism:

- The committee, largely composed of medical and psychiatric representatives, held no public hearings.
- The report fails to address the issues of age and sex bias — women and the elderly are more frequently subjected to ECT than other groups — in the use of electroshock.
- While acknowledging that shock causes "long-term memory loss," the report rejects this finding as an indication of brain damage.
- Only about three pages of the report — little of which is based on substantial evidence — are devoted to explanation of the committee's claim that electroshock is an effective treatment.

Far from dampening the energy of the many people opposing electroshock, however, the report's recommendations fired protestors' determination to continue their fight. Again, on Jan. 11, more than 30 people demonstrated against the decision and in support of three Coalition members who staged a peaceful demonstration inside the Clarke. These protestors — Bonnie Burstow and Kali Grower of the Coalition and Don Weitz of On Our Own — were able to talk to several inmates before they were forced to leave.

Since this second demonstration, a number of other groups and individuals have written to Ontario Health Minister Murray Elston to protest the conclusions contained in the report.

Brian McKinnon is a member of the Ontario Coalition to Stop Electro-shock. We at *Phoenix Rising* urge our readers to join the many opponents of ECT in writing to Elston: 10th Floor, Hepburn Block, Queen's Park; Toronto, Ont.; M7A 2C4.
—Phoenix Staff

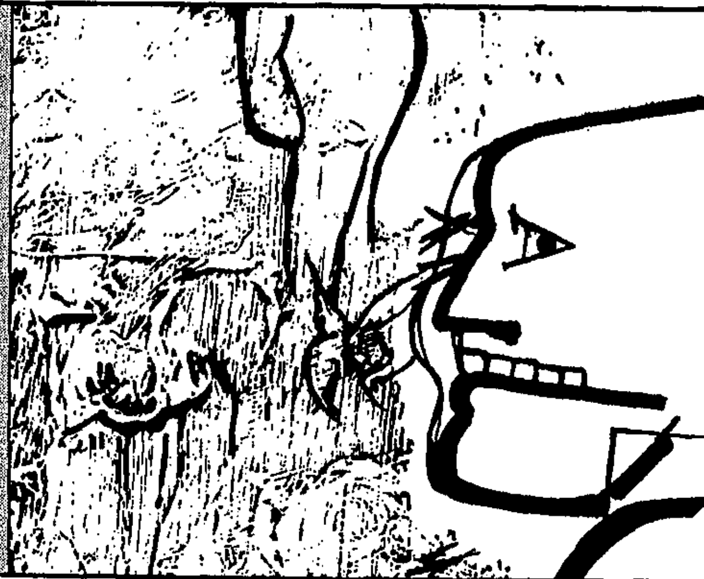
ADDITIONS TO LIST

SHOCK DOCTOR UPDATE

Bagheri, Alda. Queen Street Mental Health Centre, Toronto, Ont.
Matas, John. St. Boniface Hospital, Winnipeg, Man.
Brown, E.W. Mississauga General Hospital, Mississauga, Ont.
Hennessey, A. Clarke Institute of Psychiatry, Toronto, Ont.
Orchard, B. Clarke Institute of Psychiatry, Toronto, Ont.
Menuk, M. Clarke Institute of Psychiatry, Toronto, Ont.
Voineskos, G. Clarke Institute of Psychiatry, Toronto, Ont.
Freebury, D.R. Mount Sinai Hospital, Toronto, Ont.

"I hate to hear that — it upsets me; look at me shaking." (19 repetitions) "It makes me mad when I think of my past, when I was so lonely. . . I am so lonely." (45 repetitions).

— Message relayed to psychic driving victim, Allan Memorial



continued from p. 14

Depatterning

On Jan. 21, 1957, Cameron applied to the New York-based Society for the Study of Human Ecology (a known CIA front) for further funding of his psychic driving experiments. The research project had an innocuous title: "To Study the Effects Upon Human Behaviour of the Repetition of Verbal Signals."

Cameron was eager to refine his depatterning procedure to ensure that the "dynamic implant" would lead to permanent behavioural changes in his patients.

In the application, he succinctly outlined a four-step brainwashing procedure which he inflicted on approximately 80 patients at the Allan:

- The breaking down of ongoing patterns of the patient's behaviour by ... particularly intensive electroshock (depatterning).
- The intensive repetition (16 hours a day for 6 or 7 days of the prearranged verbal signal.
- During the period of intensive repetition the patient is kept in partial sensory isolation.
- 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.

Cameron also said he was still looking for more efficient ways to immobilize or inactivate his patients during psychic driving, including such powerful drugs (used either singly or in combination) as Artane, Anectine, Bulbocapnine, Curare and LSD-25.

From April, 1957 to June, 1960, the CIA (through its front) gave Cameron $59,475.54 to conduct his depatterning experiments on many patients at the Allan — most of them women — and a further $4,775 to continue his psychic driving research. The funding was officially approved by Colonel James L. Monroe, a CIA employee or agent, who signed all grant approvals as "Executive Secretary" for the New York organization. The project was also approved by Dr. Sidney Gottlieb, a psychologist and Chief of the CIA's Chemical Division of Technical Services Staff.[34]

The first published report of the depatterning procedure appeared in a 1958 issue of the *Canadian Medical Association Journal*, under the clinically titled heading, "Treatment of the Chronic Paranoid Schizophrenic Patient."[35] In the article, Cameron and colleague S.K. Pande described their depatterning-brainwashing technique in chilling detail:

> ...frequently severe although *transient disturbance of the brain function is an important factor in the favorable results.* This disturbance is shown in terms of severe recent memory deficit, disorientation and impairment of judgement. Similar changes can readily be produced by a combination of sleep and electroshock treatment.

This time, Cameron's victims were 26 "paranoid schizophrenic" patients incarcerated in the Allan. Twenty-one were women. The basic procedure of depatterning and brain washing consisted of prolonged sleep (20 to 22 hours a day) under daily doses of Thorazine and the barbiturates Seconal, Nembutal and Veronal; and intensive electroshock, using the Page-Russell technique, which involved five to six shocks within two to three minutes.[36] The objective of this massive electroshock was "to produce in combination with sleep ... confusion which we term 'depatterning'"[37] Each patient was subjected to at least 30 shocks within one to two months, and some were shocked as many as 60 to 65 times within two months — to achieve "complete depatterning."

After 30 shocks and five days, patients showed "severe memory deficits..." Their "delusions" were still present. Ten to 20 days later, they demonstrated serious temporal-spatial disorientation: "Who am I?" they asked. "How did I get here?" And all "delusions" were "broken up."

Wrote Cameron: "He lives in the immediate present. All schizophrenic symptoms have disappeared. There is complete amnesia for all events in his life.[38]

After 30 to 60 shocks, the typical victim was completely disoriented: as Cameron expressed it, one patient "... does not recognize anyone, has no idea where he is and is not troubled by that fact ... urinary incontinence and has difficulty in performing simple motor skills." Nor was there any remaining evidence of "schizophrenic" behaviour.

Scientific documentation of the

"... does not recognize anyone, has no idea where he is and is not troubled by that fact..."

permanent brain damage caused by the depatterning procedure, particularly the electroshock, was finally revealed in 1967 — the year Cameron died, and three years after the Canadian government stopped funding his psychic driving experiments.

In a 10-year follow-up study of 79 of Cameron's "depatterned" patients, psychologist A.E. Schwartzman and psychiatrist P.E. Termansen discovered that 63 percent of 27 shocked and depatterned patients showed permanent memory loss, and that in 60 percent of these memory losses, anywhere from six months to 10 years of experience was erased.[39]

These researchers recommended that intensive electroshock be stopped.

It wasn't.

The Response of Psychiatry

Before his death in 1967, Dr. D. Ewen Cameron was President of the Canadian Psychiatric Association, the American Psychiatric Association, the Quebec Psychiatric Association and the World Psychiatric Association. He was also the founder and first director of the Allan Memorial. He received many honours and awards including the Mental Hygiene Institute of Montreal's "'Mental Health Award' for outstanding contributions to the mental health of the Canadian people" in 1966.[40] In 1965, the Canadian Psychiatric Association made him a lifetime Honorary Member. In its citation to Dr. Cameron, the CPA expressed "its profound appreciation of (his) outstanding contribution made to the development of psychiatry in Canada..." It also praised Dr. Cameron for contributing to "far-reaching advances in the fields of treatment-education-research."[41]

A month after Dr. Cameron died, these editorial statements were published in the *Canadian Psychiatric Association Journal:*

> As a diligent seeker after knowledge, a gifted author, a renowned administrator and inspiring teacher he brought ... a wider and deeper understanding of the importance and significance of the emotional life of man.[42]

Nineteen years later, the psychiatric profession in Canada and the United States is still silent, and still refuses to acknowledge that one of its leaders planned and conducted some of the most unethical, dehumanizing, and destructive experiments, which can only be compared to the medical torture carried out in the concentration camps of Nazi Germany.

PHOENIX COMMENTS

In its conspiracy of silence, psychiatry is joined by the governments of the United States, which refuses to compensate nine of Cameron's Canadian victims — one of whom has died since the victims' $9 million lawsuit was launched against the CIA almost six years ago.

There are dozens of unanswered questions — about the identities of Canadian officials or scientists involved in the secret meetings with the CIA; about the decision to continue funding for Hebb's and Cameron's experiments after innumerable reports showed the extent of their dangerourness; about the connection of these two psychiatrists to the CIA brainwashing projects.

In future issues, we will probe these unknowns in an attempt to shed even more light on these appalling acts of inhumanity — and the massive cover-up still being perpetuated by the governments of Canada and the United States.

Montreal writer Don Gillmor is currently researching a book on Dr. Ewen Cameron and is interested in talking to any former patients. Anonymity, if desired, can be guaranteed. 838 Wiseman, No.2, Outremont, Quebec, H2V 3L1, (514) 274-2315.

"... a diligent seeker after knowledge, a gifted author, a renowned administrator, and inspiring teacher..."

1. John Marks. *The CIA and Mind Control: The Search for the "Manchurian Candidate"*. N.Y.: Times Books, 1979; also see paperback edition, McGraw-Hill, 1980 - re Dr. Cameron's experiments, see pp. 131-141 (paperback).
2. Report of Special Meeting, June 1, 1951. Matters relating to CIA project "Bluebird". Unpublished. Also see "Ottawa paid for '50s brainwashing experiments, files show", *The Toronto Star*, April 14, 1986. The Star article also states that in addition to Drs. Hebb, Solandt, Morton and Tizzard, "officials named Haskins, Dancey, Tyhurst and a Commander Williams" also attended this secret CIA meeting. Dr. James S. Tyhurst is a Canadian psychiatrist, and Sir Henry Tizzard (now dead) was chairman of the British Defence Research Policy Committee, and both Dr. Caryl Haskins and Commander R.J. Williams were "the CIA representatives at the meeting."
3. Ibid. Deleted name of scientist that of Dr. D.O. Hebb.
4. Memorandum To The File: Notes on Meeting held on July 23, 1951. Unpublished.
5. File - Artichoke (A/B, 5, 134/3). December 3, 1951. Unpublished.
6. Department of National Defence. Research and Development Project. Project Title, "Conditions of Attitude Change in Individuals." Project No. D72-94-85-01, DRB Contract X-38, September 1951.
7. Ibid. Progress Report, Project No. D77-94-85-01, December 31, 1952.
8. Ibid. Progress Report, December 31, 1953.
9. Ibid. Progress Report, December 31, 1954.
10. D.O. Hebb and Woodburn Heron. Effects of Radical Isolation Upon Intellectual Function and The Manipulation of Attitudes: Terminal Report to DRB on Contract X-38, "Conditions of Attitude Change in Individuals." Report No. HR 63. Ottawa: Defence Research Board, Department of National Defence, October 1955, p. 5. Hebb's final report on the sensory deprivation/brainwashing experiments which the DRB kept secret and never published.
11. W.H. Bexton, W. Heron, and T.H. Scott. Effects of Decreased Variation in the Sensory Environment. *Can. J. Psychol.*, 1954, 8:2, 70-76. First published report on McGill

sensory deprivation experiments.
12. W. Heron, B.K. Doane, and T.H. Scott. Visual Disturbances After Prolonged Perceptual Isolation. *Can. J. Psychol.* 1956, 10:1, 13-18. In this experiment, the subjects were the researchers themselves.
13. W. Heron. "Cognitive and Physiological Effects of Perceptual Isolation" (Introduction by D.O. Hebb), in P. Solomon, ed., *Sensory Deprivation.* Cambridge, Mass.: Harvard University Press, 1961, pp. 6-33.
14. Ibid. p. 27.
15. Woodburn Heron. The Pathology of Boredom. *Scientific American*, vol. 196, No. 1, 1957 (Jan.), 52-56.
16. Progress Report on the Behavioural Laboratory, Dept. Psychiatry, McGill U.,. January to December 1953. (received by National Health and Welfare on January 20, 1953).
17. H. Azima and Fern J. Cramer-Azima. Effects of the Decrease in Sensory Variability on Body Scheme. *Can. Psychiat. Ass. J.* vol. 1, no. 2, 1956 (Apr.), 59-72.
18. H. Azima, and Fern J. Cramer. Effects of Partial Isolation in Mentally Ill Disabled Individuals. *Dis. Nerv. Sys.* vol. 17, no. 1, 1956 (Apr.), 117-122.
19. Final Report on the Behavioural Laboratory, December 2, 1954. Submitted by Dr. D.E. Cameron to Department of National Health and Welfare.
20. Letter from Dr. Jean Gregoire to Dr. G.E. Wride re Project 604-5-14, December 14, 1954.
21. Letter from Dr. G.E. Wride, Principal Medical Officer, Department of National Health and Welfare, to Dr. Jean Gregoire, December 21, 1954.
22. D. Ewen Cameron. Psychic Driving. *Am. J. Psychiat.* v. 112, 1956 (Jan.), 502-509.
23. Ibid. p. 506.
24. D.E. Cameron and Robert B. Malmo. Effect of Repeated Verbal Stimulation Upon a Flexor-Extensor Relationship. *Can. Psychiat. Ass. J.* vol. 3, no. 2, 1958. (Apr.), 81-86. Dr. Malmo was a research psychologist at the Allan Memorial Institute and McGill University. This study demonstrated how psychic driving could influence physical behaviour.
25. D. Ewen Cameron, Leonard Levy, L. Rubenstein and R.B. Malmo. Repetition of Verbal Signals: Behavioural and Physiological Changes. *Am. J. Psychiat.* vol. 115, 1959 (May), 985-991.
26. D. Ewen Cameron, Leonard Levy, and Leonard Rubenstein. Effects of Repetition of Verbal Signals Upon the Behaviour of Chronic Psychoneurotic Patients. *J. Ment. Sci.* (now titled *Brit. J. Psychiat.*), v. 106, 1960 (Apr.), 742-754.
27. D. Ewen Cameron, Leonard Levy, Thomas Ban, and Leonard Rubenstein. A Further Report on the Effects of Repetition of Verbal Signals Upon Human Behaviour. *Can. Psychiat. Ass. J.* vol. 6, no. 4, 1961 (Aug.), 210-221.
28. D. Ewen Cameron. Final Report on Dominion-Provincial Health Grant No. 604-5-432. 'Study of Factors Which Promote or Retard Personality Changes in Individuals Exposed to Prolonged Repetition of Verbal Signals.' Ending March 31, 1964. McGill Account No. 290-23. February 1965.
29. Letter from Drs. J.A. Dupont and Gordon E. Wride, Department of National Health and Welfare, to Dr. Jacques Gelinas, Deputy Minister of Health for Quebec, March 15, 1965.
30. Letter from Dr. Denis Lazure, Assistant Director, Ministry of Health for Quebec, Psychiatric Services, to Dr. Gordon E. Wride, Principal Medical Officer, Mental Health Division, Department of National Health and Welfare. February 1, 1965.
31. Op cit. Dr. Cameron, Final Report, Project 604-5-432, p. 2.
32. L. Levy, D.E. Cameron, T. Ban, and L. Rubenstein. The Effects of Long-Term Repetition of Verbal Signals. *Can. Psychiat. Ass. J.* v. 10, no. 4, 1965 (Aug.), 265-270.
33. Department of Psychiatry, Allan Memorial Institute. Application For Grant To Study The Effects Upon Human Behaviour Of The Repetition Of Verbal Signals. January 21, 1957. The names of Dr. Cameron and Dr. Robert B. Malmo appear on p. 7 of this application for funding to the CIA (Society for the Study of Human Ecology).
34. CIA "Memorandum For The Record", March, 1957. In a copy of this memorandum, it is clear that Dr. Cameron's application was funded under the CIA's "MK-ULTRA Subproject 68". Part of this memorandum states that this research "will be under the direction of Dr. D. Ewen Cameron, that psychic driving and powerful experimental drugs including LSD will be used to break down and inactivate the person." The CIA initially approved a 2-year grant of $38,180 to Dr. Cameron, which was approved and signed by Dr. Sidney Gottlieb, Chief of the CIA's Chemical Division of the Technical Services Staff, and Colonel James L. Munroe, "Executive Secretary," who monitored Dr. Cameron's research for the Society for the Study of Human Ecology. Further funding was approved.
35. D.E. Cameron and S.K. Pande. Treatment of the Chronic Paranoid Schizophrenic Patient. *Can. Med. Ass. J.* Jan 15, 1958, vol. 78, 92-95.
36. D. Ewen Cameron, J.G. Lohrenz, and K.A. Handcock. The Depatterning Treatment of Schizophrenia. *Compr. Psychiat.* vol. 3, no. 2, 1962 (Apr.), p. 168.
37. op. cit. Cameron and Pande, p. 92.
38. D. Ewen Cameron. Production of Differential Amnesia as a Factor in the Treatment of Schizophrenia. *Compr. Psychiat.* vol. 1, no. 1, 1960 (Feb.), p. 27.
39. A.E. Schwartzman, and P.E. Termansen Intensive Electroconvulsive Therapy: A Follow-Up Study. *Can. Psychiat. Ass. J.* vol. 12, no. 2, 1967, 217-218.
40. In Memoriam. Donald Ewen Cameron – 1901-1967. *Can. Psychiat. Ass. J.*, v. 12, 1967 (Oct.), p. 475.
41. Honorary Member 1965. *Can. Psychiat. Ass. J.* vol. 10, 1965 (Dec.), p. 459.
42. op. cit. In Memoriam.

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A personal viewpoint:

psychiatry's to blame, not the CIA.

By O.G. Pamp

Lately a great deal of dissembling rhetoric and deliberate misinformation have been uttered and written about the Canadian victims of so-called CIA brainwashing experiments. The media has, through countless articles, columns, editorials and TV news programs, incessantly restated the prevailing, if totally false, presumption that these were "CIA experiments" initiated, planned and controlled by CIA agents. The perception, especially popular among the political left, is that Dr. Cameron (and Dr. Hebb) were unwitting dupes of a sinister CIA conspiracy. Nothing could be further from the truth.

The irrefutable fact is that it was a psychiatrist, Dr. D. Ewen Cameron, who solely conceived, directed, controlled and performed the experiments in his theoretical quest to find a "cure" for the metaphorical moral or thought "disease" called schizophrenia. It was Dr. Cameron's theories, not the CIA's, which were tested at the Allan Memorial between 1957 and 1961. It was Dr. Cameron, not the CIA, who brutally and arrogantly exploited involuntary patients as guinea pigs for his "medical research." Dr. Cameron's theory was to "depattern" the human mind of morally and socially "deviant" (non-conformist) thought and/or behaviour by literally wiping the slate clean with "psychic driving" so the psychiatrist could then imprint on the tabula rasa the morally and socially correct ("mentally healthy") dogmas or values. That in essence was the sole motive for Dr. Cameron's experiments. It must be remembered that he had developed and refined his research long before the CIA funding began and would have conducted them precisely the same way regardless of the CIA's existence. The same goes for Dr. Hebb's research. To suggest, as the media has, that these esteemed professionals needed CIA agents to help plan their research is not only utter nonsense but a misleading attempt to shift the focus of culpability from Dr. Cameron and psychiatry to the CIA. The latter is a more easily demonized target.

However, Dr. Cameron was neither a CIA operative nor a madman scientist. He was one of the world's most eminent psychiatrists, recognized as the founder of Canadian psychiatry, who served as president of both the Canadian and American Psychiatric Associations in addition to being the first head of the World Psychiatric Association. Had he lived, he would have undoubtedly followed in the footsteps of another famed psychiatrist-neurologist, Egas Moniz, who in 1955 received the Nobel Prize for Medicine for mutilating the brains (lobotomies) involuntary "patients" in order to "cure" them of their non-conformist thinking and/or behaviour.

Dr. Cameron was only the latest of a long, infamous line of world — celebrated psychiatrists who have tortured their victims in the humanitarian name of "treating" them. In fact, the whole history of psychiatry is an appalling litany of torture, mutilations and oppressions. It is the history of the straitjacket, the sack, the confining belt and chair, Cox's swing, Autenrieth mask and chamber, the pear, the box, lacing, lobotomy, infibulation, castration, etc....

This is not medicine. This is moral medicine. Psychiatry has superseded the Church as society's chief moral guardian. The rhetorical-metaphorical exercise of branding social, sexual, moral and (as in the Soviet Union) political differences "mental diseases" is as patently sham as their alleged biological origins. It confuses brain and mind, nerves with nervousness, medicine with morality, description with prescription, treatment with punishment, and cure with control. For centuries, man believed that disease was caused by sin. Now he believes that sin is caused by disease.

Still the pervasive myth persists that the institutional psychiatrist is a humane and compassionate healer rather than a procrustean moral and political agent of the State. For example, the truth has long been carefully concealed that German (Nazi) psychiatrists were more than willing collaborators in the systematic extermination of some 300,000 "mentally ill," "retarded" and "useless eaters" — leading up to the Final Solution's gas chambers. Their patented justification was that they were only acting out of humane motivation. This excuse has always been trotted out by psychiatrists to rationalize the most execrable acts ever performed on man in the spurious name of medical science. That's the excuse given by Soviet psychiatrists when they inject painful drugs into the veins of political dissenters suffering from "sluggish schizophrenia." That's the excuse of North American psychiatrists when they do exactly the same thing to moral (sexual) and social dissenters suffering from "paranoid schizophrenia."

No wonder the immensely powerful psychiatric establishment has remained damningly silent about Dr. Cameron's experiments. For it and others to demand "justice" from the CIA is to conceal the truth. The only true justice for all past and future victims of psychiatric "treatment" is to unblinkingly expose the incriminating truth that ultimate responsibility and blame must rest on Dr. Cameron and the "scientific" methods of psychiatry. The nine Canadians were victims of psychiatry, not CIA skullduggery.

O.G. Pamp is a critic of the psychiatric system and a tireless letter-writer. He is currently writing a book on Ezra Pound.

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APPENDIX 3

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STAT

ARTICLE APPEARED ON PAGE E-1

WASHINGTON POST
28 July 1985

25 Years Of Nightmares

Victims of CIA-Funded Mind Experiments Seek Damages From the Agency

By David Remnick
Washington Post Staff Writer

Harvey Weinstein, a quiet, bearded man who practices psychiatry at Stanford University, says there are days when he is "ashamed" of his profession, nights when he cannot stop thinking about the Canadian psychiatrist who "ruined my father's life . . . Left him with nothing. It's a nightmare that never ends."

With funding from the CIA, the late Dr. D. Ewen Cameron did a series of mind-control experiments on 53 people, including Harvey Weinstein's father, Louis, a prosperous Montreal businessman. All had come to the Allan Memorial Institute of McGill University in Montreal between 1957 and 1961 for treatment of various psychological ailments.

The experiments, Weinstein says, left his father "a human guinea pig, a poor pathetic man with no memory, no life. He lost his business, he lost everything." Weinstein is one of nine plaintiffs in a lawsuit, seeking damages from the CIA.

To erase or "de-pattern" personality traits, Cameron gave his subjects megadoses of LSD, subjected them to drug-induced "sleep therapy" for up to 65 consecutive days and applied electroshock therapy at 75 times the usual intensity. To shape new behavior, Cameron forced them to listen to repeated recorded messages for 16-hour intervals, a technique known as "psychic driving." Cameron and the CIA were interested in brainwashing and the ability to redirect thought and action. The patients did not consent to the treatment and were never told they were being used for research.

"When you're 13 years old and you see your father—an independent, kind, smart person—become a different man before your eyes, it's impossible to accommodate that," Weinstein says. "I remember one of his first visits home from the hospital. He didn't talk much, and when he did talk it made no sense. When he wasn't sleeping he was drowsy. He asked us things about his parents, even though they'd been dead for years. His memory was gone. At night once, when I was in bed, I saw him come into my room and urinate on the floor. He didn't know where he was.

"My father has ended up feeling guilty that he had done something to deserve this punishment. He is convinced the CIA listens to his telephone. He's ashamed, embarrassed. My mother died without seeing the end of this. It will be a tragedy if my father dies without restoring some sense of dignity to his life."

Today Louis Weinstein lives alone in Montreal, cared for by his two grown daughters.

No one knows the whereabouts of all the subjects, some of whom may be dead. But Louis Weinstein and eight others, including Velma Orlikow, the wife of a New Democratic Party member of the Canadian parliament, claim they have been injured irreparably by the experiments. "I'd say Velma operates at about 20 percent of capacity," David Orlikow says. "It's horrific."

The CIA's involvement in mind control experiments has been coming to light for years. The suit filed by the group against the U.S. government has been pending here in U.S. District Court since December 1980 before Judge John Garrett Penn. The plaintiffs originally asked for $1 million each in damages but have cut that to $175,000. The government has offered to pay $25,000. The group's attorney, Joseph Rauh Jr., calls the settlement offer "demeaning" and contends that the CIA has managed to delay the proceedings by "stonewalling."

The CIA's counsel, Lee Strickland, declined to comment on the case. Agency spokeswoman Kathy Pherson said, "We don't comment on cases under litigation. It's inappropriate to try cases in the press."

In Cameron's defense, Brian Robertson, the present director of the Allan Institute, and James Farquhar, a psychiatrist there, wrote in the Montreal Gazette that "we have not been able to uncover a single shred of evidence that Dr. Cameron knew of the CIA connection with his research funding." They said Cameron's work "must be placed in its historical context" and that "in Cameron's day [researchers] were not expected to inform their patients of the nature of their research in the way that they are today."

The CIA has asked Judge Penn to block Rauh from taking depositions from two key agency figures—Stacey Hulse and John Knaus, who have been publicly identified as former CIA station chiefs in Ottawa. They are both retired.

Cameron, who died of a heart attack while mountain climbing in 1967, had been one of the most prominent psychiatrists in North America. A former president of both the Canadian and American psychiatric associations, he was selected to diagnose Nazi

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figures, including Rudolf Hess, during the Nuremberg trials. (He declared Hess sane.) But for his work on brainwashing and mind control, critics have called him a "mad scientist."

"We hanged Nazis for doing the sort of things Cameron did," says Rauh.

"Cameron wanted to be up there with Freud," says David Orlikow. "He wanted that stature, so he would do anything. Anything! It was horrific."

Since World War II, U.S. intelligence agencies have been interested in the techniques of controlling behavior and thought. The military was especially intrigued by interrogation techniques used on American POWs during the Korean War. Brainwashing entered the American vocabulary.

The CIA's first major project in the area, called ARTICHOKE, was rudimentary compared to MKULTRA, which succeeded it in 1953. Through front organizations, the CIA channeled about $10 million to dozens of universities and independent researchers.

In one highly publicized experiment an Army employe, Dr. Frank Olson, was given LSD without his knowledge. He was hospitalized and days later jumped out a window to his death.

Few people knew much about MKULTRA and cases like those of Frank Olson until 1977, when requests for documents under the Freedom of Information Act exposed the nature and breadth of the CIA's activities. Such intelligence experiments have since been outlawed.

Former CIA director Richard Helms had ordered papers concerning the experiments in Montreal destroyed in 1973, but in 1977, acting on a Freedom of Information Act request by writer John Marks, then-CIA director Adm. Stansfield Turner announced that some files had not been destroyed. Those documents form the basis of what is generally known about the work of D. Ewen Cameron.

A CIA chemist, Sidney Gottlieb, supervised the MKULTRA project from within the agency, documents show. A CIA doctor, Lt. Col. James L. Monroe, worked undercover and ran the Society for the Investigation of Human Ecology, the organization that channeled money to Cameron and the Allan Institute.

Rauh contends that Cameron knew the CIA was interested in his work and actively solicited the grant. With the CIA's approval (and with checks drawn against U.S. Treasury funds), documents show that Monroe got at least $60,000 to Cameron.

Velma Orlikow:

I suffer from chronic depression which sometimes becomes acute. I call those periods my 'black holes.' I don't see anybody and I won't leave the house. I can't read and I used to love to read. I can't write a letter. I have unexplained fears. I wake up at night afraid and I don't know why. I'm trying to limp through my life like someone who's been in a terrible accident that leaves them crippled.

Dr. Cameron could be cruel if you didn't do exactly what he wanted. He was a god figure to the patients. He'd say to me, 'What's the matter with you, lassie?' I still hear his voice sometimes.

Ewen Cameron was born in Scotland and educated at the University of Glasgow, the Glasgow Royal Mental Hospital and at Johns Hopkins. He first won a measure of fame for setting up mobile psychiatric clinics in the '30s in Canada.

During the war, Cameron was part of an international committee of psychiatrists and social scientists who studied the origins and nature of Nazi culture. He published numerous articles on mass psychology during wartime.

Cameron began the Allan Memorial Institute in 1943 with the help of a grant from the Rockefeller Foundation. He gave numerous speeches on "the problem of Germany" and believed that the psychology and forces that gave to rise to Nazism may have been longstanding in German culture.

Although he was based in Montreal, Cameron became an American citizen and angered many in the bilingual community of Montreal for being an insistent English speaker.

More and more, Cameron came to believe in the possibility of changing the human mind, of altering thought and behavior patterns. But rather than experiment in psychotherapy, what Freudians have called "the talking cure," Cameron believed in quicker, organic means, including drugs and electroshock. He began experimenting on organic ways of controlling schizophrenia.

The experiments of 1957-1961 were done on patients, mostly women, who entered the Allan Institute voluntarily, usually at the recommendation of a private physician.

Louis Weinstein went to the institute suffering from respiratory and digestive difficulties caused by anxiety. After undergoing the complete treatment of LSD and oth-

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er drugs, electroshock and psychic driving, Weinstein is, in his son's words, a "lost soul . . . My father has no social sense, how to keep clean, how to carry on a conversation." "They took his self away from him."

Velma Orlikow suffered from depression after the birth of her daughter. After several years of treatment with a private psychiatrist in Winnipeg, she entered the Allan Institute to speed her progress. Without being told the nature of the injections, she was given shots of LSD on 14 occasions and went through psychic-driving sessions. She found the treatments frightening but, according to her testimony, Cameron persuaded her to continue until 1963. Now Orlikow says she cannot concentrate well, can no longer read books or magazine articles.

Dr. Mary Morrow approached Cameron for a fellowship in psychiatry, but Cameron thought, after a physical exam, that Morrow appeared "nervous" and admitted her as a patient instead. For 11 days, Morrow says she underwent de-patterning experiments that included electroshock treatment, and barbiturates. The treatment resulted in a brain anoxia—not enough oxygen reaching the brain—and she was hospitalized. Today Morrow suffers from prosopagnosia—she cannot recognize people's faces.

The list goes on. Robert Logie, a native of Vancouver, says he cannot hold a steady job or sleep without the help of drugs. He suffers from severe depression and still dreams about the experiments. Lyvia Stadler of Montreal has been institutionalized.

In his court claim, Rauh claims that not only did the experiments have "no likely therapeutic value," they also violated the accepted standards of medical experimentation as formulated at the Nuremberg War Crimes Trials and ratified in the Charter of the United Nations.

"The frustration is incredible," Harvey Weinstein says. "It's impossible to know, to *ever* know, what kind of life my father might have led, what kind of lives all these people might have led, if this had never happened. So much has been stolen from my father and everyone like him."

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APPENDIX 4

CANADA

PROVINCE OF QUEBEC
DISTRICT OF MONTREAL

NO: 500-06-000972-196

(Class Action)
SUPERIOR COURT

J. TANNY

Applicant

-vs.-

ROYAL VICTORIA HOSPITAL
(...)

and

MCGILL UNIVERSITY, legal person duly constituted, having its head office at 310-845 Sherbrooke Street West, City of Montreal, Province of Quebec, H3A 0G4

and

ATTORNEY GENERAL OF CANADA, representing the Federal Government of Canada

and

UNITED STATES ATTORNEY GENERAL, representing the United States Department of Justice

Defendants

AMENDED APPLICATION TO AUTHORIZE THE BRINGING OF A CLASS ACTION & TO APPOINT THE APPLICANT AS REPRESENTATIVE PLAINTIFF (Art. 574 C.C.P and following)

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TO THE HONOURABLE MR. JUSTICE MORRISON OF THE SUPERIOR COURT, SITTING IN AND FOR THE DISTRICT OF MONTREAL, YOUR APPLICANT STATES AS FOLLOWS:

> *"The project in Montreal was one in which psychiatric patients, hospitalized for a variety of different reasons, were subjected to a series of procedures that involved the use of experimental drugs, intensive shock treatments, sensory deprivation, forced sleep for weeks on end and the use of recorded voices for hours at a time in order to bring about behaviour change. These procedures, designed to manufacture new lives for those on whom they were applied, only succeeded in destroying the lives which they had led. For some, these techniques so changed their basic sense of self that what was left appeared unrecognizable to those who loved them.*
>
> *One of those people was my father."*
>
> Harvey Weinstein, A Father, a Son and the CIA

I. GENERAL PRESENTATION

A) The Action

1. The Applicant wishes to institute a class action on behalf of the following class, of which she is a member, namely:

   - All persons who underwent depatterning treatment at the Allan Memorial Institute in Montreal, Quebec, between 1948 and 1964 using Donald Ewen Cameron's methods (the "Montreal Experiments") and their successors, assigns, family members, and dependants or any other group to be determined by the Court;

2. The "Montreal Experiments" refers to Donald Ewen Cameron's methods of depatterning and repatterning the brain, including, but not limited to: (i) drug-induced sleep/coma, (ii) intensive electroconvulsive therapy ("ECT"), (iii) "psychic driving", (iv) sensory deprivation, and (v) administration of various barbiturates, chemical agents and medications to suppress nerve functionality and activation;

3. "Depatterning" refers to Cameron's methods of erasing a patient's thoughts whereby patients were immobilized, rendered intellectually helpless and prevented from using their usual defences through the use of intensive Electroconvulsive therapy (ECT)[1], sensory isolation, massive amounts of sedatives and barbiturates to lessen patients' resistance and to induce sleep treatment. It was a three-stage

[1] Electroconvulsive therapy (ECT), formerly known as electroshock therapy, and often referred to as shock treatment, is a psychiatric treatment in which seizures are electrically induced in patients to provide relief from mental disorders. ECT is often used as a last line of intervention for major depressive disorder, mania, and catatonia.

process in which patients lost track progressively of time and space through extreme disturbances of memory;

4. "Psychic driving" refers to the "repatterning" procedure whereby patients were subjected to a continuously repeated audio message on a looped tape, often concurrently with muscular paralytic and sedating drugs to subdue them for purposes of exposure to the looped message(s) such as Thorazine and Amobarbital[2]. This included "negative driving" – the use of negative and destructive messages of statements that patients had expressed about themselves (for example: "you are selfish") followed by "positive driving" – the use of positive messages (for example: "you are lovable") repeated between 250,000 to 500,000 times;

5. The sensory deprivation involved depriving patients of their senses by covering their ears, eyes, and/or skin, depriving them of food, water, and oxygen and instead injecting them with drugs such as Lysergic Acid Diethyamide (LSD)[3] and curare[4] to keep them in a disoriented and paralyzed state;

6. The drug-induced sleep involved administering patients with large amounts of sedatives (such as chlorpromazine, marketed under the trade-names Thorazine and Largactyl) in order to put them into an artificial coma, a large majority of which took place in the "sleep room", usually lasting from a few days up to 86 days;

7. Despite being kept in a childlike state due to the mass amount of drugs they were being administered, patients were still fearful of the sleep room. Their collective terror was so strong that patients would walk with their back to the wall when passing the door to the sleep room, fearful of their return;

8. None of the patients had given informed consent to the Montreal Experiments or were even aware that these experiments were being conducted, instead being under the impression that they were receiving medically sound therapy;

9. As a result of the trauma, patients often suffered from retrograde, psychogenic or dissociative amnesia[5] for the rest of their lives and, having lost control of their

---

[2] Amobarbital (formerly known as amylobarbitone or sodium amytal) is a drug that is a barbiturate derivative. It has sedative-hypnotic properties. When given slowly by an intravenous route, sodium amobarbital has a reputation for acting as a so-called truth serum. Under the influence, a person will divulge information that under normal circumstances they would block.

[3] Lysergic acid diethylamide (LSD), also known as acid, is a hallucinogenic drug. Effects typically include altered thoughts, feelings, and awareness of one's surroundings.

[4] Curare is a drug used in surgery to temporarily paralyze a patient's involuntary muscles.

[5] Retrograde amnesia (RA) is a loss of memory-access to events that occurred, or information that was learned, before an injury or the onset of a disease. Psychogenic amnesia or dissociative amnesia, is a memory disorder characterized by sudden retrograde episodic memory loss. More recently, dissociative amnesia has been defined as a dissociative disorder "characterized by retrospectively reported memory gaps. These gaps involve an inability to recall personal information, usually of a traumatic or stressful nature. Psychogenic amnesia is defined by the presence of retrograde amnesia (the inability to retrieve stored memories leading up to the onset of amnesia), and an absence of anterograde amnesia (the inability to form new long-term memories).

bladders and bowels, had to relearn most basic skills in order to function. Many were in a childlike state and even had to be potty-trained. Family members described them as even more emotionally unstable as before and many of them were unable to live a normal life afterwards;

10. The Montreal Experiments consisted of extreme mind-control brainwashing experimentation on unwitting patients, making a mockery of the doctor-patient relationship;

11. Simply put, the Montreal Experiments were a form of psychological torture inflicted upon hundreds of unsuspecting persons and which had traumatizing, damaging, and emotionally-crippling effects that lasted for the remainder of their lives and the lives of their families;

12. To this day, neither the Canadian government, the CIA, McGill, nor the Royal Victoria Hospital have issued formal apologies for their involvement with the Montreal Experiments;

13. By reason of their actions and omissions, the Defendants enabled the Montreal Experiments to be conducted, thereby causing the Applicant and the members of the Class to suffer severe, debilitating, and painful personal injury to their bodies and minds, as well as other moral, mental/emotional, and economic damages, upon which they are entitled to claim;

B) The Defendants

I. The Locus Defendants

14. Defendant Royal Victoria Hospital is a Canadian corporation with its head office in Montreal, Quebec. The Allan Memorial Institute, which was founded in 1943 and which housed the Montreal Experiments, was the psychiatry department of the Royal Victoria Hospital, which was part of and closely affiliated with the Defendant McGill University (...) as the teaching hospital for the medical faculty. The Allan Memorial Institute was administered by the Board of Governors of the Royal Victoria Hospital and the relationship between the two was very harmonious, the whole as appears more fully from a copy of an extract from the *Registraire des entreprises*, (...) from a copy of the Corporation Profile Report for the Royal Victoria Hospital and from a copy of the document entitled "History of the Growth and Development of the Allan Memorial Institute" dated August 2, 1968, produced herein *en liasse* as **Exhibit R-1**;

15. Defendant McGill University (...) ("McGill") is a Canadian corporation with its head office in Montreal, Quebec. (...). It is the entity that hired Cameron and its medical faculty worked at Defendant Royal Victoria Hospital, the whole as appears more fully from a copy of an extract from the *Registraire des entreprises*, produced herein as **Exhibit R-59**;

16. The Allan Memorial Institute was co-administered by McGill and the Royal Victoria Hospital with no oversight of, for example, a scientific review or ethics committee. Both the Royal Victoria Hospital and McGill shared the cost of operating the Allan Memorial Institute with the Royal Victoria Hospital periodically billing McGill for its pro rata proportion, the whole as appears more fully from a copy of the letter from the McGill comptroller to Cameron dated November 29, 1949, produced herein as **Exhibit R-60**;

17. The Locus Defendants, as institutions, are liable for the acts of their agents, servants, and employees, systemic or otherwise, who planned, authorized, supervised, monitored, oversaw, recommended, supported, directed, and otherwise exercised control over the Montreal Experiments – they are equally liable for any and all failures to perform same;

II. The Governmental-Funding Defendants

18. Defendant Attorney General of Canada ("AG Canada") had delegated the responsibility for the regulation of health research and national defence to the National Research Council (now the Canadian Institutes of Health Research), the Canadian Department of National Health and Welfare (now split into Health Canada and Human Resources Development Canada) and to the Defence Research Board of Canada[6] ("DRB", now part of the Department of National Defence). The Montreal Experiments were funded through several grants from the Department of Health and Welfare and the DRB from 1950 to 1964 always under labels such as "psychological warfare" and "national defence". In all, the Canadian government subsidized the Montreal Experiments in the amount of $162,206.41 (equivalent to $1,777,782.25 in 2020[7]);

19. The DRB was founded in 1946 as the research arm of the Department of National Defence with a mandate to engage directly in research of its own, to contract out for specific items of research work, and to make grants to independent researchers, in areas of particular application to the military. The ORB was not to conduct basic scientific research, but rather applied research. Included in this was research in psychiatry and psychology, primarily to develop methods of testing the capabilities of potential recruits and serving personnel, to determine their suitability to withstand the stress of combat, and to study the effect of stress generally in the trying conditions of war and other emergencies (Exhibit R-44);

20. Prior to providing funding to the Montreal Experiments (or at least as early as 1952), the DRB was well aware that sensory deprivation was dangerous and potentially torturous to its subjects. For example, and, as will be detailed hereinbelow, the DRB had been funding Dr. Hebb at McGill from 1951 to 1954 (under Project No. D 77-94-85-01) who had been studying sensory deprivation on

---

[6] The Defence Research Board of Canada existed from 1947 to 1977 and was chaired by 4 men: Dr. Omond M. Solandt, Hartley Zimmerman, Robert Uffen, and Léon L'Heureux.

[7] Adjusted for inflation, $162,206.41 in 1950 is equivalent in purchasing power to $1,777,782.25 in 2020, according to the Bank of Canada.

voluntary paid human subjects. Dr. Hebb reported disturbing preliminary findings to the DRB in 1952. These preliminary findings were confirmed in further reports whereby hallucinations, anxiety attacks, and declarations of torture were reported, the whole as appears more fully from a copy of the Phoenix Rising article entitled "A Psychiatric Holocaust" dated June 1986 and from a copy of the DRB files materials on research by Dr. Donald O. Hebb on sensory deprivation experiments, produced herein *en liasse* as **Exhibit R-3**;

21. After these experiments were leaked to the press, questions were raised in Parliament and the Cabinet decided on "questions of principle" that "the contract with Dr. Hebb at McGill be cancelled", the whole as appears more fully from a copy of chapter 3 from the book "The Trauma of Psychological Torture" entitled "Legacy of a Dark Decade: CIA Mind Control, Classified Behavioral Research, and the Origin of Modern Medical Ethics" dated 2008, from a copy of the DRB file materials, correspondence and news clippings, and from a copy of the DRB report to the Treasury Board, dated August 3, 1954, produced herein *en liasse* as **Exhibit R-4**;

22. The Montreal Experiments were funded by two agencies of the Canadian government: (i) the National Research Council (NRC) as predecessor to the Medical Research Council (MRC) and (ii) the Canadian Department of National Health and Welfare. There were 5 grants under the federally-funded "Mental Health Grant", between 1948 and 1964, for a total funding amount of $166,403.41 ($1,823,781.37 in 2020)[8]:

    (i) From 1950 to 1951 for "Behavioural Laboratory" in the amount of $4,197.00 (No. 290)[9];

    (ii) From 1950 to 1957 for "Research Studies on E.E.G. and Electrophysiology" in the amount of $60,353.33 (Project No. 604-5-13)[10],

    (iii) From 1950 to 1954 for "Support of a Behavioural Laboratory" in the amount of $17,875.00 (Project No. 604-5-14),

    (iv) From 1959 to 1961 for "Study of Ultraconceptual Communication" in the amount of $26,228.08 (Project No. 604-5-74)[11], and

---

[8] Adjusted for inflation, $166,403.41 in 1950 is equivalent in purchasing power to $1,823,781.37 in 2020.,

[9] Note: The Cooper Report did not consider Project No. 290 as part of the funding of the Montreal Experiments despite its clear relation thereto.

[10] Note: The Cooper Report did not consider Project No. 604-5-13 as part of the funding of the Montreal Experiments despite its clear relation thereto.

[11] Note: The Cooper Report oddly dismissed Project No. 604-5-74 as irrelevant despite it being described by Cameron and his technician, Leonard Rubenstein, as being based on the process of driving and on the idea that "constant repetition, particularly as far as the patient is concerned may result in an exhaustion of his defences" as well as the CIA having been equally interested in it.

(v) From 1961 to 1964 for "A Study of Factors Which Promote or Retard Personality Change in Individuals Exposed to Prolonged Repetition of Verbal Signals" in the amount of $57,750.00 (Project No. 604-5-432)

The whole as appears more fully from a copy of the 9 Mental Health Division research projects listing Cameron as principal investigator and from a copy of various departmental memoranda and a sample application form, produced herein *en liasse* as **Exhibit R-5**;

23. It was the Mental Health Division's practice to require grantees to submit annual progress reports prior to the yearly renewal of the grants. It was also the department's practice to send representatives to visit the institutions where the work was being carried out;

24. These grants funded several of Cameron's brainwashing studies, including sensory deprivation, psychic driving, electroshock, and the use of the male hormone testosterone on women patients (Exhibits R-3 and R-5);

25. Defendant United States Attorney General ("US AG") delegated the responsibility for U.S. national security information and intelligence to the Central Intelligence Agency (CIA). The CIA funded mind-control experiments across North America through 3 private medical research foundations, one being, the Society for the Investigation of Human Ecology (also known as the "Human Ecology Fund"[12]), which was a known CIA front for covert funding of psychological research. During this time period, the Montreal Experiments were monitored by the CIA through its staff members, including, but not limited to Dr. Sidney Gottlieb, Sam Lyerly, Walter Pasternak, Harold Wolff and Lt. Col. James L. Monroe. The Montreal Experiments were funded through 3 grants from the CIA between March 18, 1957 and either June 30, 1960 or 1962 for a total funding amount of either USD$62,045.00 (equivalent to $553,105.13 in 2020)[13] or USD$84,820 (equivalent to $763,169.54 in 2020)[14] as part of the CIA's "MKULTRA" program – "Subproject 68" (which will be described hereinbelow).

(i) On February 27, 1957, the CIA approved a grant of $38,180.00 USD, (through allotment 7-2502-10-001) to the Montreal Experiments for the period of April 1, 1957 to March 31, 1959,

(ii) On March 27, 1959, the CIA approved the continuation of funding and an additional $19,090.00 USD (through allotment 9-2502-73-902 and paid by

[12] The Human Ecology Fund was disbanded in 1965.

[13] The total amount was $62,045.00 USD. First converting this amount to Canadian dollars in 1957 at the rate of 0.969542, the Canadian amount is $60,155.23, adjusted for inflation, $60,155.23 in 1957 is equivalent in purchasing power to $553,105.13 in 2020 (assuming that the whole amount was given on August 26, 1957).

[14] $84,820.00 - $62,045.00 = $22,775.00 x 1.077193 (the currency exchange rate on December 31, 1962) = CAD $24,533.07, adjusted for inflation this is $210,064.41 in 2020. $210,064.41 + $553,105.13 = $763,169.54.

Treasurer's Check No. 168395) to be paid covering the period of April 1, 1959 to March 31, 1960,

(iii) On August 17, 1960, the CIA approved further funding to the Montreal Experiments in the amount of $4,775.00 seemingly for the period of April 1, 1960 to June 30, 1960 (under allotment 1525-1009-1902 and paid by cashier's check no. 2-003633 dated August 26, 1960), after which, it appears no more payments were approved.

The whole as appears more fully from a copy of the released CIA documents regarding MKULTRA Subproject 68, produced herein as **Exhibit R-6**;

26. At the time, there was a long-standing agreement between Canada and the United States regarding the protocol of funding research on one another's soil – it stipulated that any U.S. government support of research in Canada was to be channeled through the Canada Defence Research Board ("DRB"). By circumventing this established procedure, the CIA was theoretically violating Canadian sovereignty. This need for secrecy was noted as follows (Exhibit R-6 at 68-36):

> "9. In view of the fact that McGill University is in Canada, the following security considerations should be noted: 1) Dr. Cameron, the principal investigator and his staff will remain completely unwitting of the U.S. government interest...3) No agency staff personnel will contact, visit, or discuss this project with Dr. Cameron or his staff except under extreme circumstances";

26.1 More generally, the CIA was obligated to seek prior approval of the Canadian government before engaging in any operational activity involving Canada or Canadian citizens;

26.2 On January 26, 1978, Executive Order 12036 was passed into law, which contained the following provision:

> 2-302. Restrictions on Experimentation. No agency within the Intelligence Community shall sponsor, contract for, or conduct research on human subjects except in accordance with guidelines issued by the Department of Health, Education and Welfare. The subject's informed consent shall be documented as required by those guidelines.

The whole as appears more fully from a copy of the Federal Register on United States Intelligence Activities – Executive order 12036 dated January 26, 1978 and from a copy of the letter from the Embassy of the United States to the Canadian government dated February 7, 1979, produced herein *en liasse* as **Exhibit R-61**;

27. In all, it appears that the Montreal Experiments were funded by both the Canadian and U.S. governments between 1950 and 1964 for a total amount of $221,673.95 (approximately $2,429,546.49 in 2020)[15];

28. The Governmental-Funding Defendants are liable for the acts of their agents, servants, and employees who supervised, monitored, oversaw, authorized, recommended, supported, directed, and otherwise exercised control over the Montreal Experiments – they are equally liable for any and all failures to perform same;

29. All of the Defendants are either directly or indirectly responsible for enabling the Montreal Experiments to be conducted and they are thus, solidarily liable for the acts and omissions of the other;

C) The Situation

I. Background – Project MKULTRA

30. Project MKULTRA[16], also known as the CIA mind control program, is the code name given to a program of experiments on human subjects that were financed, designed, and undertaken by the CIA between April 1953 and 1973. MKULTRA was concerned with "the research and development of chemical, biological, and radiological materials capable of employment in clandestine operations to control human behavior", the whole as appears more fully from a copy of an extract from the United States Senate's Final Report of the Select Committee to Study Governmental Operations with Respect to Intelligence Activities dated April 26, 1976, produced herein as **Exhibit R-7**;

31. The proposal describing MKULTRA provided that:

> "we intend to investigate the development of a chemical material which causes a reversible non-toxic aberrant mental state, the specific nature of which can be reasonably well predicted for each individual. This material 'could potentially aid in discrediting individuals, eliciting information, and implanting suggestions and other forms of mental control",

The whole as appears more fully from a copy of the transcript of the Joint Hearing Before the Select Committee on Intelligence and the Subcommittee on Health and Scientific Research of the Committee on Human Resources United States Senate

[15] Adjusted for inflation, $221,673.95 in 1950 is equivalent in purchasing power to $2,429,546.49 in 2020.

[16] The project's intentionally obscure CIA cryptonym is made up of the digraph MK, meaning that the project was sponsored by the agency's Technical Services Staff, followed by the word Ultra which had previously been used to designate the most secret classification of World War II intelligence.

entitled "Project MKULTRA, The CIA's Program Of Research In Behavioral Modification" dated August 3, 1977, produced herein as **Exhibit R-8**;

31.1 MKULTRA was the principal CIA program involving the research and development of chemical and biological agents. It was "concerned with the research and development of chemical, biological, and radiological materials capable of employment in clandestine operations to control human behavior", the whole as appears more fully from a copy of a declassified CIA document "CIA-RDP01-01773R000100170001-5" released on February 8, 2012, produced herein as **Exhibit R-62**;

32. MKULTRA was initially established to counter the perceived threat of Soviet, Chinese, Korea, and other Communist bloc country advances in brainwashing and interrogation techniques. During the Cold War, in the late 1940s and 1950s, the CIA was obsessed with finding and using methods to combat espionage (Exhibit R-62), the whole as appears more fully from a copy of the Ex Post Facto: Journal of the History Students at San Francisco State University article entitled "Perfecting the Art of Brainwashing: The CIA's Efforts to Weaponize Mind Control" dated spring 2013, produced herein as **Exhibit R-63**;

32.1 When Washington adopted the National Security Act in July 1947, creating both the National Security Council as a top-level executive agency and the CIA as its instrument, it effectively removed foreign intelligence from meaningful congressional oversight. The act contained a brief clause allowing the new agency to perform "other functions and duties relating to intelligence affecting the national security as the President or the Director of National Intelligence may direct" investing these executive agencies with extraordinary authority to operate outside the law, whether for covert operations, assassinations, or torture, the whole as appears more fully from a copy of chapter 2 of the book "A Question of Torture" published in 2006, produced herein as **Exhibit R-64**;

32.2 In a 1951 memorandum entitled "Defense Against Soviet Mental Interrogation and Espionage Techniques", the CIA justified the use of extreme measures, beyond the law, to counter the Soviet threat: "International treaties ... have never controlled the ... use of unconventional methods of warfare, such as ... fiendish acts of espionage, torture and murder of prisoners of war, and physical duress and other unethical persuasive actions in the interrogation of prisoners" (Exhibit R-64);

32.3 In April 10, 1953, CIA Director Allan Dulles addressed a Princeton alumni conference and said the following:

> "The target of this [brain] warfare is the minds of men both on a collective and on an individual basis. Its aim is to condition the mind so that it no longer reacts on a free will or rational basis but responds to impulses implanted from outside. If we are to counter this kind of warfare we must understand the techniques the Soviet is adopting to control men's minds.

...The Soviets are now using brain perversion techniques as one of their main weapons in preempting the cold war. Some of these techniques are so subtle and so abhorrent to our way of life that we have recoiled from facing up to them.

...

...the perversion of the minds of selected individuals who are subjected to such treatment that they are deprived of the ability to state their own thoughts. Parrot-like individuals so conditioned can repeat thoughts which have been implanted in their minds by suggestion from outside. In effect the brain under these circumstances becomes a phonograph playing a disc put on it spindle by an outside genius over which it has no control.

The Chinese, who are seldom at a loss for a word, have given us the term which has come generally to be applied to this treatment of individual minds: "brain washing". Actually, the Chinese subjected to Communism "thought reform" techniques experienced two treatments: a "brain washing" which "cleansed the mind of the old and evil thoughts spawned by imperialists of the West," and a "brain changing" which implanted the "new and glorious thoughts of the Communist Revolution".

We, in the West, are somewhat handicapped [in brain warfare because] there are few survivors, and we have no human guinea pigs, ourselves, on which to try these extraordinary techniques..."

The whole as appears more fully from a copy of a CIA document entitled "Summary of Remarks by Mr. Allen W. Dulles at the National Alumni Conference of the Graduate Council of Princeton University Hot Springs, VA., April 10, 1953" produced herein as **Exhibit R-65**;

33. MKULTRA was approved by the Director of Central Intelligence on April 13, 1953 and, under the directorship of (...) Richard Helms who supervised Dr. Sidney Gottlieb (it is unclear whether CIA Director Allan Dulles also supervised Dr. Gottlieb), the CIA had set up several secret projects including "ARTICHOKE", "BLUEBIRD", "MK-DELTA", AND "MKULTRA" – all involving mind-control and brainwashing techniques, strategies, and experiments. MK-DELTA was established to govern the use of MKULTRA materials abroad (Exhibits R-3 and R-62);

34. MKULTRA was an umbrella project under which certain sensitive subprojects were funded, involving among other things research on drugs and behavioral modification and the administration of drugs surreptitiously (Exhibit R-8 at pages 4-5);

35. Briefly, MKULTRA was concerned with learning the state of the art of behavioural modification at a time when the U.S. government was concerned with inexplicable

behaviour of persons behind the iron curtain and American prisoners of war who had been subjected to so-called brainwashing. Soon this defensive orientation became secondary and chemical and biological agents were to be studied in order (...) "to perfect techniques...for the abstraction of information from individuals whether willing or not" and in order to "develop means for the control of the activities and mental capacities of individuals whether willing or not". In this way, by the early 1950s, the program had gone on the offensive (Exhibit R-8 at page 73);

35.1The MKULTRA researchers were given extraordinary powers. At the program's outset, Helms proposed, and Director Dulles agreed, that 6% percent of the budget for the agency's TSO could be spent "without the establishment of formal contractual relations" (Exhibit R-64);

35.2 In a February 13, 1979 letter from the Embassy of the United States to Mr. Hooper, Director General of Security and Intelligence Liaison, Canadian Department of External Affairs, the U.S. government clearly states the objectives of MKULTRA and the Montreal Experiments:

> 1. Concerning the objective of the research: MKULTRA Behavior Modification Research was a direct outgrowth of brainwashing experiences encountered in the post WWII era such as Cardinal Mindszenty and our POWs in Korea. CIA's efforts to explore the field were essentially three pronged:
>
> > A. Basic research into the various behavior modification possibilities to learn what value they might have for an intelligence organization concerning the information it received; to confirm or deny myths associated with them; to develop an understanding of the false confessions etc. we were witnessing.
> >
> > B. Development of countermeasures to communist interrogation techniques.
> >
> > C. Development of interrogation aids for use in confirming the bona fides of defectors and double agents. The emphasis here was on learning about drugs in existence such as LSD and in developing new drugs.

The whole as appears more fully from a copy of the letter from the Embassy of the United States to the Canadian government dated February 13, 1979, produced herein as **Exhibit R-66**;

36. MKULTRA was considered an extremely sensitive project as research into the manipulation of human behaviour was considered by many to be professionally unethical, legally questionable, and risky to the rights and interests of humans. Over the ten-year life of the program, many "additional avenues to the control of human behavior" were designated as appropriate for investigation under the

MKULTRA charter. These included "radiation, electroshock, various fields of psychology, psychiatry, sociology, and anthropology, graphology, harassment substances, and paramilitary devices and materials" (Exhibit R-8 at page 70 and Exhibit R-62);

36.1 The research and development of materials to be used for altering human behavior consisted of three phases: first, the search for materials suitable for study; second, laboratory testing on voluntary human subjects in various types of institutions; third, the application of MKULTRA materials in normal life settings (Exhibit R-62);

37. The next phase of the MKULTRA program involved physicians, toxicologists, and other specialists in mental, narcotics, and general hospitals, and in prisons. Utilizing the products and findings of the basic research phase, they conducted intensive tests on human subjects (Exhibit R-8 at page 71 and Exhibit R-62);

37.1 LSD was one of the materials tested in the MKULTRA program. The final phase of LSD testing involved surreptitious administration to unwitting nonvolunteer subjects in normal life settings by undercover officers of the Bureau of Narcotics acting for the CIA. The rationale for such testing was "that testing of materials under accepted scientific procedures fails to disclose the full pattern of reactions and attributions that may occur in operational situations" (Exhibit R-62);

38. The program engaged in many illegal activities, including the use of U.S. and Canadian citizens as its unwitting test subjects, which led to controversy regarding its legitimacy. MKULTRA used numerous methods to manipulate people's mental states and alter brain functions, including the surreptitious administration of drugs (especially LSD) and other chemicals, hypnosis, sensory deprivation, isolation, verbal and sexual abuse (including the sexual abuse of children), and other forms of torture (Exhibit R-8);

39. Experiments on humans were intended to identify and develop drugs and procedures to be used in interrogations in order to weaken the individual and force confessions through mind control. Over the years the program included various medical and psychological experiments;

40. Research and development programs to find materials which could be used to alter human behavior were initiated in the late 1940s and early 1950s. These experimental programs originally included testing of drugs involving witting human subjects, and culminated in tests using unwitting, nonvoluntary human subjects. These tests were designed to determine the potential effects of chemical or biological agents when used operationally against individuals unaware that they had received a drug (Exhibit R-8 at page 64 – Appendix A);

41. A 1955 CIA document about MKULTRA gives an indication of the size and range of the effort by reviewing its research and development of a shocking list of mind-altering substances and methods, including "materials which will render the

indication of hypnosis easier or otherwise enhance its usefulness," and "physical methods of producing shock and confusion over extended periods of time and capable of surreptitious use":

1. Substances which will promote illogical thinking and impulsiveness to the point where the recipient would be discredited in public.
2. Substances which increase the efficiency of mentation and perception.
3. Materials which will cause the victim to age faster/slower in maturity.
4. Materials which will promote the intoxicating effect of alcohol.
5. Materials which will produce the signs and symptoms of recognized diseases in a reversible way so they may be used for malingering, etc.
6. Materials which will cause temporary/permanent brain damage and loss of memory.
7. Substances which will enhance the ability of individuals to withstand privation, torture, and coercion during interrogation and so-called "brain-washing".
8. Materials and physical methods which will produce amnesia for events preceding and during their use.
9. Physical methods of producing shock and confusion over extended periods of time and capable of surreptitious use.
10. Substances which produce physical disablement such as paralysis of the legs, acute anemia, etc.
11. Substances which will produce a chemical that can cause blisters.
12. Substances which alter personality structure in such a way the tendency of the recipient to become dependent upon another person is enhanced.
13. A material which will cause mental confusion of such a type the individual under its influence will find it difficult to maintain a fabrication under questioning.
14. Substances which will lower the ambition and general working efficiency of men when administered in undetectable amounts.
15. Substances which promote weakness or distortion of the eyesight or hearing faculties, preferably without permanent effects.
16. A knockout pill which can be surreptitiously administered in drinks, food, cigarettes, as an aerosol, etc., which will be safe to use, provide a maximum of amnesia, and be suitable for use by agent types on an ad hoc basis.
17. A material which can be surreptitiously administered by the above routes and which in very small amounts will make it impossible for a person to perform physical activity whatsoever (Exhibit R-8 at pages 123-124);

42. A 1957 report by the Inspector General denounced the MKULTRA program noting that the chemical division "had added difficulty in obtaining expert services and

facilities to conduct tests and experiments. Some of the activities are considered to be professionally unethical and in some instances border on the illegal. These difficulties have not been entirely surmounted but good progress is being made", Drs. Gottlieb and Lashbrook nonetheless continued their activities unreprimanded and unsupervised, the whole as appears more fully from a copy of an excerpt for the 1957 Inspector General Report entitled "Operations of TSD" from Selections of CIA MKULTRA Documents – folder 0000146167, paginated as 199-206, produced herein as **Exhibit R-9**;

43. In a memorandum from the Inspector General to the Director of Central Intelligence on Project MKULTRA provided the following:

> "6. … The system in effect "buys a piece" of the specialist in order to enlist his aid in pursuing the intelligence implications of his research.
> …
> 10. The final phase of testing of MKULTRA materials involves their application to unwitting subjects in normal life settings.
> …
> 13. … In a number of instances, however, the test subject has become ill for hours or days, including hospitalization in at least one case, and the agent could only follow-up by guarded inquiry after the test subject's return to normal life. Possible sickness and attendant economic loss are inherent contingent effects of the testing.
> …
> 15. There have been several discussions in the public press in recent months on the use of certain MKULTRA-type drugs to influence human behavior. Broadly speaking, these have argued that research knowledge of possible adverse effects of such substances on human beings is inadequate, that some applications have done serious harm, and that professional researchers in medicine and psychiatry are split on the ethics of performing such research. Increasing public attention to this subject must be expected.
> …
> 16. … A significant number of variable in the target individual, including age, sex, weight, general health, social status, and personality structure, may account for widely varying and unpredictable reactions to a given drug in a given dosage.
> …
> 18. Final phase testing of MKULTRA substances or devices on unwitting subjects is recognized to be an activity of genuine importance in the development of some but not all MKULTRA products. Termination of such testing would have some, but an essentially indeterminate, effect on the development of operational capability in this field. Of more critical significance, however, is the risk of serious damage to the Agency in the event of compromise of the true nature of this activity.
> …

19. It does not follow that termination of cover testing of MKULTRA materials on unwitting U.S. citizens will bring the program to a halt. Some testing on foreign nationals has been occurring under the present arrangements.

...

30. TSD has initiated 144 projects relating to the control of human behavior.

...

It is recommended that: ...

g. Testing of MKULTRA materials and devices shall only be performed in accredited research institutions under accepted scientific procedures."

The whole as appears more fully from a copy of the Memorandum for the Director of Central Intelligence with the Subject: "Report of Inspection of MKULTRA" dated July 26, 1963, including its attachments, produced herein as **Exhibit R-10**;

44. The operation was officially sanctioned in 1953, was reduced in scope in 1964, further curtailed in 1967, and recorded to have been halted in 1973. There remains controversy over whether this operation ever ended, or continues presently, the whole as appears more fully from a copy of The New York Times article entitled "C.I.A. Says it Found More Secret Papers on Behavior Control" dated September 3, 1977, produced herein as **Exhibit R-11**;

45. On July 26, 1963, in a memorandum from the Inspector General to the Director of Central Intelligence (Exhibits R-10 and R-62), the Inspector general stated: "The concepts involved in manipulating human behavior are found by many people both within and outside the Agency to be distasteful and unethical". In the attached Report, this was reiterated and the following was stated:

    a. Research in the manipulation of human behavior is considered by many authorities in medicine and related fields to be professionally unethical, therefore the reputations of professional participants in the MKULTRA program are on occasion in jeopardy.

    b. Some MKULTRA activities raise questions of legality implicit in the original charter.

    c. A final phase of the testing of MKULTRA products places the rights and interests of U.S. citizens in jeopardy.

    d. Public disclosure of some aspects of MKULTRA activity could induce serious adverse reaction in U.S. public opinion, as well as stimulate offensive and defensive action in this field on the part of foreign intelligence services;

46. On January 31, 1973, 20 years after Project MKULTRA was conceived, the then-CIA director, Richard Helms, ordered that all MKULTRA files be destroyed, which

seriously hampered investigative efforts and made it impossible to determine the full extent of its operations (Exhibit R-8 at page 84), the whole as appears more fully from a copy of the transcript of the Interview with Richard Helms of May 22-23, 1978, produced herein as **Exhibit R-12**;

47. The MKULTRA program surfaced publicly in 1975 under the then-U.S. President Ford's Commission on CIA activities within the United States and it became the subject of executive and congressional investigations, including the Church and Kennedy inquiries. In 1975, the Deputy Director of the CIA had revealed that over 30 universities and institutions were involved in an "extensive testing and experimentation" program which included covert drug tests on unwitting citizens... (Exhibit R-8 at page 2);

- The Death of Dr. Frank Olson in 1953

48. In 1975, it was revealed that in November of 1953, the CIA had performed an experiment whereby they had administered approximately 70 micrograms of LSD on an unwitting basis to Dr. Frank Olson in a glass of Cointreau that he drank, a civilian employee of the army. The drug had been placed in the bottle by a CIA officer, Dr. Robert Lashbrook, as part of an experiment that he and Dr. Sidney Gottlieb performed at a meeting of army and CIA scientists. Shortly after unknowingly ingesting the LSD, Dr. Olson exhibited symptoms of paranoia and schizophrenia. Eight days later, while in New York receiving psychiatric treatment from Dr. Harold Abramson, an allergist and immunologist with no degree in psychology and that was indirectly funded by the CIA, Olson fell to his death from a tenth story window in the Statler Hotel (Exhibit R-8);

49. Although the CIA concealed the facts concerning the Olson killing, Director Dulles ordered investigations by his General Counsel and his Inspector General who concluded that there had been "culpable negligence" by the CIA officials in charge of MKULTPA, that "a death occurred which might have been prevented", that there "should immediately be established a high-level intra-Agency board which should review all TSS experiments and give approval in advance to any in which human beings are involved", and that the CIA employees involved in the Olson death be reprimanded, the whole as appears more fully from a copy of the Hamline Journal of Public Law and Policy article entitled "Anatomy of a Public Interest Case Against the CIA" dated 1990, produced herein as **Exhibit R-13**;

50. CIA Director Dulles ordered that a Review Board be created to oversee and control research and experiments, but unfortunately, no precautionary measures were instituted by the CIA in order to prevent reoccurrence and both Dr. Lashbrook and Dr. Gottlieb remained in charge of Project MKULTRA without even a reprimand. In this capacity and, as will be described hereinbelow, they later went on to approve the funds for the Montreal Experiments without review and oversight of the special Review Board order by Director Dulles and with the same recklessness they had exhibited in the Olson death (Exhibit R-13);

51. In 1976, the U.S. Congress passed a bill awarding the Olson family $750,000.00 in compensation;

- The 1977 Missing CIA Files Discovery

52. During the summer of 1977, some previously undiscovered financial records pertaining to Project MKULTRA were obtained. The records revealed a far more extensive series of experiments than had previously been thought. Not 30, but 86 universities and institutions were involved and new instances of unethical behavior were revealed (Exhibit R-8 at page 3);

53. On August 2, 1977, The New York Times published a front-page story with the headline "Private Institutions used in CIA Effort to control behavior", which described project MKULTRA and Cameron's association with it, the whole as appears more fully from a copy of The New York Times article entitled "Private Institutions used in [CIA] Effort to control behavior" dated August 2, 1977, produced herein as **Exhibit R-14**;

54. The New York Times article (Exhibit R-14) exposed that "several prominent medical research institutions and Government hospitals in the United States and Canada were involved in secret, 25-year, $25-million effort by the [CIA] to learn how to control the human mind";

55. The New York Times article (Exhibit R-14), through an interview with Leonard Rubenstein, Cameron's technician, also revealed that: the project "was [definitely and directly] related to brainwashing" and that "they had investigated brainwashing among soldiers who had been in Korea. We in Montreal started to use some [of these] techniques, brainwashing patients instead of using drugs" and he described sensory deprivation;

56. On August 3, 1977, in response to these accusations, a Joint Hearing before the U.S. Senate Sub-committee on Intelligence and Sub-committee on Health and Scientific Research was held in Washington to examine the extent of the MKULTRA program. A stated purpose of the hearing was to "address the issues raised by any additional illegal or improper activities that have emerged from the files and to develop remedies to prevent such improper activities from occurring again" as well as to meet the "obligation on the part of both this committee and the CIA to make every effort to help those individuals or institutions that may have been harmed by any of these improper or illegal activities" (Exhibit R-8);

57. On August 4, 1977, the Canadian Parliament acknowledged The New York Times article (Exhibit R-14) and the Montreal Experiments:

> "*Mr. Andrew Brewin (Greenwood)*: Mr. Speaker, my question is to the Secretary of State for External Affairs – I am sorry I did not give him notice. Is the government aware of the use by the United States CIA, a U.S. government agency, of Canadians and the Canadian Institute at

McGill to experiment in brainwashing or sensory deprivation? Is the minister aware that persons who are subjected to this treatment lose the sense of sound, sight, smell and in some cases, touch and time also, and that the experience has some serious effects upon their personalities?

An hon. Member: Like the Liberals!

Some hon. Members: Oh, oh!

Hon. Donald C. Jamieson (Secretary of State for External Affairs): The only evidence I have about changes in people's personality, relates to this House and is usually the results of actions taken by the other side. But as to the question, which is a serious one, may I say I have not had an opportunity to find out anything beyond the account I have read in the newspaper. But I will undertake to inquire further.

Mr. Brewin: May I ask the minister whether, if these accounts, which certainly appear to be authentic, prove to be authentic, he will consider making a protest to the United States government with regard to what appears to have been an intrusion into the affairs of Canadians?

Mr. Jamieson: I will consider that possibility."

The whole as appears more fully from a copy of an extract from the Debates of the Senate Official Report (Hansard) 1976-77 Volume II (April 26, 1977 to October 17, 1977), produced herein as **Exhibit R-15**;

58. Until 1954, all U.S. military-sponsored research contracts at Canadian institutions contained the following clause: "*The contractor may disclose information relating to the contract to the Canadian government at any time regardless of the security classification placed thereon*". A Canadian DRB memorandum noted that after December 1954, "*without warning, the USAF[17] began to offer contracts in which it was omitted*". This clause omission was the subject of debate at the DRB, where it was decided that scientists in Canada doing work for a foreign power without the knowledge of the Canadian government would be a violation of the *Official Secrets Act* [Assented to 3rd June, 1939], the whole as appears more fully from a copy of the *Official Secrets Act*, 1939 and from pages 152-154 of the book, I Swear by Apollo, published in 1987, produced herein *en liasse* as **Exhibit R-16**;

59. Occasional violations of this unwritten agreement were noted by the chairman of the DRB (Dr. Omond M. Solandt). When these violations were discovered, the covertly-funded classified project would be terminated or taken over by the DRB. The Montreal Experiments, which did not follow the proper channels was one such violations of the agreement (Exhibit R-16, page 154);

[17] U.S. Air Force.

60. A CIA Report quoted in the New York Times article (Exhibit R-14) stated that "many phases of the research in the control of human behavior involve a high degree of sensitivity. The professional reputations of outside researchers are in jeopardy since the objectives of such research are widely regarded as anti-ethical or illegal";

61. A CIA source who declined to be identified said that to his knowledge all the researchers knew they were working for the agency. Other former intelligence officers said the agency had sought to hide its involvements so that Soviet intelligence services would not know that the agency was interested in the research (Exhibit R-14);

62. Due to the dubious and immoral nature of the mind control research, the CIA moved a number of experiments out of the United States;

63. Altogether, there were 149 MKULTRA subprojects relating to drugs and behaviour modification, including Subproject 68 – also known as the Montreal Experiments. MKULTRA Subproject 68 was based upon a proposal made in 1957 to support studies of the effects of human behaviour of the repetition of verbal signals in relation to production of changes in behaviour and changes in physiological function. The study proposal included an expression of the intent to explore the capacity of chemical agents to produce inactivation in the patient. The MKULTRA Briefing Book contains the following summary of the Montreal Experiments:

SUB-PROJECT NO. 68

PRINCIPAL RESEARCHER AND LOCATION: Dr. D. Ewen Cameron
Allan Memorial Institute of
Psychiatry at McGill University
Montreal, Quebec

OBJECTIVE AND DETAILS OF WORK: To study the effect upon human behavior of the repetition of verbal signals. This work resulted from a request to the Society for the Investigation of Human Ecology from the Allan Memorial Institute of Psychiatry for a grant: "to study the effects upon human behavior of the repetition of verbal signals". There is no evidence that the Agency influenced the nature of this research. Patients selected were those suffering from extremely long-term and intractable psychoneurotic conditions. They were treated with LSD-25 and other similar agents to break down on-going patterns of behavior. The plan included intensive repetition (16 hours a day for six or seven days) of prearranged verbal signals -- patient is kept in partial sensory isolation -- then continuous sleep for seven to ten days. Lasting behavioral changes of two months duration were achieved in one case.

23 April 1959 Memorandum for the Record states that Dr. Cameron completed over 100 cases, "with some rather dramatic results, particularly with neurotics".

There is no indication in the file as to whether the patients were witting.

Consumer Law Group

SIGNIFICANT ASPECTS: Testing of LSD on human beings, and covertly funding research in a Canadian University.

FUNDING:

COVER MECHANISM: Society for the Investigation of Human Ecology

APPROXIMATE TOTAL: $60,000 in Cashier's Checks

RESEARCH PARTICIPANT: Dr. D. Ewen Cameron, unwitting

OTHER SPONSORS: Allan Memorial Institute of Psychiatry (McGill University).

17 August 1960 Memorandum for the Record indicates the U.S. Air Force was considering co-sponsorship of effort.

NAMES OF CIA MONITORS: [redacted]

[redacted]

[redacted]

Sidney Gottlieb

Robert V. Lashbrook

APPROVERS: Willis A. Gibbons

C.V.S. Roosevelt

The whole as appears more fully from a copy of the MKULTRA Briefing Book dated January 1, 1976 and from a copy of Appendix C to the book entitled "The C.I.A. Doctors" written by Colin A. Ross, M.D., published January 1, 2006, produced herein *en liasse* as **Exhibit R-17**;

II. The Montreal Experiments

(a) Overview

64. The Montreal Experiments were led by the psychiatrist, Donald Ewen Cameron, between 1948 and 1964 at the Allan Memorial Institute, the Psychology Department of the Royal Victoria Hospital and part of (…) McGill University (…);

65. Cameron was a Scottish-born psychiatrist who served as President of the American Psychiatric Association (1952–1953), Canadian Psychiatric Association (1958–1959), American Psychopathological Association (1963), Society of Biological Psychiatry (1965), and co-founder and first President of the World

Psychiatric Association (1961–1966), the whole as appears more fully from a copy of the Canadian Psychiatric Association's list of Past Presidents, from a copy of the American PsychoPathological Association's list of presidents, and from a copy of the World Psychiatric Association's chronology, produced herein *en liasse* as **Exhibit R-18**;

66. Cameron was an internationally-prominent psychiatrist who developed torture techniques on hundreds of patients, many admitted to the Allan Memorial Institute with moderate problems, as involuntary subjects – mostly women. His severe techniques involved a three-stage brainwashing procedure designed to eliminate the will and to establish control: first, "mental depatterning" achieved through drug-induced coma – massive neuroleptic drug cocktails induced extended sleep lasting up to 86 days. The second stage involved extreme, high voltage multiple electroconvulsive therapy (ECT) "treatments" 3 times daily. Finally, while the patient is in isolated confinement, in LSD-altered states of consciousness, and deprived of all sensory stimulation including, adequate food, water, and oxygen, the subject would be bombarded by "psychic driving" by use of a football helmet clamped to the head with a looped tape repeating messages "up to a half-million times, messages such as "my mother hates me", the whole as appears more fully from a copy of the InterScience article entitled "Science in Dachau's Shadow: Hebb, Beecher, and the Development of CIA Psychological Torture and Modern Medical Ethics" dated 2007 and from a copy of the Alliance for Human Research Protection (AHRP) article entitled "1950s–1960s: Dr. Ewen Cameron Destroyed Minds at Allan Memorial Hospital in Montreal" undated, produced herein *en liasse* as **Exhibit R-19**;

67. Cameron believed that he could cure mental instability through what he termed "psychic driving", a procedure in which patients were forcibly subjected to a continuously repeated audio message on a looped tape (with repetitions of up to half a million times) through the use of unremovable earphones, paralytic drugs to subdue them and to counter their resistance to the "treatment". This was coupled with what Cameron called "depatterning", a procedure whereby the patient was administered massive doses of ECT combined with massive doses of psychedelic drugs (such as LSD) and placed into a period of prolonged drug-induced sleep in order to break down their personality such that the psychic driving could establish a new personality, the whole as appears more fully from a copy of the Comprehensive Psychiatry article entitled "The Depatterning Treatment of Schizophrenia" dated April 1962, produced herein as **Exhibit R-20**;

68. Depatterning was described in terms of degrees of disturbance in the patient's space-time image. As Cameron described (Exhibit R-20):

> "In the first stage of disturbance of the space-time image, there are marked memory deficits but it is possible for the individual to maintain a space-time image. In other words, he knows where he is, how long he has been there and how he got there. In the second stage, the patient has lost his space-time image, but clearly feels that there should be one.

He feels anxious and concerned because he cannot tell where he is and how he got there. In the third stage, there is not only a loss of the space-time image but loss of all feeling that should be present. During this stage the patient may show a variety of other phenomena, such as loss of a second language or all knowledge of his marital status. In more advanced forms, he may be unable to walk without support, to feed himself, and he may show double incontinence";

69. In reality, depatterning was nothing more than an electrical lobotomy;

70. Cameron published several articles in relation to the above procedure as a method of curing schizophrenia; however, in reality, Cameron conducted the Montreal Experiments on hundreds of human beings who were not severely disturbed. His patients included women suffering from postpartum depression and people experiencing physical pains – in this way, his disturbing descriptions of his last-resort intervention to the medical community was actually used as a front-line "treatment" – no serious attempts were made to intervene in a less invasive manner such as intensive psychotherapy and mild sedation carried out in a protected hospital environment;

71. Most certainly, no human being should have been a suitable candidate for the Montreal Experiments without volunteering after being fully informed, but many of the patients that Cameron conducted his experiments on were far from disturbed and completely absurd candidates for anything more than psychotherapy or over the counter pain medication;

72. Cameron's extreme physical procedures were a massive departure from the accepted methods for treating neurotic patients. Even in the late 1940s to 1960s, when the Montreal Experiments were being conducted, the practices used by Cameron were extreme. For example, in terms of the ECT portion of the Montreal Experiments, ECT was commonly used at the time to treat depression; however, in such a case, patients would only receive ECT 2 to 3 times per week, whereas, Cameron's intensive ECT was of a much higher voltage than the norm and was being administered multiple times per day for an extended period of time. In addition, the intensive ECT would often continue to be administered despite the manifestation of convulsive fits, which were generally considered to be contraindications to normal and safe ECT procedure within the industry, the whole as appears more fully from a copy of the McGill Tribune article entitled "Declassified: Mind Control at McGill" undated, produced herein as **Exhibit R-21**;

73. The frequency and intensity of the ECT as well as the quantity and combination of drugs that were administered to patients, coupled with the unheard-of length of induced comas and repetitions of the looped tape recordings indicated a fundamental disregard for the value of human life;

74. Further, Cameron was a big proponent of the "Page-Russell ECT Technique", which involved the administration of a powerful electroshock to induce an epileptic

convulsion and then 5 additional shocks during the convulsion once a day – Cameron would administer up to 9 additional shocks and this, 2 to 3 times per day – predictably, patients given this treatment were often reduced to a vegetable, the whole as appears more fully from a copy of an extract from the book "Mind Control, World Control" published in 1997, produced herein as **Exhibit R-22**;

74.1 Dr. Mary Morrow, a psychiatrist assisting Cameron with his multiple shocking techniques, recalled how she was told to set the timer for six jolting shocks, the settings 20 times more powerful than she had ever seen used elsewhere. "They would go from one shock into another with apnea. That breathing means their breathing would stop. And it was the most terrifying thing I've ever seen in my life before or since", the whole as appears more fully from a copy of the CCHR International article entitled "Captive Brains: Electroshock for Mind Control" dated July 29, 2019, produced herein as **Exhibit R-67**;

75. Cameron took existing techniques past the point of acceptability and, in so doing, endangered his patients' lives and welfare;

76. Further, those in Cameron's (and therefore McGill's) employ were often unqualified to perform the tasks required of them, such as the technician Leonard Rubenstein who assumed medical responsibilities that were beyond his training. Cameron exhibited "impaired judgment by bringing in oddly assorted young men to assist in special projects. They proved to be indigestible people who, when the hypomanic flood ran out [Cameron's leaving], were a stranded nuisance. More than one proved to be a psychopathic character for which he had unhappily a blind eye" (Exhibit R-16, page 96);

77. It is unsurprising that in terms of the staff who were actually performing the tasks required to carry out the Montreal Experiments (for example, admitting patients to the Montreal Experiments, monitoring, the administration of massive about of drugs, the administration of extremely high intensive ECT at unprecedented frequencies), half of Cameron's student residents were on foreign student visas and could not afford not to comply (Exhibit R-16, page 129);

78. The Montreal Experiments consisted of obscene experimentation on disenfranchised, vulnerable, unknowing patients who were dehumanized for Cameron's own self-promotion – Cameron was intentionally assaulting his patients' physiological functioning to experiment whether new behaviours could be learned after they were reduced to an animal or vegetable state. Unsurprisingly, it did not and could not have worked – it is preposterous to assume that human beings who are broken down, disoriented, incoherent, and hallucinating could be capable of assimilating messages suggesting attitudinal or behavioural change;

79. In addition, the different combinations of the various barbiturates and sedatives and the amounts being administered, particularly so in combination with the prolonged sleep, carried serious physiological risks including allergic reactions (which would be left untreated), irreversible coma, circulatory and respiratory

collapse, anoxia[18] (insufficient oxygen reaching the brain), which could lead to brain damage, pneumonia, and low blood pressure;

80. Cameron administered enormous amounts and combinations of drugs to his patients in the Montreal Experiments with no demonstration of any understanding of the side effects and no hypothesis that some of the behavioural symptoms were caused by the drugs. Such drugs included, but were not limited to: desoxyn, largactyl, LSD, mescaline, nitrous oxide, sparine, equanil, tuinal, insulin, pentothal, chlorpromazine, sernyl, thorazine, PCP, seconal, pentobarbital, phenobarbital, amobarbital, nembutal, sodium amytal, curare, and artane;

81. Further, the experimentation with LSD posed serious dangers as its powerful hallucinogenic effects could produce adverse reactions, such as panic attacks, prolonged or irreversible psychotic crises and reactions, and this, in people who are ill-equipped to deal with such trauma[19], the whole as appears more fully from a copy of the Government of Canada's webpage entitled "LSD" and from a copy of the Centre for Addiction and Control article entitled "LSD", produced herein *en liasse* as **Exhibit R-23**;

82. Some patients were forced to wear football helmets that were wired to tape recorders which repeated a phrase for hours on end. Cameron used insulin, barbiturates and other drugs to induce coma-like states for weeks on end and played the taped message while the patients slept – many patients were left mentally scarred and incontinent and many suffered total amnesia;

83. The Montreal Experiments were housed in the Allan Memorial Institute, which was co-administered by the Royal Victoria Hospital and McGill from 1943 (when the Allan Memorial Institute was founded) to 1964, when Cameron left Canada;

84. The Montreal Experiments were funded by both the Canadian and American governments between 1950 and 1964 for a total amount of $221,673.95 (approximately $2,318,268.01 in 2018) as described hereinabove at paragraphs 16 to 22 (Exhibit R-5);

85. Neither Cameron, nor McGill or the hospital in which the Montreal Experiments were being conducted, nor the governmental entities that were funding them and who were receiving periodic reports, ever questioned the efficacy of these "treatments" despite the fact that depatterning and psychic driving had no psychological, physiological or therapeutic validity whatsoever;

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[18] One patient, Dr. Mary Morrow, who had been admitted to the Allan Memorial after she had applied for a fellowship and had appeared "nervous" to Cameron at the time, was subjected to 11 days of depatterning with Page-Russell ECTs and a variety of barbiturates which led to anoxia (lack of oxygen) – as is described more fully hereinbelow.

[19] In October 1962, the Canadian Food and Drug Directorate announced that LSD was being withdrawn from distribution and Bill C4 was introduced in the legislature to ban its sale. LSD is currently a "Controlled Substance" under the *Controlled Drugs and Substances Act*, S.C. 1996, c. 19, Schedule III 5).

85.1 Further, prior to the Montreal Experiments, in the 1930's Cameron had already been conducting unethical, unscientific and inhumane brainwashing experiments at the Brandon Mental Hospital in Manitoba. For example, Cameron had been treating schizophrenics with red light produced by filtering light from fifteen 200-watt lamps through an inch of running water and a layer of sodium salt of ditolyldisazo-bis-napthylanine s sulphuric acid impregnated into cellophane. The color red was chosen because it is the colour of blood. In the experiments, schizophrenic patients were forced to lie naked in red light for eight hours a day for periods as long as eight months. Another experiment involved overheating patients in an electric cage until their body temperatures reached 102°F, the whole as appears more fully from a copy of an extract from the book, "The C.I.A. Doctors", published in 2006, produced herein as **Exhibit R-68**;

86. In 1942, Scottish-born Cameron became an American citizen (he remained this nationality despite working in Canada for 28 years);

(b) 1943 to 1950

87. In July of 1943, the Board of Governors of McGill University appointed Cameron as Professor of Psychiatry, Founding Director of the Allan Memorial Institute of Psychiatry[20] and Chairman of the Department of Psychiatry of McGill to take effect as of September 1, 1943, the whole as appears more fully from a copy of the letter from McGill University to Cameron dated July 1, 1943 and from a copy of the Strategic Research Plan of the Department of Psychiatry of McGill University dated 2011, produced herein *en liasse* as **Exhibit R-24**;

88. In 1944, Cameron established a "Behavioural Laboratory" in the stables behind the Allan Memorial Institute;

89. In 1945, Cameron was invited by Allen Dulles (the then-head of the CIA) to the Nuremburg Trials to serve as a consultant to the International Military Tribunal in a psychiatric evaluation of Rudolph Hess, a German Nazi Deputy Führer who had conducted experiments on prisoners of war. Cameron was to help in evaluating whether Hess had the mental capacity to stand trial. The final assessment on Hess' mental capacity was the following: "Rudolf Hess is not insane at the present time in the strictest sense of the word", the whole as appears more fully from a copy of the Alliance for Human Research Protection (AHRP) article entitled "1940s: Dr. Ewen Cameron Collaborated with the U.S. Office of Special Services (OSS)" undated and from a copy of the American Psychiatric Association article entitled "Current Comment – Psychiatric Examination of Rudolf Hess" dated March 23, 1946, produced herein *en liasse* as **Exhibit R-25**;

[20] The Allan Memorial is named after Sir Hugh Allan, a Scottish-Canadian shipping magnate, financier and capitalist who built the mansion (Ravenscrag) that his son had donated to the Royal Victoria Hospital for use as a medical facility in 1940.

90. The Nuremberg Trials included many allegations of unethical research on unconsenting subjects within the concentration camps – an experience which shaped his later work,

91. In 1947, the international standard for medical experimentation on humans had been set at the Nuremberg Trials for Nazi war criminals in the Nuremberg Code[21]. It provided that medical experiments should be for the good of mankind and that a person must give full and informed consent before being used as a subject – the first and most important tenet of the Nuremberg Code reads as follows:

> "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, over-reaching, 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 and 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 experiment.
>
> 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."

The whole as appears more fully from a copy of the Nuremburg Code, produced herein as **Exhibit R-26**;

92. Cameron actively denounced the atrocities committed by the German doctors during the war, and supported the Nuremberg Code (Exhibit R-21);

92.1 Meanwhile, the McGill Department of Psychiatry was expanding the facilities of the ground floor to furnish more room for experimental and clinical work in the Department of Psychology with a particular view of doing work in defence research and was in need of further physical facilities to meet the "expanding needs of our research work", the whole as appears more fully from a copy of the document entitled "Annual Report 1947-1948" dated May 31, 1948, produced herein as **Exhibit R-69**;

[21] The Nuremberg Code (German: *Nürnberger Kodex*) is a set of research ethics principles for human experimentation created as a result of the Nuremberg trials at the end of the Second World War in 1947.

93. In the late 1940s and early 1950s, Cameron began to propound the idea of mental illness as a social contagion and promoted eugenics theories in distinguishing between "the weak" and "the strong". Those with anxieties or insecurities and who had trouble with the state of the world were labelled as "the weak"; in Cameron's analysis, they could not cope with life and had to be isolated from society by "the strong". The mentally ill were thus labelled as not only sick, but also weak. Cameron further argued that "the weak" must not influence children and that experts should decide who can parent. He promoted a philosophy where chaos could be prevented by removing the weak from society and thus, preventing contagion. The described types would have to be eliminated from society if there was to be peace and progress. For Cameron, the sick were the viral infection to its stability and health. The described types were the enemies of society and life, the whole as appears more fully from pages 89 to 96 of the book "A Father, a Son and the CIA" dated 1988, produced herein as **Exhibit R-27**;

93.1 On January 23, 1950, Cameron applied for a certificate of qualification as a specialist in psychiatry from the College of Physicians and Surgeons of the Province of Quebec and on April 14, 1950, he was accepted, the whole as appears more fully from a copy of the application dated January 23, 1950 and from a copy of correspondence relating thereto, produced herein *en liasse* as **Exhibit R-70**;

(c) 1951 to 1956

(i) The CIA, Dr. Donald O. Hebb, and Sensory Deprivation

94. On June 1, 1951, a secret high-level meeting between the CIA, Canada's Defence Research Board ("DRB"), and several scientists was held at the Ritz-Carlton hotel in Montreal. In attendance were 8 high-level officials, including 4 prominent Canadians; psychologist N.W. "Whit" Morton, Dr. Omond M. Solandt (chairman of the DRB), Dr. T.E. Dancey (psychiatrist from the Department of Veteran Affairs working at the Allan Memorial Institute), and Dr. Donald O. Hebb (Chairman of Psychology at McGill University); Sir Henry T. Tizard (Senior Scientist, U.K. Defence Research Policy Committee)[22]; Dr. James Tyhurst (psychiatrist); and 2 CIA officials; Dr. (...) Cyril Haskins (senior CIA researcher) and Commander R.J. Williams (who was likely with the CIA). The stated purpose of the meeting was the following:

> "Research into the general phenomena indicated by such terms as – "confession," "menticide," "intervention in the individual mind," – together with methods concerned in psychological coercion, change of opinions and attitude, etc."

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[22] Sir Tizard visit's public face was an address to the Canadian Association of Physicists. Between morning and dinner sessions with the physicists on June 1, 1951, Tizard slipped away for a meeting marked in his private diary only as "discussion with Solandt, etc." (Exhibit R-64).

The whole as appears more fully from a copy of the minutes of the "Meeting at Ritz-Carleton Hotel, Montreal, June 1, 1951 and the handwritten note appended thereto, produced herein as **Exhibit R-28**;

95. During this meeting, CIA officials expressed a strong interest in behavioural research such as sensory deprivation and mind-control experiments and asked for active support from both Canadian and American scientists. (Exhibit R-3);

96. The minutes of this meeting (Exhibit R-28) reflect that Canada was to be a major brainwashing and mind-control research centre for the CIA and the officials in attendance agreed on a joint research program to further their "cold war operations" (Exhibit R-64);

97. In 1951, the DRB awarded a secret grant to Dr. Hebb at McGill University, under Contract DRB X38 for his project entitled "Experimental Studies in Change of Attitude" from 1951 to 1955, to undertake sensory deprivation research on animals and on "paid human subjects" (i.e. paid student volunteers). In total, Dr. Hebb received grants of $21,250.00[23] from the DRB for the first 2 years of research, the first grant being of $5,000.00;

98. Dr. Hebb was experimenting using a semi-soundproof cubicle (8 by 4 by 6 feet) with an observation window so that researchers could monitor the subject inside. The cubicle contained a bed, a pillow, and an air conditioner. The students were made to wear translucent goggles to prevent visual stimulation and wore cardboard tubes from their elbow to past their fingertips. The students were remunerated with $20.00[24] a day and were permitted to terminate the experiment at any time. Despite the sizable $20.00 incentive to participate, at first, the subject that stayed the longest in the sensory deprivation chamber was of 3 hours;

99. Later on, another subject lasted 24 hours, and even more later on, subjects managed to stay in the chamber for 6 days, some of which reported visual and auditory hallucinations; most students quit after two or three days and many refused to finish the experiment (Exhibit R-64);

100. A 1952 classified report described the purpose of the experiments as to study "whether slight changes of attitude might be effected" by shorter periods of isolation intensified by "wearing (a) light-diffusing goggles, (b) earphones through which white noise may be constantly delivered...and (c) cardboard tubes over his [the subject's] forearms so that his hands...cannot be used for tactual perception of the environment;

101. These experiments uncovered the devastating psychological impact of sensory isolation. In a 1952 progress report to the DRB, the results indicated the following: "...The motivational disturbance is great and the intellectual efficiency is impaired." Among the 22 male college student subjects "four remarked spontaneously that

[23] Adjusted for inflation, $21,250.00 in 1951 is equal to $207,946.43 in 2020.
[24] Adjusted for inflation, $20.00 in 1951 is equal to $195.71 in 2020.

being in the apparatus was a form of torture". Despite these disturbing preliminary findings, the DRB approved a second $10,000.00 grant to continue the research and no questions were asked (Exhibit R-3), the whole as appears more fully from a copy of the classified 1952 Annual Report for Contract DRB X38, Experimental studies of attitude, produced herein as **Exhibit R-29**;

102. In a December 1953 progress report, disturbing results were reported including the development of hallucinations – the sensory deprivation experiments were causing many healthy students to break down or hallucinate. Over the following 2 years, the DRB provided $18,000.00 in grants (Exhibit R-3);

103. The final report in December 1955 indicated disturbances, "attacks of acute anxiety" – one became hysterical, one suffered an epileptic attack and the majority of the students described the experience as "a form of torture". Few of the young people could tolerate the isolation for more than 3 or 4 days, despite the fact that they were being paid $20.00 a day – a considerable sum in the mid-1950s. (Exhibit R-3);

104. The details of these experiments, although masked as an attempt to prevent "inexplicable railroad and highway accidents", were published in a 1954 issue of the Canadian Journal of Psychology and another similar study was published in 1956 confirming similar results, the whole as appears more fully from a copy of the article entitled "Effects of decreased variation in the sensory environment" dated June 1954 and from a copy of the article entitled "Effects of the Decrease in Sensory Variability on Body Scheme" dated April 1956, produced herein *en liasse* as **Exhibit R-71**;

104.1 The 1954 Hebb study (Exhibit R-71) concluded the following:

> In summary, both the changes in intelligence-test performance and the hallucinatory activity, induced merely by limiting the variability of sensory input, provide direct evidence of a kind of dependence on the environment that has not been previously recognized;

104.2 Writing in Scientific American a few years later, one of Hebb's students offered a fuller explanation of the extraordinary impact of something so simple as sensory deprivation. After just 48 hours of isolation, most subjects experienced hallucinations similar to the effect of the powerful drug mescaline. Some subjects saw "rows of little yellow men with black caps on and their mouths open." One saw "a procession of squirrels with sacks over their shoulders marching 'purposefully'". Another heard a choir singing "in full stereophonic sound".' A third felt "pellets fired from a miniature rocket ship". By monitoring brain waves of subjects throughout the isolations, Hebb's researchers concluded that "a changing sensory environment seems essential for human beings". Through the monotony of isolation, "the activity of the cortex may be impaired so that the brain behaves abnormally", the whole as appears more fully from a copy of the Scientific

American article entitled "The Pathology of Boredom" dated January 1957, produced herein as **Exhibit R-72**;

104.3 The implication of these results, when developed by Hebb's less ethical successors in this larger CIA interrogation project (e.g. Cameron), would allow a devastating assault on the human psyche. Once refined by further testing, the research discovered a human mental equilibrium so delicate that just a few simple tools-goggles, gloves, and a foam pillow-could induce a state akin to acute psychosis in many subjects within just forty-eight hours (Exhibit R-64);

(ii) The Canadian Government's Funding of the Montreal Experiments

105. From 1950 to 1954, the Canadian Department of National Health and Welfare provided Cameron with a grant of $17,875.00 (the equivalent of $195,910.00 in 2020[25]) to support his so-called "Behavioural Laboratory" in the stables of the Allan Memorial Institute under Project No. 604-5-14. This grant funded several of his brainwashing studies, including sensory deprivation, psychic driving, electroshock, and the use of the male hormone testosterone on women patients (Exhibit R-3), the whole as appears more fully from a copy of the Final Report on Project No. 604-5-14, produced herein as **Exhibit R-30**;

106. Because the students at McGill were aware of the serious psychological effects of the sensory deprivation experiments (due to the previously conducted volunteer ones), Cameron was unable to find any volunteers willing to undergo his sensory deprivation experiments. He was equally unable to obtain his patients' cooperation (Exhibits R-3 and R-16 page 67);

107. In the late 1940s, Cameron began the Montreal Experiments, which soon became outright brainwashing experiments whereby he indiscriminately attempted to erase his patients' minds and reprogram them. Cameron's assault on the personality developed unchecked by any ethical or moral concerns – under the guise of treatment, innocent and unwitting patients became victims of brainwashing research;

108. In a 1951 progress report on the "Behavioural Laboratory" to the Canadian Department of National Health and Welfare, Cameron reported that "disorganization accumulates with ECT" (Exhibit R-16 page 53);

109. In his 1953 progress report on the "Behavioural Laboratory" to the Canadian Department of National Health and Welfare, Cameron reported the results of his own isolation technique which he performed on patients at the Allan Memorial Institute – his technique involved the lowering of resistance to the psychic driving experiments. The report failed to mention a maximum time period for the psychic driving;

[25] Adjusted for inflation, $17,875 in 1950 is equivalent in purchasing power to $195,910.00 in 2020.

110. In 1953, a new pavilion was added to the Allan Memorial Institute, adding 50 beds to the existing 38 for a total of 88 beds (not including the 40 beds in the outpatient day centre) (Exhibit R-35);

111. Also in 1953, Cameron began experimenting with Psychic Driving (Exhibit R-16 page 47);

112. In 1955, Cameron presented his concept of Psychic Driving to the American Psychiatric Association in Atlantic City;

113. In 1956, Cameron published a major article on his technique of psychic driving in the American Journal of Psychiatry entitled "Psychic Driving". Most of the 15 patients who were involved in the study were diagnosed "neurotic" and all but one were women in their 30s and 40s. His technique, almost identical to the one that had been used at McGill on the voluntary students, consisted of severe restrictions of vision, hearing and touch. Talking was limited to 2 brief interviews a day with the researchers, and nurses were ordered not to talk to the patients. But unlike the McGill students, the patients at the Allan were forcibly isolated, and for longer periods 4, 5, and as many as 6 days in a row;

114. In his article (Exhibit R-3), Cameron described the Montreal Experiments as follows:

(a) Within the first 48 hours of isolation, most of the patients became disturbed, or "regressed" and more than half of them started hallucinating and experiencing intense "depersonalization". Two became overtly "psychotic" and were then subjected to electroshock to erase their "paranoid" or "obsessional" reactions;

(b) One patient, a 25-year-old man, began to panic on the fifth day of isolation:

> I feel I am not here ... I am scared. I am in another world ... I am afraid
> I am not going to come back ... I feel like I am going out of this world ...
> I don't feel real.

(c) In the article, Cameron also described the way he dealt with seven of his women patients who suffered from depression or "feelings of inadequacy" while being treated in the Allan. They were all subjected to intense psychic driving, for hours, and without their consent (Exhibit R-3);

(d) In the same article, Cameron proposed using even more drastic methods, including "prolonged sleep" with sodium amytal, combined with 10 to 15 days (10 to 20 hours a day) of psychic driving; psychological isolation, and hypnosis under the drug Desoxyn, an experimental amphetamine later taken off the market;

115. Cameron believed he had found an overall cure for mental instability in the technique he described as "psychic driving". Patients' troubled minds could be wiped clean of their neuroses and psychoses, or "depatterned," he claimed, and

new, healthier attitudes instilled with the use of endlessly repeated messages on tape recorders;

116. Dr. Omond M. Solandt, chairman of the DRB, had become especially disturbed by the Montreal Experiments and did not wish to fund them due to ethics concerns, stating the following in an affidavit: "I knew of the experimental depatterning procedures used by D. Ewen Cameron. In the early 1950s, the wife of one of my associates sought medical treatment from Cameron at the Allan Memorial Institute. She was depatterned and after seeing her I knew that this kind of work was something the DRB would have no part in. It was my view at the time and continues to be that Cameron was not possessed of the necessary sense of humanity to be regarded as a good doctor" (Exhibit R-13);

117. In the spring of 1956, the CIA's "Project Monitor" and assistant to Dr. Gottlieb and Dr. Lashbrook, John W. Gittinger, learned of Cameron's work from reading Cameron's "Psychic Driving" article in the American Journal of Psychiatry and he instructed undercover CIA agent, Colonel James Monroe, who was the executive director of the Human Ecology Fund, to solicit a grant application from Cameron (pursuant to this request, Cameron applied for a grant to extend his experimentation, as described more fully hereinbelow), the whole as appears more fully from a copy of the Washington Post article entitled "Subproject 68: The Case Continues" dated October 27, 1985, produced herein as **Exhibit R-31**;

117.1 As Cameron explained in the article "Psychic Driving", he had used "an adaptation of Hebb's psychological isolation" by bombarding patients with endless repetitions of taped messages about parental rejection or incestuous longings while they were in a drug-induced "clinical coma", or in "hypnosis under stimulus drugs" such as LSD. The combined effect produced a state "analogous to ... the breakdown of the individual under continuous interrogation" (Exhibit R-64);

118. A CIA-funded researcher in sensory deprivation, Maitland Baldwin, from the National Institute of Mental health, visited Cameron in Montreal shortly thereafter to discuss "isolation techniques" and as will be discussed below, 3 months later, a grant application from the Allan memorial (at Cameron's behest) was received by the Human Ecology Fund;

119. Prior to Cameron's grant application (Exhibit R-6), the financial commitment from the CIA was sufficiently firm such that Cameron offered Ed Levinson, an Allan Memorial resident doctor, a research appointment on the Montreal Experiments in June of 1956 for $7,000.00 – this indicates that the 1957 Grant Application (discussed hereinbelow) was a mere formality and that Cameron had been guaranteed the funding prior to June 1956 (Exhibit R-16 pages 85-88);

120. Ultimately, Levinson refused Cameron's offer due to his disagreement with certain of Cameron's methods to subdue his patients to render them "receptive" to psychic driving, including the use of intramuscular injections of up to 150 mgs of

curare in order to paralyze them. Levinson considered it to be dangerous and "not within the bounds of reasonableness" (Exhibit R-16 pages 85-88);

(d) 1957 to 1964

121. On January 21, 1957, Cameron applied to the Human Ecology Fund (a known CIA front) for further funding of the Montreal Experiments. The stated original general purposes of the Montreal Experiments were to study "the effects upon human behavior of the repetition of verbal signals" in order to change behaviors and to change physiological functioning ("psychic driving"). Specifically, Cameron stated the following in his "Application for Grant to Study the Effects Upon Human Behavior of the Repetition of Verbal Signals" (the "Grant Application") (Exhibit R-6 – 68-37):

> "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 intense 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.
>
> v. Finally, in association with Dr. [deleted] we have sought to bring about physiological change by repetition of appropriate verbal signals. We have used the same technique as is outlined above for the production of behavioral change..."

122. Cameron was still looking for more efficient ways to immobilize or inactivate his patients during psychic driving. The Grant Application proposed further studies to: (i) "improve the technique of [psychic driving]" through the use of "chemical agents which will serve to break down the ongoing patterns of behavior", through improving their methods of signal production, and through the development of "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" including "Artane, Anectine, Bulbocapnine, Curare" and "LSD 25" and (ii) "to investigate the range of physiological functions which can be changed by these procedures" (Exhibit R-6 at 68-37);

123. This Grant Application shows, on its face, that the CIA funds would be used to conduct extremely dangerous brainwashing experiments. As Cameron's assistant, Leonard Rubenstein had publicly admitted in the August 2, 1977 New York Times interview, the Montreal Experiments were "directly related to brainwashing…[t]hey had investigated brainwashing among soldiers who had been in Korea. We in Montreal started to use some [of these] techniques, brainwashing patients instead of using drugs". And, this with no safeguards or risk assessment (Exhibit R-14);

124. The Grant Application requested a budget of $19,090.00 per year over the period of 2 years at which point a further proposal would be made (equivalent to $175,525.50 per year in 2020[26]) (Exhibit R-6 at 68-37);

125. On February 26, 1957, 1 month after the Grant Application was sent out, the CIA approved it in a memorandum written by Director Dulles personally that simply repeats the Grant Application without any basis or explanation[27]. Further grants were requested and authorized such that a total funding amount of $59,467.54 CDN[28] was allotted to the Montreal Experiments for the period covering March 18, 1957 to June 30, 1960 (Exhibit R-6 at 68-1);

126. The CIA made no investigation of Cameron or the procedures proposed in the application before making the grant, despite the obvious dangers to the human beings who were to be experimented upon and despite the ease with which such an investigation could have been made (this will be discussed further in the Section IV. entitled the Defendants' Fault hereinbelow);

126.1 Within days, the CIA designated the Montreal Experiments as MKULTRA Subproject 68 and placed it under Dr. Gottlieb's direct supervision (Exhibit R-64);

127. After receiving the CIA funds, the "combination and degree" of Cameron's behaviour research experiments intensified further, the whole as appears more fully from a copy of the Chicago Tribune article entitled "Brainwash Tests in '57 Haunt CIA" dated June 1, 1986, produced herein as **Exhibit R-32**;

128. The experiments Cameron carried out in the 1950s were published in Canadian and American medical journals between 1958 and 1961. Nevertheless, the Canadian government continued to support the "research": from 1961 to 1964, a second grant of $57,750.00 was awarded for more research into psychic driving;

129. In 1958, Cameron brought on a full-time psychologist, Laughlin Taylor, to do all psychic driving testing and to test patients before and after psychic driving to compare results. In reality, Taylor was only permitted to test short-term cases of psychic driving; i.e. 2 weeks; Cameron's researching style involved a constant

[26] Adjusted for inflation, $19,090.00 in 1957 is equivalent in purchasing power to $175,525.50 in 2020.
[27] Cameron's Grant Application (Exhibit R-6) was accepted by Monroe at the Human Ecology Fund, by Gottlieb and designated as MKULTRA Subproject 68, with John Gittinger as project officer.
[28] The total amount was $62,045.00 USD. Adjusted for inflation, $59,467.54 in 1957 is equivalent in purchasing power to $546,782.08 in 2020 (assuming that the whole amount was given in 1957).

winnowing process whereby only those whose chances at improvement were the best ever reached Taylor (Exhibit R-16 pages 90-91);

130. Mr. Taylor had heard rumours about the depatterning, but never experienced it first-hand (Exhibit R-16 pages 90-93):

> "This was the first whisper in terms of what happened in the past. This massive ECT was going on ... patients had been given hundreds and were reduced to vegetables and were now in the Douglas. Everybody in the place talked about it."

131. Cameron selected his candidates for psychic driving from the general patient population at the Allan Memorial Institute – including schizophrenics, depressives, neurotics, and alcoholics – there was no systematic selection of patients and no adherence to the scientific method;

132. From 1957 to 1960, Cameron's techniques were further intensified by increasing the period of psychic driving to 16 hours per day for 20 to 30 days and patients were dosed with the drug Sernyl to "block sensory input and produced underactivity". Sernyl is an extremely powerful drug used on animals as an antiseptic that produces "acute psychotic episodes and even the danger of chronic psychosis in humans" (Exhibit R-22);

133. Cameron stated in his paper "Psychic Driving" that "it was only common sense to see what would happen if the repetition was increased tenfold, a hundredfold, or even more. And eventually, our patients were listening to verbal signals we had set up ourselves on the basis of our knowledge of the patient, and listening from six in the morning until nine at night, day after day, and week after week." Negative driving went on for up to 60 days; positive driving usually went on for longer, with one instance of 101 days noted in Cameron's papers, the whole as appears more fully from a copy of Cameron's article entitled "Adventures with Repetition: The Search for its Possibilities" dated 1965, produced herein as **Exhibit R-33**;

134. In a 1958 memo, Cameron noted that there were 3 methods of preparation to break down a patient's defensive reaction to the psychic driving: (i) prolonged sleep and ECT, (ii) sleep used to reduce anxiety followed by sensory deprivation, (iii) sensory deprivation. After one test, Cameron noted that "although the patient was prepared by both prolonged sensory isolation (35 days) and by repeated depatterning, and although she received 101 days of positive driving, no favourable results were obtained" (Exhibit R-16 page 94), the whole as appears more fully from a copy of the Nexus Magazine article entitled "A History of Secret CIA Mind Control Research" dated April/May 1992, produced herein as **Exhibit R-34**;

135. On April 12, 1960, Cameron wrote a letter to the Human Ecology Fund acknowledging his "great indebtedness" to the society, describing the assistance

rendered by the society as "invaluable", and expressing a "considerable sense of indebtedness" for the funding he had received (Exhibit R-6 – 68-16);

136. In 1960, the Minister of Health for Quebec formed the "Bédard Commission" in order to investigate the state of Quebec's mental hospitals. After assessing all the psychiatric facilities in Quebec, the Bédard Commission noted that the Allan Memorial Institute used more electroshock than any other facility; in November 1960, 766 electroshock treatments were administered to a patient population of 100 and in 1961, 12,000 ECTs were administered to a patient population of approximately 1,000:

> « L'électro-choc nous a paru être utilisé beaucoup plus que dans les autres hôpitaux étudiés. Ainsi, durant novembre 1960, 766 traitements à l'électro-choc ont été administrés aux patients de l'hôpital et du Centre de Jour, dont le nombre était d'environ 100. Un total de 12,000 électro-chocs ont été donnes en 1960. »

The whole as appears more fully from a copy of an extract from the Rapport de la Commission d'Étude des Hôpitaux Psychiatriques dated March 9, 1962, produced herein as **Exhibit R-35**;

137. The Bédard Commission also noted the following (Exhibit R-35):

(a) That the average hospital stay was 6 weeks and the maximum stay was 1 year;

(b) That alcoholics represented 20% of those hospitalized;

(c) That there were twice as many females as males;

(d) That about 50% of patients received psychotherapy and the others were receiving other forms of treatment such as ECT, medications, sleep treatment and light doses of insulin;

(e) That the psychological department was particularly dedicated to research;

(f) That the Allan Memorial Institute was receiving a disproportionate amount of funding from Dominion Mental Health Grants, but that Cameron had refused to surrender financial statements for scrutiny;

138. By 1963, Cameron admitted to taking a wrong turn during his research at a meeting of the American PsychoPathological Association (Exhibit R-33):

> "At this point, as so often happens in a long research, we took a wrong turning and continued to walk without a glint of success for a long, long time. I won't recount to you all the things we tried to do to stop the working of these mechanisms of defense against repetition. Let me simply say that we vastly increased the number of repetitions to which the individual was exposed, that we continued driving while the individual was asleep,

> while he was in chemical sleep, while he was awake but under hallucinogens, while he was under the influence of disinhibiting agents. We tried driving under hypnosis, immediately after electroshock, we tried innumerable combinations of voices, of timing and many other conditions, but we were never able to stop the mechanisms.
> ...
> Amazing though it may sound, my colleagues and I-Dr. Levy, Dr. Ban and Mr. Rubenstein-found it was possible for the individual to be exposed to the repetition of verbal signals, such as I have described, a quarter to one-half million times and yet be unable to repeat these few short sentences at the end of this extraordinary large number of repetitions.
> ...
> In our early experiments, we used the term 'dynamic implant' to denote the repetition material we used. Actually at this time we were implanting nothing."

139. Cameron equally noted (Exhibit R-33):

> "There seemed no answer to the question, so I repeated this procedure with all the other patients I had in psychotherapy and got much the same thing-discomfort, aversion, embarrassment and resentment. And indeed I even noticed in myself a reluctance to do this-I felt that I was being unkind, insensitive, imperceptive--that in a word one simply didn't do this sort of thing to people. For these reasons, namely, the patient's feelings and my own, I felt increasingly sure that there must be something of importance lying hidden."

140. The final report of his project, "A Study of Factors Which Promote or Retard Personality Change in Individuals Exposed to Prolonged Repetition of Verbal Signals", was submitted in 1965, and officially received and signed by various government officials in Canada (Exhibit R-3);

141. In August 1964, Cameron left Montreal and his successor, Robert Cleghorn, immediately ended the Montreal Experiments;

141.1 After Cameron left Montreal, he took a new position as the Director of Psychiatry and Aging Research Laboratories at the Veterans Administration Hospital in Albany, New York, the whole as appears more fully from a copy of the letters dated August 10, 1964, August 13, 1964, and May 24, 1965, produced herein *en liasse* as **Exhibit R-73**;

(e) The Aftermath

141.2 Between 1957 and 1963, approximately 100 patients admitted to the Allan Memorial Institute with moderate emotional problems (if at all) became unwitting and unwilling subjects in an extreme form of behavioural experimentation conducted under the cover of treating schizophrenia. Exact numbers of persons

who were admitted between 1948 and 1964 (the Class Period) is currently unknown (Exhibit R-64);

142. Cameron's successor (Cleghorn) commissioned a study to test the patients who had been depatterned and to ascertain the efficacy of the treatment. For 79 of Cameron's former patients who had been hospitalized from 1956 to 1963 and who had reached the 3rd stage of depatterning, it was discovered that 24% had relapsed following depatterning while still in the hospital, physical complications ranging from mild to severe were associated with treatment 23% of the cases and there were severe complications in 6%. 63% of 27 patients who had received intensive ECT showed permanent memory loss in terms of recalling past events, and that in 60% there was "a persisting amnesia retrograde to the 'depatterning' and ranging in time from six months to 10 years" was experienced. It was specifically noted that: "75 per cent of the sample demonstrate unsatisfactory or impoverished social adjustment" and that "a persisting amnesia retrograde to the 'depatterning' and ranging in time from six months to ten years is reported by 60 per cent of the respondents", the whole as appears more fully from a copy of the Canadian Psychiatric Association Journal article entitled "Intensive Electroconvulsive Therapy: a Follow-Up Study" dated 1967, produced herein as **Exhibit R-36**;

142.1 On the analysis of Cameron's procedures, the study (Exhibit R-36) concluded:

> "Results of our follow-up investigation indicate that, in terms of both recovery rate and current clinical condition, patients who received intensive electroconvulsive shock therapy cannot be distinguished from those who receive other forms of treatment...The incidence of physical complications and the anxiety generated in the patient because of real or imagined memory difficulty argue against the administration of intensive electroconvulsive shock as a standard therapeutic procedure";

143. On September 8, 1967, Cameron died of a heart attack while mountain climbing in New York, the whole as appears more fully from a copy of the Scotsman article entitled "Stunning tale of brainwashing, the CIA and an unsuspecting Scots researcher" dated January 2, 2006, produced herein as **Exhibit R-37**;

144. Scientific documentation of the permanent brain damage caused by the depatterning procedure, particularly the electroshock, was finally revealed in 1967 – the year Cameron died (Exhibit R-3);

145. As to whether Cameron was aware of the CIA's involvement in the Montreal Experiments, no one has come forward to say for certain and it is the subject of conjecture. A polling of Cameron's colleagues revealed a 50/50 split on the issue. It was quite likely that he did know about the CIA's involvement in the Human Ecology Fund as he had a vast number of reliable political and academic contacts who may have told him and it also goes a long way in explaining his immense interest in the military applications of brainwashing (Exhibit R-16 pages 96 to 100);

145.1 There is reason to conclude that Cameron had security clearance and was witting of CIA funding of the Montreal Experiments as (i) he had previously held a job at Worcester State Hospital in Massachusetts, which had been receiving CIA money through MK-ULTRA Subproject 68 and (ii) his status as consultant at the Nuremburg Trials for Rudolph Hess (Exhibit R-68);

146. After being subjected to the Montreal Experiments, many of Cameron's patients were left in a depleted mental and physical state, could not return to their lives, having lost their ability to function in society and within their families. As Dr. Paul Termanson expertly opined in the context of the Orlikow Litigation (described hereinbelow) "existence could best be termed marginal...He managed to function, work, and exist, but barely" (Exhibit R-22);

147. In most cases, the patients were permanently brain-damaged or psychologically shattered;

148. (...) One documented "success" of the Montreal Experiments, as noted by Cameron, described a patient who had lost all of his schizophrenic behaviours. But there was a price to pay, as the patient also experienced "complete amnesia for all events in his life". Many of Cameron's other patients shared a similar fate, the whole as appears more fully from a copy of the MTL Blog article entitled "The Secret Montreal Experiments They Don't Want You To Know About", produced herein as **Exhibit R-38**;

149. Unfortunately, Cameron succeeded only in destroying the complete memories and therefore the identities of many of his patients. Many lost all memory of their children, husbands, careers, past life and even how to perform daily tasks. He was never able to replace "bad" behaviour patterns with good ones;

150. Some examples of how the Montreal Experiments affected the patients are as follows (Exhibit R-38):

(a) Gail Kastner, who received $100,000 in reparations from a lawsuit against the CIA that was settled out-of-court, consistently had nightmares of a "tall man" giving her electroshocks causing her to avoid sleep and her "electric dreams". Originally inducted as a patient at the age of 18-19 for mild depression, Gail's life afterwards was riddled with drug addiction problems, hospital visits, panic attacks, and irreparable brain damage. Her mind failed her after undergoing the Montreal Experiments whereby facts "evaporate" instantly, memories, if any, are like scattered snapshots, It was only in 1992 when happening by a newspaper about the Montreal Experiments did Gail begin to understand what had happened to her, the whole as appears more fully from a copy of an extract from the book "The Shock Doctrine", published in 2007, produced herein as **Exhibit R-74**;

(b) Esther Schrier, originally sent to the Allan Memorial Institute to deal with postpartum depression, lost her ability to be a mother after leaving Cameron's

care. By March 12, 1960, Esther Schrier's medical records state that she was "considered completely depatterned." She was incontinent, mute and had trouble swallowing. Despite giving birth to a new baby, she was unable to care for the child (Lloyd Schrier), not being able to remember basic life functions, and only went on to lead a somewhat normal life thanks to the support of her husband and family, the whole as appears more fully from a copy of the CBC News article entitled "Brainwashed: The echoes of MK-ULTRA" dated October 21, 2020, produced herein as **Exhibit R-75**;

(c) Bevan Weldon's mother died in his arms, and the trauma affected him so deeply that he went to the Allan Memorial Institute to seek psychiatric treatment. Mr. Weldon experienced an entire dissociation of his former self afterwards. Kept in a coma for 21 days, Weldon lost the memory of his mother's death, which never returned, even 50 years later. Cameron essentially took that part of Weldon's life from him, because, as Weldon put it "life is memory";

(d) Mr. L. McDonald, a patient who was 23 when Cameron "depatterned him," had this to say—twenty-five years after his treatment: "I have no memory of existing prior to 1963, and the recollections I do have of events of the following years until 1966 are fuzzy and few.... My parents were introduced to me... I did not know them. [My five] children came back from wherever they had been living. I had no idea who they were (Exhibit R-67);

(e) Lauren G. was a patient whose mind went blank about the Montreal Experiments and she never recalled a thing about the weeks of depatterning, the whole as appears more fully from a copy of an extract from the book "The Manchurian Candidate", published in 1979, produced herein as **Exhibit R-76**;

151. The cover up of the Montreal Experiments even remains today. For example, unsurprisingly, McGill fails to mention Cameron's Montreal Experiments or involvement with Project MKULTRA on its official website, instead focusing only on his "high reputation in the psychiatric field", the whole as appears more fully from a copy of an extract from McGill's website at www.archives.mcgill.ca, produced herein as **Exhibit R-39**;

152. Class Members who did decide to investigate the matter were met with obstacles the whole way through. First, they would have to be able to identify themselves as having been part of the Montreal Experiments (i.e. if they did not experience complete amnesia relating to their stay at the Allan Memorial Institute). Second, they would have to make a request and successfully gain access to remaining portions of their medical records (which were highly redacted, if received at all). Third, they would have to be able to face the prospect of a lawsuit despite their cognitive shortcomings and other remaining side effects of having undergone the Montreal experiments – all formidable tasks to overcome;

153. From the destruction of the MKULTRA files in 1973, to the signing of nondisclosure agreements upon settlement, the Montreal Experiments have remained in the dark;

154. Despite the lasting impact Cameron and the Montreal Experiments had on many Canadians, few Montrealers today even know that this occurred in the city. In fact, many believe the Montreal Experiments to be a myth (Exhibit R-38);

155. It took decades for Cameron's victims to speak about their experiences;

156. To borrow terminology, Montreal has seemingly "depatterned" its collective memory, choosing to not remember the events that took place at the Allan Memorial Institute from the 40s to the early 60s, under the leadership of Cameron. And it's not a surprise why – Montreal, and Canada as a whole, would rather place the Montreal Experiments in the realm of conspiracies, a mere tale that sounds too horrific to be true. Not all history is happy; however, and it is time that Montreal started recognizing what happened within the walls of the city all those years ago (Exhibit R-38);

157. It was not until the 1980s that some of Cameron's former patients began to come forward finally identifying themselves as having been subjected to the Montreal Experiments;

158. The patients who were alleged victims of Cameron's practices reported devastating mental and physical results for years to come. Many recounted extreme memory loss, feelings of isolation, anxiety, and no improvement of their initial conditions (Exhibit R-21);

III. Survivors Allied Against Government Abuse (SAAGA)

158.1 On October 26, 2017, a program aired on CBC The National News entitled "Compensation for CIA-funded brainwashing experiments paid out to victim's daughter 60 years later" whereby Alison Steel (the daughter of victim Jean Steel) had been interviewed, the whole as appears more fully from a copy of the CBC The National News episode entitled "Compensation for CIA-funded brainwashing experiments paid out to victim's daughter 60 years later" dated October 26, 2017, produced herein as **Exhibit R-77**;

158.2 Shortly thereafter, several victims for whom the subject of the program brought back vague, forgotten, and/or repressed memories contacted CBC and Alison Steel in order to obtain more information about others who might be in the same situation. Over the course of a few months, an email chain was formed amongst approximately 20 people, which included the Applicant and they began to notice the similarities in their collective past;

158.3 During this time period where the group was forming, several victims were interviewed by television and radio stations. On December 15, 2017, CBC released episode 43 of the documentary series, The Fifth Estate, entitled "Brainwashed :

The Secret CIA Experiments in Canada", the whole as appears more fully from a copy of the CBC documentary entitled "Brainwashed : The Secret CIA Experiments in Canada" dated December 15, 2017, produced herein as **Exhibit R-78**;

158.4 The group began advertising on Facebook to try to find others like themselves who had either been a part of the Montreal Experiments or who had been affected by someone who had been;

158.5 As the group was growing in number and gaining confidence and momentum from each other, they decided to name themselves Survivors Allied Against Government Abuse (SAAGA);

158.6 On May 20, 2018, approximately 60-65 victims from across Canada met in Montreal for the first time to share their stories and experiences with each other. At this point, the group was contemplating filing a lawsuit, the whole as appears more fully from a copy of the City News video entitled "Brainwashing victims planning class-action lawsuit" dated May 21, 2018, produced herein as **Exhibit R-79**;

IV. A Selection of Relevant Litigation to Date

(a) The Morrow Litigation – Case No. 500-09-001247-782

159. In December 1959, Mary Morrow, a neurologist, approached Cameron for the purpose of obtaining a fellowship at the Royal Victoria Hospital and/or at the Allan memorial Institute;

160. In April 1960, Dr. Morrow was admitted to the Royal Victoria Hospital suffering from severe weight loss, nervousness and tension – upon Cameron's recommendation, on May 6, 1960, she was admitted to the Allan Memorial Institute. Several doctors at the Allan Memorial Institute diagnosed her with schizophrenia;

161. From May 18 to May 28, 1960, Dr. Morrow was subjected to the Montreal Experiments; specifically, she was administered 11 Page-Russell ECTs (once per day) and a variety of barbiturates, specifically, Largactyl, Thorazine and anectine. The combination of these drugs produced brain anoxia (insufficient oxygen reaching the brain and on June 17, 1960, she was transferred at her family's insistence to the medical department of the Royal Victoria Hospital where she was diagnosed as suffering from acute laryngeal edema (a severe allergic reaction to the drugs she was administered);

162. In addition, Dr. Morrow's memory, recollection of faces or even common objects (prosopagnosia), and perception of space were severely affected immediately following the treatments, but with the help of her family, she recovered these faculties with some marked residual impairment;

163. On September 13, 1967, Dr. Morrow brought an action for damages amounting to $1,500,000.00 against the Royal Victoria Hospital and against Cameron's estate;

164. On September 18, 1978 (11 years later), the Superior Court dismissed the action and held that the medical treatments provided were required by her state of health and that they were appropriate in the circumstances in light of the evidence before it;

165. On appeal, in 1984, Dr. Morrow sought leave to introduce the new evidence of the CIA's funding of the Montreal Experiments and to amend her pleading to allege that "Cameron conducted experimentation of this kind on her and other patients without their knowledge or consent for reasons unrelated to their well-being but for the benefit of the C.I.A.";

166. On January 23, 1985, the Court of Appeal allowed the new evidence of CIA involvement in:

> « [58] Ce que l'appelante désire alléguer et prouver, c'est la découverte plutôt récente, subséquente à l'inscription en appel qu'une agence gouvernementale américaine aurait subventionné l'intimé docteur Cameron aux fins d'une expérience particulière de thérapie sur un certain nombre de patients traités en vertu de ce plan. Les progrès de cette expérience devaient être rapportés régulièrement par l'intimé Cameron à ladite agence. L'Hôpital intimé aurait négligé aux périodes concernées de contrôler les activités médicales dans les lieux affectés aux patients.
>
> [59] Le paragraphe 5 de la requête se lit ainsi :
>
>> « Until very recently, it was impossible for Appellant-Plaintiff-Petitioner to be aware of the existence of these new facts due to the following exceptional circumstances which were beyond her control and that of her representatives *[sic]*:
>>
>> — The United States Central Intelligence Agency, known as the CIA, has recently admitted that it sent funds, in a covert manner, to Respondent-Defendant-Respondent, Dr. Ewen A. Cameron, to experiment at the Co-Respondent-Defendant-Respondent, The Royal Victoria Hospital, in a form of mind control therapy;
>>
>> — Appellant-Plaintiff-Petitioner has since had the opportunity *[sic]* of taking cognizance of documents produced by the CIA under the U.S. Freedom of Information Act, which documents indicate that Dr. Cameron applied for and received funds for a project, that a series of patients would be treated under this plan and that progress reports were expected and agreed to at mutually accepted intervals;

> — The Respondent-Defendant-Respondent, The Royal Victoria Hospital, has recently stated that, at all times relevant to the present litigation, there was an absence of control of the activities on its premises affecting its patients; » »

The whole as appears more fully from a copy of *Morrow* c. *Hôpital Royal Victoria*, 1985 CanLII 3025 (QC CA), produced herein as **Exhibit R-40**;

167. On December 12, 1989, Dr. Morrow's appeal was dismissed based primarily on their holding that (i) her diagnosis of schizophrenia was not negligent, (ii) the Page-Russel ECT use was not experimental, that as a doctor, Dr. Morrow was well-aware of it, and that the treatment had been discontinued before their full course (which would normally have been 30 to 60 treatments), (iii) despite that fact that the consent form that she had signed did not "in itself, establish that she was fully informed as to the treatments", the hospital notes indicated that Cameron had discussed the treatments with her and, particularly as she was a doctor herself, she was well-aware of the risks of ECT, (iv) she had already received $40,000.00 US in the context of the Orlikow Lawsuit (discussed hereinbelow), (v) her treatment had been therapy, not experimentation despite the CIA involvement, the whole as appears more fully from a copy of *Morrow* c. *Hôpital royal Victoria*, 1989 CanLII 1297 (QC CA), produced herein as **Exhibit R-41**;

168. While this remains a final judgment, there are several points worth describing briefly: (i) Dr. Morrow's diagnosis as a schizophrenic at the Royal Victoria Hospital and subsequently at the Allan Memorial was common at the time as there was institution-wide, systemic and intentional diagnoses of schizophrenia in order to enlist more participants in the Montreal Experiments who would otherwise never have had depatterning recommended for their various ailments, (ii) while it is true that the Page-Russell intensive ECT had been used, Cameron had further intensified it and used it more frequently beyond that of any other institution – the question should not have been whether Page-Russell ECT was acceptable, but rather, whether Cameron's version of Page-Russell was, (iii) the judgment was largely based on her heightened knowledge as a doctor herself, (iv) she had only undergone the Montreal Experiments for 11 days;

(b) *Central Intelligence Agency et al.* v. *Sims et al.*, 471 U.S. 159 (1985)

169. On August 22, 1977, John Sims (attorney) and Sidney M. Wolfe, M.D., the director of the Public Citizen Health Research Group, filed a request with the CIA seeking certain information about MKULTRA through the *Freedom of Information Act*, 5 U.S.C. s. 552 ("FOIA"). Sims and Wolfe sought the grant proposals and contracts awarded under the MKULTRA program and the names of the institutions and individuals that had performed research;

170. The CIA made available all MKULTRA grant proposals and contracts, but declined to disclose the names of all individual researchers and 21 institutions under exemption 3 of the FOIA and the *National Security Act of 1947*, 61 Stat. 498,

50 U.S.C. s. 403(d)(3), which provided that the CIA "shall protect intelligence sources and methods from unauthorized disclosure";

171. Centering upon the proper meaning to be given to "intelligence sources and methods" the U.S. Supreme Court decided that the director of the CIA was authorized to withhold the identities of their researchers from disclosure, the whole as appears more fully from a copy of *Central Intelligence Agency et al.* v. *Sims et al.*, 471 U.S. 159 (1985), produced herein as **Exhibit R-42**;

171.1 This decision formed the basis for the U.S. Court in the Orlikow case (see para. 177 below) ruling that there can be no discovery against the CIA, the whole as appears more fully from a copy of the Government of Canada's confidential internal memo dated December 18, 1985 regarding Mr. Rauh letter to the Secretary of State for External Affairs dated December 17, 1985 and from a copy of the correspondence between the Secretary of State for External Affairs to Mr. Rauh dated December 18-24, 1985, produced herein *en liasse* as **Exhibit R-80**;

(c) *United States* v. *Stanley*, 483 U.S. 669 (1987)

172. In February 1958, James B. Stanley, a master sergeant in the U.S. army, volunteered to participate in a program ostensibly designed to test the effectiveness of protective clothing and equipment as defenses against chemical warfare. Unbeknownst to him, he was secretly administered LSD in accordance with the Army plan to study the effects of the drug on human subjects;

173. As a result of the LSD exposure, Mr. Stanley suffered from hallucinations and periods of incoherence and memory loss, was impaired in his military performance, and would occasionally "awake from sleep at night and, without reason, violently beat his wife and children, later being unable to recall the entire incident." He was discharged from the Army in 1969 and 1 year later, his marriage dissolved due to these personality changes;

174. On December 10, 1975 (27 years later), Mr. Stanley received a letter from the Army soliciting his cooperation in a study of the long-term effects of LSD on "volunteers who participated" in the 1958 tests. This was the U.S. Government's first notification to Mr. Stanley that he had been given LSD back in 1958. Mr. Stanley subsequently filed suit against *inter alia*, Dr. Gottlieb and Mr. Helms, alleging negligence in the administration, supervision, and subsequent monitoring of the drug testing program;

175. Under the "Feres doctrine" the court concluded that Mr. Stanley was barred having been a serviceman at the time of the experiments and insulating the government from liability (simply put);

176. In the various dissent, the Nuremberg Code (Exhibit R-26) was referred to as "experimentation with unknowing human subjects is morally and legally unacceptable" and to say that "no judicially crafted rule should insulate from liability the involuntary and unknowing human experimentation alleged to have occurred

in this case", the whole as appears more fully from a copy of *United States* v. *Stanley*, 483 U.S. 669 (1987), produced herein as **Exhibit R-43**;

(d) *Orlikow* v. The Royal Victoria Hospital, 1979, (Superior Court, Case No. 500-05-006872-798

177. On November 7, 1956, Velma Orlikow, the wife of David Orlikow, a Winnipeg member of Parliament, was admitted to the Allan Memorial Institute to be treated for postpartum depression. Instead, she was forcibly subjected to the Montreal Experiments, the whole as appears more fully from a copy of the CBC News article entitled "'She went away, hoping to get better': Family remembers Winnipeg woman put through CIA-funded brainwashing" dated December 19, 2017, produced herein as **Exhibit R-44**;

177.1 Mrs. Orlikow underwent "treatment" at the Allan Memorial Institute on two occasions; the first between November 1956 and March 1957 and the second between July 1963 and May 1964;

178. In April 1979, Mrs. Orlikow filed suit in Quebec against the Royal Victoria Hospital seeking $90,980.00 in damages consisting of the cost of medical expenses and $50,000.00 for pain and suffering;

179. After the defendants' motion to dismiss for prescription was rejected and all of the evidence was heard, the case was settled out of court for approximately $50,000.00;

(e) *Orlikow et al.* v. *United States*, Civil Action 80-3163 (JGP), the CIA and the Canadian Government

180. On December 11, 1980, Mrs. Orlikow filed suit against the CIA in Washington, D.C. seeking $1 million in damages (the "Orlikow Lawsuit");

181. Only 8 other plaintiffs joined the Orlikow Lawsuit and a 3-sided battle began between the plaintiffs, the U.S. government, and the Canadian government, with the U.S. government and the Canadian government in regular communication, the whole as appears more fully from a copy of a letter from the U.S. Department of State to the Ambassador of Canada dated December 24, 1985, produced herein as **Exhibit R-81**;

181.1 The Canadian Department of External Affairs learned of the Canadian funding of the Montreal Experiments in January 1984, after it had placed blame on the CIA. At his point it adopted a more cooperative approach with the U.S. government, the whole as appears more fully from a copy of a letter from the Canadian government dated January 20, 1986, produced herein as **Exhibit R-82**;

181.2 In the end of 1985, the U.S. government invited the Canadian government to be briefed on the United States' position on the Orlikow Lawsuit (Exhibit R-82). The basic purpose of the U.S. offer was to try to convince the Canadian government to

not advocate for the victims and to potentially transmit documents to undercut the case. The Canadian government also wished to compare the United States' position with that of the Cooper Report (discussed hereinbelow)

181.3 As described above at para. 171.1, the Court ruled that there could be no discovery against the CIA, specifically, testimony from two former CIA officials was denied as well as access to certain documents, the whole as appears more fully from a copy of the House of Commons Book – Briefing Note dated December 19, 1985, from a copy of the Vancouver Sun News article entitled "CIA Secrecy backed in brainwashing case" dated December 20, 1985, and from a copy of the Order and Memorandum dated December 10-13, 1985, produced herein *en liasse* as **Exhibit R-83**;

182. One central issue in the Orlikow Lawsuit was the U.S. government's "Admissions of Culpability" or apologies:

(a) On September 26, 1977, John G. Hadwen, Director General of the Canadian Bureau of Security and Intelligence Liaison, received an apology for the CIA's actions. Mr. Hadwen testified that the CIA official "expressed regret that this should have happened without the knowledge of the Canadian government" and "he expressed regret at the nature of the program" (see Exhibit R-83);

(b) On October 31, 1978, CIA counsel Allard wrote a memorandum containing the following admissions:

> ...the substantial funds flowing from this Agency to McGill in support of the project subsequent to 1956 would appear to preclude the determination that this Agency was minimally involved within the meaning of the Department of Justice guidance on this point. The use of the drugs identified and 'particularly intensive electroshocks' as part of the methodology suggests that long-term after-effects may have been involved. Also, because the patients selected 'were almost entirely those suffering from extremely long-term and intractable psychoneurotic conditions' it is doubtful that any meaningful form of consent is involved in this case;

(c) On October 11, 1979, General Counsel. Daniel B. Silver wrote counsel for plaintiffs that "the policy of CIA is not to shirk responsibility for the unfortunate acts that occurred in the course of the MKULTRA program", and that he found the experimental research conducted by Dr. Cameron "repugnant";

(d) On January 9, 1983, Gittinger testified concerning the CIA involvement with Cameron as follows: "Now that was a foolish mistake. We shouldn't have done it ... as I said, "I'm sorry we did it. Because it turned out to be a terrible mistake". Gittinger concluded that if he had it to do over, "I would refuse to support him or be interested in him";

(e) On December 13, 1983 former CIA Director Stansfield Turner testified that the MKULTRA program was "one of the kinds of errors that we must be sure to find a way to prevent recurring" and that the Montreal Experiments on unwitting individuals were unethical and left him "aghast" when he learned of those activities,

The whole as appears more fully from a copy of the Plaintiffs' Preliminary Pretrial Statement in *Orlikow et al.* v. *United States of America*, Civil Action No. 80-3163, produced herein as **Exhibit R-45**;

183. The issue of the apologies is detailed *inter alia* at pages 159 to 168 of Exhibit R-16 and at pages 226 to 233 of the book "In the Sleep Room" by Anne Collins, published in 1988, produced herein as **Exhibit R-46**;

183.1 In September 1985, New Democratic Party leader, Ed Broadbent, had recommended to Canadian External Affairs Minister Joe Clark that the United States government be given a one-month deadline to publicly apologize to the nine Canadians in the Orlikow Lawsuit and to offer them reasonable compensation or else Canada should take the case to the World Court in the Hague. This was because the U.S. government was stalling on the issue for 8 years. No such action was ever taken, the whole as appears more fully from a copy of the article entitled "Clark prefers to avoid courts in brainwash case" dated November 5, 1985, from a copy of the Province article entitled "Clark Joins CIA Feud" dated September 27, 1985, and from a copy of the article entitled "Bid to Settlement CIA Research Suit: Shultz invites brainwash talks" dated October 1985 and from a copy of a letter from the Canadian Minister of State (External Relations) undated, produced herein *en liasse* as **Exhibit R-84**;

183.2 There was speculation at the time that the United States was in possession of certain facts not known to Canada (Exhibit R-84);

183.3 When Mr. Rauh (the attorney representing the 9 plaintiffs) requested that Mr. Hadwen be deposed regarding the CIA's apology, the Canadian government was concerned and asked the U.S. attorneys about the applicable procedures and rules during the discovery process. The Canadian government discussed *inter alia* sovereign immunity and whether they should agree to let him give testimony, in what form, in which country, whether it should be by consent, and whether he should be accompanied by counsel, the whole as appears more fully from a copy of the confidential internal Canadian government memo entitled "Orlikow: Request by Rauh for Deposition by Hadwen" dated January 7, 1986, produced herein as **Exhibit R-85**;

183.4 With regards to Mr. Rauh's potential deposition of Mr. Hadwen, the Canadian government stated the following:

> There is now a growing prospect, in view of these request and the draft Cooper Report, that CDN government will move into a position which is

completely antagonistic to the interests of the plaintiffs in this case. We believe therefore that nothing/nothing should be done that would foreclose option of ex gratia payments to the plaintiffs.

The whole as appears more fully from a copy of the confidential internal Canadian government memo entitled "Orlikow: Rauhs Lets of Dec17 and Dec24" dated January 7, 1986, produced herein as **Exhibit R-86**;

183.5 As for Mr. Hadwen himself, he maintained that he had nothing to add other than that which was contained in his letter dated June 14, 1984, the whole as appears more fully from a copy of the Memo entitled "Q&A No. 116 of January 27 – Orlikow Case" dated January 28, 1986, produced herein as **Exhibit R-87**;

184. The U.S. District Court held that the CIA was not entitled to immunity from liability for acts or omissions, such as negligent funding and supervision of experiments, the whole as appears more fully from a copy of *Orlikow* v. *United States*, 682 F. Supp. 77 (D.D.C. 1988), produced herein as **Exhibit R-47**;

185. In terms of arguments relating to prescription the Court held that (Exhibit R-47):

> "Curiously, often a classic manifestation of people who are afflicted with certain psychotic disorders is the irrational fear that the CIA and FBI is conspiring to harm them. In this case, the CIA involvement is real and the covert nature of the involvement is not contested. Only causation is disputed. Where the alleged negligence caused the mental harm which affects a plaintiff's ability to function normally in life, in fairness to that plaintiff, the question of due diligence or when the claim accrues differs from the case where the injury was not related to the plaintiff's cognitive functioning…"

186. In 1988, after the Orlikow Lawsuit had dragged on for years with CIA stonewalling and despite pleas by U.S. Senate members to settle the claims, settling in 1988 for the relatively modest sum of $750,000.00, split among the remaining 8 plaintiffs. A total of US$750,000.00 was awarded by the CIA in an out-of-court settlement after an 8-year battle (the maximum allowed under U.S. law at the time), the whole as appears more fully from a copy of the American Bar Association Journal article entitled "Beyond Nuremberg" dated March 1997, produced herein as **Exhibit R-48**;

187. In the context of the Orlikow Lawsuit, the CIA's defence strategy included that of publicly counterattacking the Canadian government for its funding of the Montreal Experiments. As one U.S. attorney told a Canadian reporter in Washington, "We're going to wrap the Canadian Government financing of Cameron right around their necks" (Exhibit R-13);

187.1 Because the Canadian government wanted to avoid a counterattack by the CIA, it withheld documents regarding the CIA's apology at the CIA's request. As was stated by Mr. Rauh, an attorney prosecuting the Orlikow case:

"the one thing the United States Government needed to know in stonewalling our efforts to secure recompense for the CIA's violations of law, the Nuremberg Code and Canada's sovereignty, is that Canada would not take any strong steps on your behalf. They needed to be sure that the Canadian Government would do nothing serious, would not insist publicly that CIA's invasion of Canadian sovereignty was intolerable, would not tell the United States that relations between the two countries could never be normal again until recompense was paid the Canadian victims, and would not embarrass the United States by taking their claim for breach of sovereignty to the International Court of Justice at The Hague. All of this the United States now knows."

The whole as appears more fully from a copy of the letter from the U.S. Department of State to the Embassy of Canada dated May 10, 1983, produced herein as **Exhibit R-88**;

187.2 A confidential memo dated December 31, 1985 regarding an "Orlikow visit by Tait and Cooper" indicates that the United States government strategy would not only be on Canadian funding of the Montreal Experiments, but would include all information on the Canadian governmental involvement that they had assembled, the whole as appears more fully from a copy of the confidential memo dated December 31, 1985, produced herein as **Exhibit R-89**;

187.3 Meanwhile, petitions were being sent to Canadian governmental officials demanding a full and public investigation into the Montreal Experiments, the whole as appears more fully from redacted copies of petitions with their attached letters dated December 27, 1985 and January 26, 1986, produced herein *en liasse* as **Exhibit R-90**;

187.4 On January 21, 1986, the Canadian Mental Health Association wrote a letter to the Canadian government expressing its "dismay with regard to the current status of the nine Canadian victims of the CIA financed experiments" and demanding "immediate action" to "set a deadline for a public resolution of this deplorable situation", the whole as appears more fully from a copy of the letter from the Canadian Mental Health Association to the Canadian Secretary of State for External Affairs dated January 21, 1986, produced herein as **Exhibit R-91**;

187.5 On January 22, 1986, the Women's Inter-Church Council of Canada wrote a letter to the Canadian government urging it to take "stronger and more concrete action", the whole as appears more fully from a copy of the letter from the Women's Inter-Church Council of Canada to the Canadian government dated January 22, 1986, produced herein as **Exhibit R-92**;

187.6 Public opinion on the Canadian government's treatment of those who had been subjected to the Montreal Experiments was very negative:

"no Canadian government has yet provided any solid help, encouragement or compensation to the victims. Ottawa instead has consistently abetted U.S. efforts to conceal facts and to stall the progress of the court case…

…

…After nearly 10 years and much secret correspondence between the two governments, the Canadian government still has not got all the facts.

…

…Certainly the extraordinary experiments at the Allan Institute were much more heavily funded by the Canadian government than by the CIA.

Ottawa may just be hoping it may never have to tell the full story of its own role. That may explain – though it cannot justify – the gutless and self-serving attitude of the Canadian government."

"Who is John Hadwen and why is the Canadian government hiding him?

Whose side Is Joe Clark on anyway – the CIA-and-Washington or Canada's?

…

Ottawa, essentially, is hiding in a case that has dragged through the U.S. courts for six years.

Joe Rauh, a legendary and aging American civil rights lawyer here has established that two CIA chiefs in Ottawa – one Stacy Hulse and one John Kenneth Knaus – officially apologized to Canadian officials for what was done at McGill. Then external affairs minister Allan MacEachen admitted as much in the House of Commons.

U.S. courts, submitting to CIA pleas on security grounds. have resisted Rauh's request that Hulse and Knaus be produced. So Rauh has asked Canada at least to produce the man the apologies were given to – the mysterious John Hadwen..."

"The only thing more mysterious than the CIA-funded brainwashing experiments on nine Canadians 30 years ago is the Canadian government's response to pleas for help by the victims.

…

It is quite bizarre. Canada had sat on its hands, done nothing for these Canadians.

…

> The Canadian government of the time also funded the experiments, perhaps unwittingly. But that is all the more reason why Ottawa should be frank about those experiments with the Canadian public as well as the victims of the experiments.
>
> Without more explanation we may feel that Clark Is more anxious to placate the U.S. state department than to help our own citizens."

The whole as appears more fully from a copy of the article entitled "Ottawa abets the CIA" undated, from a copy of the Province article dated January 23, 1986, from a copy of the article entitled "Death camp horror" dated January 16, 1986, from a copy of the Sun article entitled "Speed it up" dated January 4, 1986, and from a copy of the Province article entitled "Ottawa 'fiddling' over experiment" dated December 30, 1985, produced herein *en liasse* as **Exhibit R-93**;

188. Although the Canadian's governmental funding of Cameron was a legally irrelevant defence in the Orlikow Lawsuit, it was politically devastating. As a result, in July 1985, the Canadian government commissioned a so-called "independent study" of the matter by former Conservative member of Parliament and current law partner of the cabinet minister, George Cooper, who conducted a circumscribed "investigation" and concluded that his clients, the Canadian government had no legal or moral responsibility for the Montreal Experiments, the whole as appears more fully from a copy of the "Opinion of George Cooper, Q.C., Regarding Canadian Government Funding of the Allan Memorial Institute in the 1950's and 1960's" transmitted on March 7, 1986 (the "Cooper Report"), from a copy of the confidential memo of the Canadian Government dated December 20, 1985 and from a copy of the "Question Period Briefing Note" dated January 6, 1986, produced herein *en liasse* as **Exhibit R-49**;

188.1 In terms of the political element of the Orlikow Lawsuit, the Canadian Office of the Minister of State (External Relations) had this to say:

> Legault's view is that the whole Orlikow problem has become a political issue no longer having: "legal" principles as the main determining factor. Chretien is a political animal and may see that the problem should be seen in that light as well. With reference to Orlikow's letter there is little that we can do for him. We cannot give the documents to him that he wants. It is still premature to contemplate taking the USA to the International Court and would not want to discuss this in public in any case.
>
> Maybe we should have Chretien call Shultz[29] and speak along the following lines:
>
> The Orlikow case has now taken on a political dimension that we in Canada can no on longer control on our own. The pressure is great for

[29] Shultz was the U.S. State Secretary at the time.

> action which if we did it could affect the important bilateral ties we have with the USA not only politically but also with our close and effective relationship with the CIA. It is in the interest of the USA to help us settle this problem before it gets out of hand. We realize that the USA believes that the Canadian Government is just oa *[sic]* as "guilty" as the USA in terms of donations to the Allen *[sic]* Institute. However that is a Canadian problem that will be sorted out by us in the coming months. The USA angle cannot be left to linger however and must be settled now.

The whole as appears more fully from a copy of a portion of what appears to be a letter dated January 1986, produced herein as **Exhibit R-94**;

188.2 While another follow-up inquiry by Canadian doctors into the Montreal Experiments had been contemplated in January 1986, none was ever conducted, the whole as appears more fully from a copy of the letter from the U.S. Government dated January 6, 1986, produced herein as **Exhibit R-95**;

188.3 In a letter from the Canadian government to a woman who underwent the Montreal Experiments in 1952, the Canadian government stated the following:

> "I would like to point out, however, the responsibilities of this Department relate only to the international aspects of this matter.
>
> As you raise a domestic issue, namely the question of federal government funding of the Allan Memorial Institute, I have taken the liberty of forwarding a copy of your letter to the Department of Justice for their consideration and reply."

The whole as appears more fully from a copy of a redacted draft letter dated January 8, 1986 and from a copy of the final letter dated January 16, 1986, produced herein *en liasse* as **Exhibit R-96**;

- The Cooper Report (Exhibit R-49): Its Inception and Development

189. The Cooper Report, which was quoted in the context of the Orlikow Lawsuit as evidence, was neither independent nor a study, but instead, a 128-page opinion, which conveniently concluded not only that Canada was blameless, but that the CIA involvement with Cameron was a "red herring", a characterization that had been used in meetings between the CIA's lawyers and Cooper's aides, M.L. Jewett and Louis B.Z. Davis, who had spent a significant amount of time with the CIA earlier in the year (Exhibit R-13);

190. Confined by the limits of his mandate from the Canadian government, Mr. Cooper's conducted a limited investigation of the Canadian government's responsibility with respect to the Montreal Experiments, failing to interview any former patients, former nurses, psychologists or, in fact, anyone who was not a government employee:

"In accordance with that mandate, and apart from consultations with the three independent experts referred to later, I have confined my interviews to people having a past or present connection with the Government.

...

Thus, I have made no enquiries of (for example) former patients or staff at the AMI at the time when Dr. Cameron was there, and it is of course possible that new facts might come to light from that source... I have seen no medical records of patients at the Allan."

190.1 In a letter from Mr. Cooper to the Canadian government, containing redacted a preliminary report, Mr. Cooper stated the following:

"Because some of the departmental files have been destroyed in the ordinary course, the picture that I will present in my report and opinion will not be complete.

...

In accordance with my mandate, I have spoken only to persons having a past or present association with the Government. There are, of course, many people who could shed a great deal of light on the work of the Allan Memorial Institute, including former associates of Dr. Cameron himself;..."

The whole as appears more fully from a redacted copy of the letter from Mr. Cooper to the Attorney General of Canada dated December 19, 1985, produced herein as **Exhibit R-97**;

191. The Cooper Report erroneously concluded that the Montreal Experiments were standard at the time in that "none of the foregoing psychiatric procedures were pioneered at the Allan, and none were unique to it". This conclusion is false for *inter alia* the following reasons:

1) Depatterning and ECT was prescribed elsewhere as a last-stage treatment for schizophrenic or other severely disturbed patients for whom nothing else had worked – Cameron was using these as an indiscriminate front-line treatment;

2) While ECT, insulin comas, use of barbiturates and amphetamines were employed by others at the time, no one else had used all of these in combination to depattern patients; i.e. psychic driving and sensory isolation were not used together in any other centre in the world and Mr. Cooper admits that "the use in combination of the techniques of depatterning, psychic driving, sensory isolation, sleep therapy and drugs appears to be unique to the Allan";

3) The Montreal Experiments went further than anywhere else in the western world; Mr. Cooper admitted that "psychic driving and depatterning were developed further and continued longer at the Allan than elsewhere...Cameron took hold of this idea and developed it much further than psychiatrists in the

mainstream of European and North American practice. His idea was to break up the brain pathways through the highly disruptive application of massive electroshocks, many times the number of shocks in a normal ECT treatment - two times a day, as opposed to three times a week" and "In depatterning, the patient would be subjected to massive electroshock treatments - sometimes up to twenty or thirty times as intense as the "normal" course of electro convulsive therapy (ECT) treatments. At the end of up to 30 days of treatment - up to 60 treatments at the rate of two per day- the patient's mind would be more or less in a childlike and unconcerned state". On this, the Cooper Report states on page 13:

> The procedures of psychic driving and depatterning were developed further and continued longer at the Allan than elsewhere. Moreover, the use in combination of the techniques of depatterning, psychic driving, sensory isolation, sleep therapy and drugs appears to be unique to the Allan;

4) Regressive shock treatment was not a generally-accepted treatment;

5) LSD had been experimented elsewhere, but not in combination with all of these other drugs;

6) Sleep treatment had been used in the USSR and in a few places in Europe, but not for such prolonged periods of time and not in combination with these other approaches;

7) Nowhere else in the world was sensory deprivation used as treatment other than at the Allan Memorial Institute;

8) Cooper's comparison of psychic driving to "remothering" is incorrect as remothering involved sensory isolation followed by extreme amounts of nurturing and attention (patients were allowed to leave at any time), whereas the Montreal Experiments involved sensory isolation followed by and/or concurrent with psychic driving – repetition of driving messages;

9) Cameron's patients were kept in isolation far longer than the 16 days that Cooper suggested;

192. The Montreal Experiments were a far cry from any reasonable treatment for any ailment, let alone those supposed ailments that Cameron's patients had and can only be compared with interrogation techniques on prisoners of war;

192.1 In a letter containing a draft report dated December 19, 1985 (Exhibit R-97), Mr. Cooper concedes:

> In retrospect, Cameron's work represented bad science, and rested on a theoretical foundation that was very weak, even when judged· by the knowledge and standards of the day.

This conclusion never made its way into the final version of the Cooper Report;

192.2 In a draft report dated January 28, 1986, Mr. Cooper writes:

> Almost all doctors – including certainly Drs. Cleghorn and Roberts – would however agree that these procedures were false trails in the field of psychiatric research and treatment, and that on balance the treatments were of no *benefit and may very well have harmed a number of patients.*

The conclusion on harm that is in italics never made it into the final Cooper Report, the whole as appears more fully from a copy of the Draft Cooper Report dated January 28, 1986, produced herein as **Exhibit R-98**;

193. Because of the lack of evidence, Mr. Cooper relied on Cameron's published papers on his techniques, a situation not without inherent bias;

194. The Cooper Report stated: "On the practical side, and judging by the standards of today, most psychiatrists would conclude that depatterning was a failure not only in terms of its efficacy as a medical treatment, but also in that it represented a level of assault on the brain that was not justifiable even by the standards of the time and even in light of the rather rudimentary level of scientific and medical knowledge of those days compared to today";

195. The Cooper Report concludes that Cameron was a "good doctor", but a poor researcher led into serious error; however, this is nonsensical as a good doctor does not ignore the work being done in his field and place his patients at risk. Further, the Cooper Report propounds the idea that the patients were voluntary; however, they were voluntary patients, not voluntary test subjects in research experiments;

195.1 The Cooper Report erroneously states that the issue of informed consent was somehow different at the time of the Montreal Experiments:

> "Today the situation has been substantially altered. This is due to the adoption since those days of the doctrine of "informed consent"" (see page 91)

This premise is false. The Nuremburg Code (Exhibit R-26), which was codified in 1947 (prior to the Montreal Experiments), provided that medical experiments should be for the good of mankind and that a person must give full and informed consent before being used as a subject;

195.2 The Canadian government was well aware that it was probable that no consent was given by the patients for experimentation and that their financing and support of the Montreal Experiments could engage its liability. In a letter from the Canadian government (John J. Noble, the Director of the US General Relations Division –

i.e. "URR") regarding the draft Cooper Report (Exhibit R-97), the following was stated:

> I have considerable difficulty accepting the conclusions of the Cooper Report unless his report has more substance in it than do the conclusions...
>
> Specifically: 1) Cooper does not contest that the treatments given to the patients at AMI actually happened, and makes no attempt to evaluate whether the procedures were carried out properly in relation to each individual patient. However Cooper appears to side-step the key issue of whether the treatment was performed for other than medical reasons (ie research).
>
> 2) he really doesn't deal with the issue of whether the treatment was carried out with the consent of the patients, except to dismiss it as being irrelevant to the context of the time. That was certainly not the opinion of the Department of Justice lawyer, Fradkin, in his letters to this Department of May 1, 15 and June 5, 1984 which stated: "I am of the view that the Canadian Government could be sued for battery and (in the alternative) negligence resulting from funding certain experiments conducted at the AMI". The June 5 Fradkin letter mentions that the consent forms signed for AMI were for "examinations and treatment" only. He states it was probable that no consent was given by the patients for experimentation. "The causes of action could be based, inter alia, on supporting and financing activities done by medical persons to the bodies of human beings without their consent." This same line of reasoning was contained in the draft memo to Minister of Justice of March 1985.
>
> 3) Cooper claims there existed a satisfactory method for evaluating the research being funded by NH&W. That is at variance with the following views mentioned in Memo JLA-0529 of March 8/84. That memo notes that NHW officials suggested that a psychiatrist look at the question of whether NH&W officials had any idea that AMI experiments went beyond acceptable treatment. This suggestion was vetoed by the then NH&W Minister Begin. The memo also states that: "It was only in the late 60's that medical ethics committees began to be established to determine whether research projects came within the confines of current standards of medical ethics" How can Cooper state so categorically that NHW funding to AMI was thoroughly vetted. See also the method of request and payment – it was from AMI to the province of Quebec, then to Ottawa and back to the province which then turned funds over to AMI/or McGill. In addition the then Deputy Minister of NH&W Kirkwood wrote a letter to DMF on May 17, 1984 which provided a list of grants by NHW to AMI, to Cameron and to McGill. The letter also states that "il nous est impossible de déterminer si les projets de

recherche finances par le Programme avaient été assujettis à une étude par un Comité de déontologie. Ce n'est que depuis 1970 qu'un tel certificat est requis dans le cadre du programme actuel"

4) Cooper apppears *[sic]* to have sided with those who believe that Cameron's research was acceptable for the time, even though it would not be today, and even though there were those who thought it "barbaric" and "therapy gone wild with scant criteria" at the time. I doubt that Cooper has the credentials to make such a judgement, which could only be made by a panel of psychiatrists which had proponents of both views. It is rather significant that Cameron's successor at AMI discontinued much of the objectionable treatment.

5) Cooper does not provide any rationale as to why, if the treatment was all above board, AMI made an out of court settlement with Mrs Orlikow for $50,000 plus costs?

There are other elements of the report which require further thought. I would suggest that we put some of the above issues to Cooper for specific comment prior to the completion of his report. Otherwise, the report will satisfy no-one and I would not be comfortable relying on it as a defence against Canadian Government responsibility.

The whole as appears more fully from a copy of the letter dated January 8, 1986 with the subject "Orlikow Affair: The Cooper Report: Some Preliminary Thoughts", produced herein as **Exhibit R-99**;

195.3 The preliminary Cooper Report (Exhibit R-97) was also circulated to the U.S. government who had the following concerns and comments:

3…Would Cooper reject the contention in our Note 440 of 17aug84 that the CIA knew or ought to have known that ECT (as practiced by Cameron) was potentially harmful (and that CIA was therefore negligent in funding experiments which used it)?

4.On page 13 Cooper says that none of the people he interviewed who attended mtgs of the research advisory subcttee and the medical advisory cttee ever heard doubts expressed of a kind we are now hearing about Dr Camerons applications for grants. At the same time the report indicates that Dr Omond Solandt, a medical doctor, had sometime prior to 1957 formed a personal opinion that Cameron lacked the necessary humanity to be a good doctor. How is it that Camerons cavalier treatment of his patients remained completely unknown to the cttees? Is this not/not prima facie evidence that the cttees were negligent in the conduct of their duties?

…

6…On pages 14 and 15, the draft report also comments on the question of CIA liability…we believe that this issue, which is the subject of the litigation in the USA, should probably not/not be touched upon directly in the Cooper Report.

7. The report characterizes its conclusion concerning the propriety of Camerons work as [controversial]. (page 15) Does this mean that there is a possibility that a court might find in favour of the plaintiffs in this respect? Vital point of course is that if Camerons research was improper on medical grounds, then there might be grounds for arguing that the CIA (which did not/not eave proper project review) may be liable, even though the CDN govt, for the reasons cited by cooper at the bottom of page 15, is not/not.

The whole as appears more fully from a copy of a letter from the U.S. government to Canada entitled "Preliminary Report by Cooper – Comments" dated January 8, 1986, produced herein as **Exhibit R-100**;

195.4 A meeting was held on January 23, 1986 between the Minister of Justice (Mr. Crosbie) and the Secretary of State for External Affairs to discuss *inter alia*:

1. The Cooper Report and an ex gratia payment:

"Il semble que l'ébauche du rapport final fait allusion aux implications de la CIA dans cette affaire, absolvant même l'agence américaine de toute faute, ce qui semble aller bien au-delà du mandat de Me Cooper. L'ébauche du rapport devrait être complétée d'ici la fin du mois et notre Ministère sera alors invite à y faire ses commentaires…

a) Impact du rapport

Les conclusions de ce rapport, si elles sont divulguées, risquent d'affecter sérieusement la cause des plaignants centre le gouvernement américain. Le gouvernement canadien sera perçu comme venant couper l'herbe sous le pied des plaignants, et sera blamé par ceux-ci et leur avocat. Il ne faudra pas se surprendre qu'on accuse meme le gouvernement canadien de collusion avec le gouvernement américain.

Sur le plan interne, le rapport Cooper concluant que le gouvernement canadien n'a aucune responsabilité dans cette affaire, l'opinion publique continuera d'y voir une injustice et accusera le gouvernement de tenter de se blanchir. Il sera extrêmement difficile de convaincre le public canadien du bien fondé des conclusions de ce rapport.

b) Traitement du rapport

Une solution pour éviter cette tempête serait de garder le rapport Cooper confidentiel...

...

Un paiement "ex gratia" contribuerait à corriger ce qui est perçu par l'opinion publique comme une injustice.

...

...Face à l'impossibilité d'obtenir justice aux Etats-Unis, les plaignants vont maintenant se tourner vers l'autre bailleur de fonds du AMI, le gouvernement canadien. Les plaignants ont appris par la presse les subventions canadiennes au AMI. Nous avons reçu plusieurs lettres imputant la responsabilité au gouvernement canadien. Donc même si jusqu'ici il n'y a pas eu de poursuites contre le gouvernement canadien, il pourrait y en avoir.

... Certains psychiatres ont l'intention de demander a l'Association canadienne des psychiatres l'établissement d'une commission d'enquête...

... Un paiement "ex gratia" pourrait se fonder sur la question morale de l'affaire, même si Me Cooper suggère que le gouvernement n'a aucune responsabilité morale. Le doute que pose la communauté psychiatrique sur les traitements de Cameron pourrait justifier cette approche morale. La pression publique sera aussi grande en faveur d'une compensation.

2. The visit to Washington

Il semble que M. Crosbie voit dans cette visite une façon de découvrir ce que les américains connaissent de la question du financement canadien. Vous pourriez lui indiquer, que, selon nos sources, les américains en savent moins que nous sur cette aspect, et que ce serait une erreur d'aller aux Etats-Unis discuter de la responsabilité canadienne.

The whole as appears more fully from a copy of the Memo to the Secretary of State for External Affairs dated January 22, 1986, produced herein as **Exhibit R-101**;

196. The Cooper Report admits that Cameron's methods "were not based on sound principles of science and medicine" and that depatterning "represented a level of assault on the brain that was not justifiable even by the standards of the time and even in light of the rather rudimentary level of scientific and medical knowledge of those days compared to today", but still maintained that Cameron had done nothing wrong. Without interviewing any of the plaintiffs in the U.S. litigation, their families or their attorneys or even reviewing their medical records, the report announced there was probably little if any lasting harm to the victims. The report reproduced the CIA's principal defences, now as the "independent" conclusions of an official Canadian government investigation. The Cooper Report was a complete whitewash (Exhibit R-13);

197. The Cooper Report states that according to Robert Cleghorn, Cameron's successor, he did not personally know of any "patient of whom it be said with *certainty* that they were worse off because of the depatterning procedures than they otherwise would have been", which is patently untrue and in direct contravention of the follow-up study that he had ordered that had concluded otherwise (see Exhibit R-36);

198. In addition, the Cooper Report was compiled and written by Canadian Justice Department attorneys, whose mandate was to defend Canada against claims of liability based on its involvement with Cameron. It was also written in collaboration with the U.S. government who wished to assuage concerns about *inter alia* the LSD use, the Frank Olsen affair, the severity of the ECT performed, its liability for negligent funding, and negligence. Far from being "independent", a more apparent conflict of interest is hard to imagine (Exhibit R-99);

199. The Cooper Report is nothing more than a biased legal overview lacking in authority or information;

200. Of course, the medical profession has since rejected all of Cameron's work in this area; it was never again used at the Allan Memorial Institute or anywhere else in the world;

201. In a memorandum from Mr. Cooper to the Canadian Government, Mr. Cooper proposed an *ex gratia* maximum payment of $100,000.00, conditional on the signing of a release:

> As a final consideration on this point, it is well to remind oneself again of the precedent value of any *ex gratia* compensation payment for medical misadventure. Unless some limit is set, funding for future medical research would be rendered more uncertain than it would be in the absence of a maximum limit. And if that limit is kept at a relatively modest level (such as $100,000 in 1978 dollars), the "chilling effect" would presumably be kept to a minimum.

The whole as appears more fully from a copy of the Memorandum on Compensation in the Absence of Legal or Moral Responsibility from Mr. Cooper to the Hon. John C. Crosbie, P.C., Q.C., M.P. undated, produced herein as **Exhibit R-50**;

- The Canadian Government's Response – The Allan Memorial Institute Depatterned Persons Assistance Plan

202. Following by the U.S. as well as an impetus by the public to acknowledge the harms done, on November 16, 1992, the Canadian government launched "The Allan Memorial Institute Depatterned Persons Assistance Plan" for "compassionate and humanitarian reasons", the whole as appears more fully from a copy of the Order Respecting Ex Gratia Payments to Persons Depatterned at

the Allan Memorial Institute Between 1950 and 1965, dated November 16, 1992 and from a copy of an extract from the Government of Canada website at www.justice.gc.ca, produced herein *en liasse* as **Exhibit R-51**;

203. The Order Respecting Ex Gratia Payments to Persons Depatterned at the Allan Memorial Institute Between 1950 and 1965 (the "AMI – Depatterned Persons Assistance Order" and Exhibit R-50) authorized the Minister to "make an ex gratia payment of $100,000.00 to any "depatterned person":

(a) who is a permanent resident of Canada and is alive at the time of the payment;

(b) who has signed a waiver protecting Her Majesty in right of Canada and the Royal Victoria Hospital against court action; and

(c) who has withdrawn any court action against Her Majesty in right of Canada;

204. In order to receive this compensation, former patients had to sign a release form which contained the following release in relation to Defendants Royal Victoria Hospital and AG Canada:

> "I...do hereby release, acquit and forever discharge and by this Release do for myself, my heirs, executors, administrators, successors and assigns RELEASE AND DISCHARGE Her Majesty the Queen in right of Canada and Her Ministers of Justice, National Defence and Health and Welfare, their officers, servants and employees and their heirs, executors, administrators, successors and assigns and the Royal Victoria Hospital (the "releasees") from any and all actions, causes of actions, claims and demands whatsoever...arising from depatterning treatment of the releasor at the Allan Memorial Institute of the Royal Victoria Hospital at Montréal, Québec."

The whole as appears more fully from a copy of a Release Form, produced herein as **Exhibit R-52**;

205. The AMI – Depatterned Persons Assistance Order provided $100,000.00 to an estimated 77 former patients, but hundreds more who applied were rejected because the government said that they had not been "de-patterned" enough to warrant compensation, the whole as appears more fully from a copy of The Guardian article entitled "The toxic legacy of Canada's CIA brainwashing experiments: 'They strip you of your soul'" dated May 3, 2018, from a copy of the CBC News article entitled "Federal government quietly compensates daughter of brainwashing experiments victim" dated October 26, 2017, and from a copy of The New York Times article entitled "Canada Will Pay 50's Test Victims" dated November 19, 1992, produced herein *en liasse* as **Exhibit R-53**;

206. Gail Kastner, who had been subjected to the Montreal Experiments, was denied the compensation as it was determined that she had not been "subjected to depatterning as defined in the Order...the evidence does not indicate that you were

subjected to sleep therapy and/or depatterning... there is no evidence that the treatment you received reduced your mind to a childlike state". However, the record indicates that she had been hospitalized at the Allan Memorial Institute and had "received 43 electroshock treatments, four of which were Page-Russells, each of which was six times more intense than a regular electroshock treatment, for an actual total of 63 electroshock treatments. She was also subjected to insulin comas", the whole as appears more fully from a copy of *Kastner* v. *Canada (Attorney General)*, 2004 FC 773, produced herein as **Exhibit R-54**;

207. Janine Huard, who had been subjected to the Montreal Experiments, was denied the compensation as it was determined that her "medical treatments...did not meet the conditions stated in the Order". Ms. Huard filed a class action for judicial review against this decision and proposed to act as representative of a group of former patients whose application were also denied, the whole as appears more fully from a copy of *Huard* v. *Canada (Attorney General)*, 2007 FC 195, produced herein as **Exhibit R-55**;

208. In this context, the Federal Court ruled that (Exhibit R-55):

> "[20] ... Dr. Cameron went much further than other physicians with experimentation and use of these methods, ultimately developing a therapy consisting of depatterning and/or psychic driving treatments, whether or not combined with electroconvulsive therapy. Additionally, narcotherapy was used by Dr. Cameron to induce a prolonged state of artificial sleep in the patient to prepare the latter mentally for either of the two treatment phases previously described (depatterning and repatterning).
> ...
> [64] In closing, the Cooper report, relying on the opinions of various expert witnesses, supports a conclusion here that Dr. Cameron's theory and methods are today completely discredited in scientific circles. Further, the respondent did not dispute the fact that the administration of full or substantial depatterning and/or psychic driving treatment described above could occasion permanent damage to the patient's memory and other mental faculties.
>
> [65] Once again, in my opinion, there is no doubt that, even by the standards of the time, the depatterning and/or psychic driving treatments described above were an unwarranted trespass to the person. It can also be assumed that Dr. Cameron's patients were in a condition of vulnerability and could not give [translation] "informed" consent to the administration of the depatterning and/or psychic driving treatments described above. There is no evidence in the record to indicate that Dr. Cameron explained the experimental nature of his [translation] "therapy" to the applicant, and at this stage I accept the general allegation by the applicant in her affidavit that, at that time, she could not give informed consent to the administration of such treatments.

> ...
> [71] In the case at bar, the parties did not agree on the scope of the phrase "full or substantial depatterning treatment". The applicant submitted in this connection that the federal board's decisions were unreasonable, which the respondent of course disputed. At this stage, it is only necessary to determine whether the applicant has an "arguable case". I conclude that she does."

209. In 2004, after a protracted legal battle, a judge ruled that a further 250 victims, many deceased, would be allowed to seek compensation from the Canadian government (Exhibit R-37);

V. <u>The Defendants' Fault</u>

210. The Defendants had a duty to the Applicant and to the Class Members to abide by the rules of conduct, usage or law to ensure that patients at the Allan Memorial Institute were not experimented on without their informed consent and even had such consent been obtained (which it was not), that they were not experimented on with hazardous treatments that had no therapeutic benefit (as the Cooper Report (Exhibit R-49) stated "Cameron's depatterning, psychic driving and related procedures were not based on sound principles of science or medicine... Even when judged by the knowledge and standards of the day, it is now seen that the theoretical foundation for Dr. Cameron's work was very weak");

211. The Defendants had a duty to the Applicant and to the Class Members to (i) exercise reasonable care in their supervision and control of Cameron, (ii) ensure that research that they were funding or housing was not hazardous to human life and being performed in accordance with generally-accepted medical principles (including informed consent), (iii) ensure that they were not funding or housing and thus enabling, medical malpractice, assault, battery, false imprisonment, intentional or negligent infliction of emotional distress, and/or breaches of basic human rights;

212. While, at the time, no statutory code yet existed governing experimentation on human beings, the Nuremberg Code had been adopted in 1947 to specifically serve as a basis for judging the conduct of physicians and which was drafted by the experts in the field to incorporate the ethical standards and legal requirements as recognized by the profession and the courts of the western hemisphere;

213. These basic principles, to be observed by those who choose to follow novel and untried procedures and use new and untried drugs on human beings were generally accepted, collective moral standards of the community as revealed by the Canadian Medical Association's Code of Ethics and Professionalism at the time (which was largely based on that of the American Medical Association);

214. In a survey of legal literature published at the time, Irving Ladimer, J.D. wrote:

For any legal process, a reasonable consensus can be found containing the elements of a professional ethical code as a basis for considering liability or justification in fact situations involving research on human beings.

215. The fundamental legal premise at hand is the basic concept that the right of man to be free from tort upon his person is inviolable. This assures a right of freedom from unjustified assault upon his person to every human being. This then requires that when any person is subjected to medical treatment, the procedures adopted and the medication used must be justified and proper in the particular circumstances under which the treatment is given, the whole as appears more fully from a copy of the article entitled "Legal Considerations in Experimental Design in Testing New Drugs on Humans" dated April 1963, produced herein as **Exhibit R-56**;

216. The Montreal Experiments and the resulting injuries and damages were caused by the faults of the Defendants themselves, as well as, their agents or servants, for whose actions, omissions and negligence they are responsible, the particulars of which include, but are not limited to the following:

(a) In regard to The Royal Victoria Hospital and McGill – the Locus Defendants

217. From 1943 to 1964, the Locus Defendants participated in, knew about or were willfully blind to, approved, oversaw, monitored, encouraged, supported, directed, and/or aided and abetted the inception of, the growth of, and the continuation of the Montreal Experiments in the following manner, systemic or otherwise. The Montreal Experiments were performed systemically by not only Cameron, but by doctors, nurses, orderlies, technicians, and other staff at the Allan Memorial Institute:

a) They failed and/or neglected to take reasonable care to hire a safe and qualified doctor to direct the treatments at the Allan Memorial Institute, that would have adequately staffed the hospital to ensure safety, and would not have performed hazardous experiments on the patients without their informed consent;

b) They contributed personnel, equipment, and supplies to the Montreal Experiments;

c) They failed and/or neglected to protect Class Members from, and instead exposed Class Members to, an unreasonable risk of harm;

d) They failed to protect Class Members from unethical, intentional, and negligent conduct that was causing actual harm to Class Members;

e) They allowed the Montreal Experiments to occur and to continue despite knowing that they involved non-therapeutic human experimentation that was harming and/or likely to harm Class Members;

f) They failed and/or neglected to take reasonable care to properly supervise and exercise appropriate control over the treatments at the Allan Memorial Institute;

g) They failed and/or neglected to abide by commonly used review procedures;

h) The Royal Victoria Hospital stated that there was an absence of control of the activities on its premises affecting its patients (as admitted in the context of the Morrow Litigation (Exhibits R-38 and 39));

i) They failed and/or neglected to take reasonable care to ensure that patients at the Allan Memorial Institute were not being experimented on without their informed consent obtained after being explained of the fact of experimentation, its general nature, and the likely hazards which may be encountered;

j) They failed and/or neglected to ensure that Class Members were informed of the nature of the Montreal Experiments in which they were unwittingly participating, of the risks of participation, and of the alternatives to participation;

k) They failed and/or neglected to take reasonable care to ensure that patients' families were informed of the fact of experimentation, its general nature, and the likely hazards which may be encountered;

l) They failed and/or neglected to take reasonable care to ensure that patients undergoing the Montreal Experiments were able to indicate their unwillingness to continue the treatments;

m) They failed and/or neglected to take reasonable care to ensure that hazardous experiments were not being performed on the patients at the Allan Memorial Institute;

n) They failed and/or neglected to take reasonable care to ensure that the treatments would be discontinued when side effects occurred such as amnesia and impaired cognitive functioning;

o) They failed and/or neglected to notify Class Members that they had been subjects in the Montreal Experiments and to assure that they received proper follow-up treatment;

p) They failed and/or neglected to take reasonable care to visit the Allan Memorial Institute and/or to inquire about the treatments being performed there;

q) They aided and abetted the commission of assault, battery, false imprisonment, and intentional or negligent infliction of emotional distress;

r) They aided and abetted breaches of the *Quebec Charter of Rights and Freedoms* (specifically ss. 1, 2, 4, and 48), the *Canadian Charter of Rights and Freedoms* (specifically, ss. 7, 12, the *Universal Declaration of Human Rights* (specifically, ss. 1, 3, 5, and 18), and *An Act Respecting Health Services and Social Services*, CQLR c S-4.2 (specifically, ss. 1, 3, 5, 8, 9, 10, & 11);

s) They failed and/or neglected to inquire about/stop the Montreal Experiments from being performed and/or to identify the serious risks involved when they ought reasonably to have done so, and they failed and/or neglected to prevent the Montreal Experiments from occurring;

t) They failed and/or neglected to promulgate, implement and enforce adequate rules and regulations pertaining to the safety of the patients at the Allan Memorial Institute and in accordance with generally-accepted medical practice;

u) They allowed the Montreal Experiments to be performed, when, by the use of a reasonable effort, they could have prevented them, terminated them and/or limited their intensity and/or the scope of damage resulting therefrom;

(b) <u>In regard to AG Canada and the US AG – the Governmental-Funding Defendants</u>

218. From 1950 to 1964, Defendant AG Canada and, from 1957 to 1960, Defendant US AG, participated in, knew about, approved and recommended for funding, oversaw, monitored, encouraged, directed, and aided and abetted the inception of, the growth of, and/or the continuation of the Montreal Experiments in the following manner:

a) They failed and/or neglected to take reasonable care to properly supervise and exercise appropriate control over the treatments at the Allan Memorial Institute;

b) They failed in their duties to not fund hazardous experiments and/or medical malpractice;

c) They approved or authorized, and re-approved or re-authorized the Montreal Experiments;

d) They approved or authorized, and re-approved or re-authorized the funding of the Montreal Experiments and/or caused the Montreal Experiments to be funded;

e) They allowed the Montreal Experiments to occur and/or to continue despite knowing that they involved non-therapeutic human experimentation that was harming and/or likely to harm Class Members;

f) They failed and/or neglected to investigate Cameron's reputation to determine whether he had the particular competence and skill required for human subject experimentation or research;

g) They concealed the Montreal Experiments while they were occurring and after they had terminated;

h) They failed and/or neglected to protect Class Members from, and instead exposed Class Members to, an unreasonable risk of harm;

i) They failed to protect Class Members from unethical, intentional, and negligent conduct that was causing actual harm to Class Members;

j) They failed and/or neglected to take reasonable care to ensure that patients at the Allan Memorial Institute were not being experimented on without their informed consent obtained after being explained of the fact of experimentation, its general nature, and the likely hazards which may be encountered;

k) They failed and/or neglected to ensure that Class Members were informed of the nature of the Montreal Experiments in which they were unwittingly participating, of the risks of participation, and of the alternatives to participation; The CIA failed and/or neglected to issue proper instructions to Cameron;

l) They failed and/or neglected to warn Cameron of known dangers associated with the experimental procedures it funded;

m) They failed and/or neglected to specify appropriate precautions when it funded Cameron;

n) They failed and/or neglected to ensure that Cameron, who was engaged in peculiarly dangerous activities, take steps to prevent harm to Class Members;

o) They failed and/or neglected to make a provision at any time to ensure that the experimentation was safe;

p) They failed and/or neglected to assure that the procedures which it funded did not depart radically from accepted methods of treatment;

q) They failed and/or neglected to assure that the procedures which it funded were not untested and would not be injurious to Class Members;

r) They failed and/or neglected to assure that Cameron would obtain Class Members' voluntary consent to the use of experimental and research procedures or to make a provision at any time to ensure that only consenting volunteers were used as experimental subjects;

s) They failed and/or neglected to notify Class Members that they had been subjects in the Montreal Experiments and to assure that they received proper follow-up treatment;

t) They failed and/or neglected to adhere to medical, scientific and professional standards in funding the Montreal Experiments;

u) They failed and/or neglected to exercise due care in its selection of Cameron;

v) They allowed the Montreal Experiments to be performed, when, by the use of a reasonable effort, they could have prevented them, terminated them and/or limited their intensity and/or the scope of damage resulting therefrom;

w) They failed and/or neglected to abide by commonly used review procedures;

x) They aided and abetted the commission of assault, battery, false imprisonment, intentional or negligent infliction of emotional distress;

y) They aided and abetted breaches of the *Quebec Charter of Rights and Freedoms* (specifically ss. 1, 2, 4, and 48), the *Canadian Charter of Rights and Freedoms* (specifically, ss. 7, 12, the *Universal Declaration of Human Rights* (specifically, ss. 1, 3, 5, and 18), and *An Act Respecting Health Services and Social Services*, CQLR c S-4.2 (specifically, ss. 1, 3, 5, 8, 9, 10, & 11);

z) They failed and/or neglected to investigate Cameron or the procedures proposed before authorizing the grants despite the obvious dangers to the human beings who were to be experimented upon with funds and despite the ease with which such an investigation could have been made:

- Both the Canadian Government and the CIA were in close touch with Dr. Omond M. Solandt, Chairman of the DRB from 1947 to 1956; yet they never sought his opinion on Cameron's competence, the depatterning and other experimental procedures used by Cameron, or whether it was appropriate to fund the experimental procedures used by Cameron;

- Both the Canadian Government and the CIA were also in close touch with Dr. Donald O. Hebb, Chairman of the Psychology Department of McGill University, who had worked closely with Canadian and U.S. intelligence and actually received special CIA security clearance in the early 1960s. Dr. Hebb had voiced "a very low opinion" of Cameron and his "prudence" in dealing with experimental subjects;

- Casual inquiries of those in Montreal who knew of the controversial Montreal Experiments would have revealed the risks of injury and averted the tragic events that its funded caused and/or exacerbated;

aa) The CIA failed and/or neglected to present the Grant Application to the CIA Medical Staff despite the explicit criticism from the CIA General Counsel after the Olson death for not having done so (Exhibit R-13). Dr. Edward Gunn, former Chief of the CIA's Medical Staff testified to having been wholly excluded from the MKULTRA program at the 1975 Senate Hearings (Exhibit R-43);

bb) The CIA failed and/or neglected to supervise and control Dr. Sidney Gottlieb, Robert Lashbrook, John Gittinger, and other CIA employees and agents responsible for the Montreal Experiments;

cc) Canada AG failed and/or neglected to supervise and control its employees and agents responsible for the Montreal Experiments;

dd) The Canadian Government and the CIA officers responsible for the Montreal Experiments failed and/or neglected to supervise the experimentation in any way;

- Project Monitor Gittinger testified that he never saw a report from Cameron, that he never visited Cameron in Montreal, and that he never asked Monroe to report to him on what Cameron was doing, yet nonetheless certified the progress as "satisfactory" on the basis that they were given "word that they were having no problems" (Exhibit R-45);

- Gottlieb "did not know anything about" the Montreal Experiments or what the experimental subjects were told. He had no recollection of anyone in the CIA telling him the details of the Montreal Experiments including the intensive ECT, LSD, sensory deprivation, depatterning, psychic driving, or prolonged drug-induced sleep (Exhibit R-45);

219. The Montreal Experiments and the resulting injuries to Class Members were caused by the Defendants. The Defendants knew or should have known about the treatments being performed at the Allan Memorial Institute on unwitting patients and of the fact that the Montreal Experiments were being performed as a front-line treatment on patients who had little to no mental disturbance to even hypothetically merit such draconian measures;

220. The Defendants knowingly endangered the safety of the patients at the Allan Memorial Institute and, in so doing, harmed those who were subjected to the Montreal Experiments and all those who loved them;

VI. Conclusory Remarks

221. Although standards for medical experimentation had been clearly delineated at Nuremberg in 1947, specifically requiring voluntary informed consent as a basic principle, the patients at the Allan Memorial Institute were not informed about what treatment they would be receiving, did not sign consent forms, and in most cases were wholly unaware of what they were getting into;

222. By the 1950s it was clearly irresponsible for a physician to conduct experiments upon patients without obtaining their voluntary consent to be research subjects;

223. As Dr. Hebb stated in an interview shortly before his death (Exhibit R-13):

> "Cameron's experiments were done without the patient's consent. Cameron was irresponsible -- criminally stupid, in that there was no reason to expect that he would get any results from the experiments. Anyone with any appreciation of the complexity of the human mind would not expect that you could erase an adult mind and then add things back with this stupid psychic driving. He wanted to make a name for himself - so he threw his cap over the windmill....
>
> Cameron stuck to the conventional experiments and paper writing for most of his life but then he wanted that breakthrough. That was Cameron's fatal flaw - he wasn't so much driven with wanting to know - he was driven with wanting to be important – to make that breakthrough - it made him a bad scientist. He was criminally stupid."

224. Not only did the Montreal Experiments have no therapeutic value, but they were in violation of the accepted standards of medical experimentation at the time as formulated in the Nuremberg Code and in the Charter of the United Nations;

225. It has been over 50 years since the Montreal Experiments and the Canadian Psychiatric Association and the American Psychiatric Association remain silent, still refusing to acknowledge that one of its leaders planned and conducted some of the most unethical, dehumanizing, and destructive experiments, which can only be compared to the medical torture carried out in the concentration camps of Nazi Germany;

226. This collective silence has been termed by the eminent psychiatrist Robert Lifton as part of a "Faustian bargain" whereby, in this case, through silence, ethical "numbing", and over time, "historical amnesia", the unethical and torturous practices get swept under the rug, (Exhibit R-4);

227. At the Joint Hearing Before the Select Committee on Intelligence and the Subcommittee on Health and Scientific Research of the Committee on Human Resources United States Senate in 1977 (Exhibit R-8), Senator Kennedy stated the following:

> "The Central Intelligence Agency drugged American citizens without their knowledge or consent. It used university facilities and personnel without their knowledge. It funded leading researchers, often without their knowledge.
>
> These institutes, these individuals, have a right to know who they are and how and when they were used."

228. Despite these promises, the CIA failed to notify any Class Members of their unwitting participation in the Montreal Experiments;

229. The lawsuits were an important victory in the public acknowledgement of the personal damages that resulted from the Montreal Experiments; however, the incident was largely swept under the rug, without being thoroughly recognized by McGill, the Royal Victoria Hospital, the Canadian government or the United States Government (Exhibit R-21);

230. As for Cameron's treatment of his patients, Dr. Lifton stated in an affidavit for the plaintiffs in the U.S. litigation that his depatterning experiments had "deviated from standard and customary psychiatric therapies in use during the 1950s" and instead "represent a mechanized extension of ... brainwashing methods" (Exhibit R-4);

231. The Montreal Experiments could not have been conducted and, could not have continued for so long, had it not been for the governmental funding, for their explicit and/or implicit approval by the Royal Victoria Hospital and McGill, for the complete lack of regulatory oversight, for the stigma associated with mental illness (which still exists today), and for the degree of trust patients and their families placed in the paternalistic medical profession and in its institutions. Perhaps at its core, it was the dreadful side effects of the experiments themselves on the patients and on their families, including amnesia, impaired cognitive functioning, chronic organic brain syndrome, extreme passivity, delusions, profound sense of helplessness, inability to act, mood swings, incapacitation, shame, self-blame and feelings of guilt, paranoia, embarrassment, and fear that rendered it impossible to report the Montreal Experiments to the authorities (see *inter alia* Exhibit R-75);

232. Cameron never discussed the details of the Montreal Experiments or the effects of the drugs with his patients or with their families (Exhibit R-32);

233. Worse yet, one of the methods by which Cameron reinforced the sense of helplessness and dependency into his patients and their families was to send them home for weekend visits with placebos instead of medication, which would cause them to experience symptoms of withdrawal from the abrupt termination of medications – all to create more acceptance into staying under his care at the Allan Memorial Institute (Exhibit R-27 pages 34-41);

234. Patients who had been unwitting subjects of the Montreal Experiments often had no recollection of the treatment and were missing weeks or even years of their memories. Cameron had himself referred to his depatterning treatments as "differential amnesia", designating "the greater degree of amnesia which exists for pathological than for normal happenings produced by depatterning". Cameron noted "there is complete amnesia for all events of his life", the whole as appears more fully from a copy of Cameron's paper entitled "Production of Differential Amnesia as a Factor in the Treatment of Schizophrenia" dated February 1960, produced herein as **Exhibit R-57**;

235. Cameron himself noted that "in the years 1958 and 1959 we treated fifty-three schizophrenic patients by means of depatterning and in all of those cases differential amnesia appeared. We also so treated a number of long-term psychoneurotic patients impervious to psychotherapy and one or two cases of addiction. Insofar as these latter numbers were small, however we are not including them in this present series, but the same phenomena appeared", (Exhibit R-57);

236. Because the Montreal Experiments amounted to psychological torture (rather than physical), the patients felt responsible for their own suffering (Exhibit R-4), the whole as appears more fully from a copy of the Washington Post article entitled "25 Years of Nightmares" dated July 28, 1985, produced herein as **Exhibit R-58**;

237. Likewise, the families of the patients felt responsible for their loved ones' suffering and, in combination with the lack of openness about what had happened, the profound sense of resentment, shame, embarrassment, guilt, and helplessness inherent in the circumstances, even requesting medical records was an insurmountable task (let alone having a request complied with);

238. In other words, in order to cope with the aftermath of the Montreal Experiments, Class Members most often put on blinders in order to deal with their lives – even in the face of all of the resources in the world (which was most often not the case), they did not want to know as it was too horrifying to face what they had allowed to happen and what their loved one had underwent – the idea of opening old wounds can be paralyzing;

239. When the news broke in the late 1970s about the Montreal Experiments, Class Members were unable to deal with the information, primarily due to the lingering symptoms of the "treatment" that they had received, including a lack of will and inability to make decisions, combined with a constant sense of failure – this disenfranchised underclass simply could not organize itself;

240. After all, here was unethical medical practice, funded by government agencies, whereby the minds of individuals were manipulated and profoundly changed – how can one expect such a victim to be able to process the knowledge of wrongdoing and act accordingly, in the same way as a psychologically sound person?

241. It was taboo to talk about the what had happened at the Allam Memorial Institute and about the degradation that the patients had gone through. Their sense of helplessness was transferred to their families, who simply could not admit and face their mistakes in allowing, encouraging, and enabling the Montreal Experiments to be performed on their husband, wife, mother, father, and/or sibling;

242. All of these would be considered insurmountable psychological roadblocks;

243. Participation in a lawsuit would necessarily entail further anxiety and panic attacks as well as being forced to relive the experience – many former patients

were simply unable to face what had happened and were unable to act (Exhibit R-27 pages 75-85);

244. Even after the Orlikow Lawsuit had been filed, only 8 other former patients came forward, how could his former patients vindicate their rights when their mental functioning had been manipulated and profoundly changed;

245. When mental illness strikes a family member, it is a debilitating experience, and to expose it to the scrutiny of the courts and the media is simply too much for most families to contemplate as it would be emotionally and financially draining. Furthermore, the struggle of the plaintiffs who did come forward was hardly an encouraging precedent;

246. Neither the Canadian Government, nor the CIA, nor the U.S. Government, nor the Royal Victoria Hospital, nor McGill have ever admitted any culpability in the matter;

247. In retrospect, perhaps what is most shocking about the Montreal Experiments is not even that they actually happened, but instead, that they were allowed to happen;

248. The families of the former patients were never compensated;

249. Perhaps it is most appropriate to take a step back and look at the whole picture. In the words of the son of one of Cameron's victims:

> "This is, most of all, a story of people; of love and friendship, respect and honour; of rage and despair. It is a tale of ambition and dishonor, of a profession whose weaknesses are all too apparent. Many lives have become interwoven in pursuit of the truth – my father's, mine, Ewen Cameron's, those of the attorneys, the other patients, politicians, reporters. The themes of ethical behaviour, morality, secrecy, the contribution of the law to the regulation of medical practice – all of these make up the fabric of a piece of cloth dyed black."

II. <u>FACTS GIVING RISE TO AN INDIVIDUAL ACTION BY THE APPLICANT</u>

250. In 1950, the Applicant's father, Charles Tanny, had his left upper molar filled by a dentist and shortly thereafter, he began experiencing pain and sensitivity over the right side of his face. He had the tooth extracted, but the pain persisted for several months and then disappeared;

251. In May 1956, Mr. Tanny again experienced pain and sensitivity over the right side of his face. He visited his family doctor, Dr. V. Hymovitch who gave him a course of vitamin B-12 injections and who referred him to Dr. Graham at the Montreal Neurological Institute;

252. On August 6, 1956, Mr. Tanny was admitted to the Montreal Neurological Institute under the supervision of Dr. Graham. He had various blood, urine, and allergy tests as well as an x-ray performed of his skull. Dr. Rasmussen suggested treating the pain conservatively "in hopes the pain will gradually less spontaneously". He was diagnosed with a lesion of the trigeminal nerve (CN V)[30], but the doctors could not find the cause and he was discharged on August 11, 1956;

253. On August 20, 1956, Mr. Tanny was re-admitted to the Montreal Neurological Institute under the supervision of Dr. Graham. His diagnosis remained unchanged, but the doctors noticed that he had a "depressive reaction" to it. He was placed on heavy barbiturates and analgesics. On September 7, 1956, Mr. Tanny was discharged on daily injections of 1,000 mgs of vitamin B12 to be administered by his family doctor as well as an antihistamine and a mild analgesic for pain;

254. On November 23, 1956, Mr. Tanny was re-admitted to the Montreal Neurological Institute under the supervision of Dr. Graham. It was believed that "at least part of the pain was of a psychogenic nature". As such, he was given 6 ECT treatments in the Allan Memorial Institute by Dr. Sidney Barza, adrenalin for the pain in his face and chlorpromazine and sedatives. Mr. Tanny was discharged on December 5, 1956 with his diagnosis as "persistent right facial pain of unknown etiology" and with a recommendation to be followed by Dr. Barza at the Allan Memorial Institute;

255. On December 20, 1956, Mr. Tanny was admitted to the Kingston General Hospital in Kingston, Ontario under the care of Dr. D. Nalgrett White. Mr. Tanny discharged himself on December 23, 1956 against the advice Dr. White. It is clear that Dr. White considered the nature of Mr. Tanny's pain to be psychogenic;

256. On January 4, 1957, Mr. Tanny was admitted to the Allan Memorial Institute under the care of Cameron with the "primary complaint of pain in the right side of

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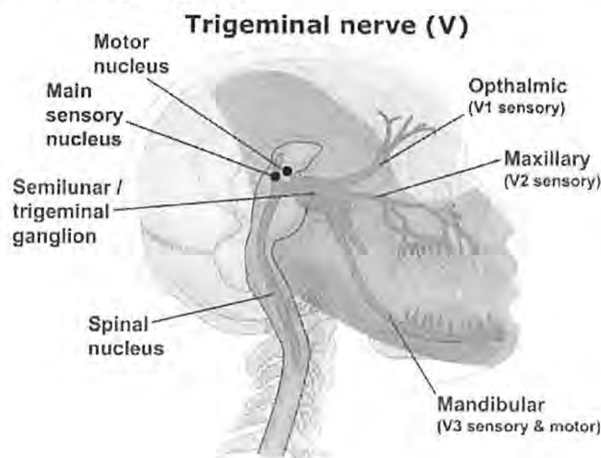
[30] A trigeminal nerve (also referred to a Gasserian ganglion nerve) lesion is a lesion of the 5th cranial nerve which has the potential to negatively affect the nerve's functioning. The nerve has 3 divisions: ophthalmic, maxillary, and mandibular nerves.



his face". Upon admission, it was noted that Mr. Tanny "preferred to speak about the symptoms rather than personal problems". At 8 p.m. that same day, Mr. Tanny was placed on sleep treatment. More particularly, Mr. Tanny was placed into an insulin-induced coma where he slept for the majority of the day for the duration of approximately 50 days, in combination with the administration of barbiturates and anti-psychotic drugs;

257. From Cameron's notes as well as from the bedside notes, the following can be discerned:

(a) On January 17, 1957, Mr. Tanny was on his 9th day of sleep, still complaining about occasional plain in the right side of his face – at this point he required "occasional catheterization and has had to have a retention enema";

(b) On January 21, 1957, Mr. Tanny was on his 13th day of sleep and he received his first ECT to be administered 3 times weekly. A this point Cameron notes "some degree of confusion but there is no incontinence";

(c) On February 1, 1957 Mr. Tanny was on his 24th day of sleep and had had 5 ECTs, still at the rate of 3 per week. At this point, Cameron notes that he has "incontinence and a great deal of confusion, but he is not yet in the third stage of de-patterning, since at mealtime at least he is able to seek to reorient himself by asking where his wife is" and that "there are no complaints about pain in the face", but decides nevertheless on "carrying him on for at least the full 30 days, and possibly for longer";

(d) On February 4, 1957, Mr. Tanny was on his 27th day of sleep and had his 6th ECT on February 2, 1957. At this point, Cameron notes the following: "we are not altogether satisfied that [Mr. Tanny] has become sufficiently confused. He is still keeping in contact with his former life...hence we are putting him on Page-Russell one a day for 3 consecutive days...he is not incontinent"[31];

(e) On February 14, 1957, Mr. Tanny was on his 37th day of sleep treatment and had undergone 15 ECTs, 9 of which were Page-Russell (i.e. repeated during convulsions) due to a perceived "great antagonism, hostility and violence". Mr. Tanny was "struggling against eating and has to be tube-fed" and he was refusing to take his medication save occasionally, "for the most part has to receive it by injection" – As a result he was being administered the Page-Russell ECT to "attempt to bring him into the third stage of de-patterning" and he was incontinent. Cameron notes at this point that Mr. Tanny is "antagonistic against his hospitalization, and not willing to accept a psychiatric diagnosis";

(f) On February 18, 1957, Mr. Tanny was on his 41st day of sleep and had undergone 21 ECTs, 15 of them were Page-Russell being administered once daily. Cameron notes that "he is now entering stage 2 of confusion and is

[31] The Page-Russell ECT technique used a powerful shock to induce an epileptic convulsion and then 5 additional shocks during the convulsion – Cameron would administer up to 9 additional shocks.

occasionally incontinent. We are continuing our present line of approach with the hope of getting him into stage 3. If it is necessary to get him into stage 3, we may increase Page-Russells once more to 2 a day";

(g) By February 25, 1957, Mr. Tanny had been under sleep treatment for 48 days and had received 21 ECTs. Cameron mistakenly writes his name as "Mr. George Tanny" and recorded the following: "He has no knowledge of where he is, a lot of the time he is pretty cheerful and childish though at other times he will show little bursts of hostility. He has only occasional incontinence. Under these circumstances we feel that the patient is probably taken as far as we can hope to take him. We are beginning to let the patient come out of sleep. We will discontinue sleep treatment gradually and also put him onto [ECT] 3 times a week";

(h) On March 4, 1957, Cameron reported the following: "Following his being taken off sleep he was quite disturbed, active and impulsive, and he required fairly heavy sedative to keep him under control. He is still quite confused…At the present time he feels that he is being kept here because he has not paid his bill, and if he eats any more food his bill will become all the greater…It is of particular interest to us to note that the pain in the right side of his face, which was his presenting symptom when he first came in, is now absent";

(i) On March 12, 1957, Mr. Tanny had had 29 ECTs to be continued at the rate of 1 per week. Cameron notes the following: "The pain in his face is now gone. He realizes that he has been sick and also realizes that he has had this pain";

(j) On March 14, 1957, Mr. Tanny was administered his 31st ECT and was moved to the day hospital. Cameron notes that at the beginning, Mr. Tanny was "somewhat bragging and overtalkative, and over the weekend he slipped quite badly, began to complain of pain in the chest, getting panicky, quite tense, anxious and demanding. In reviewing his case still further we now see that he had always been a most hostile and antagonistic person…for this reason we are suggesting that although psychotherapy will undoubtedly have to be our ultimate recourse, he should be put on Page Russell daily until his excitement and overactivity are brought under control. We would also suggest that his Largactyl dose should be built back up again to the point of control…";

(k) On March 25, 1957, Cameron noted the following: "his personality is again solidifying into its former rigid shape, in the sense that he now is quite certain that his troubles have no dynamic origin save that he was overworked and it was t that extent emotional, but to dig down into the underlying factors is something that he will not face. At the same time, the pain in the face has not returned, and this is quite remarkable…";

258. On March 19, 1957, Mr. Tanny was released from the hospital. His final diagnosis was that of an "anxiety state with great hostility and somatic representations in the form of neuralgic pain in the right face". Another one of the

doctors noted the following: "He has, however, still the complaint of feeling very lethargic and tired...it should be mentioned that this patient, because of his fear of insanity, was not actually told about the continuation of his treatment...";

259. After Mr. Tanny's discharge from the Allan Memorial Institute, he was continued on monthly ECTs as a form of modified Sleep Treatment whereby he went to the institute at 9 a.m., was given intravenous Atropine, then ECT, then amytal sodium, and then slept until mid-day – this was noted between May 4, 1957 and August 15, 1957;

260. During Mr. Tanny's "Sleep Therapy" he was administered the following drugs in combination in large quantities:

(a) Seconal (a barbiturate drug used as a sedative and hypnotic)

(b) Nembutal/pentobarbital/pentobarbitone (short-acting barbiturate)

(c) Veronal (barbiturate)

(d) Sparine/promazine (antipsychotic medication used to treat schizophrenia)

(e) H&A/hydrocodone and acetaminophen/ Vicodin (opioid pain medication)

(f) Beminal (multivitamin product used to treat or prevent vitamin deficiency due to poor diet and certain illnesses)

(g) Reserpine (antipsychotic medication)

(h) Largactyl/Chlorpromazine/Thorazine (antipsychotic medication primarily used to treat psychotic disorders such as schizophrenia)

(i) Amytal sodium/Amobarbital (a barbiturate derivative with sedative-hypnotic properties)

(j) Doriden/Glutethimide (hypnotic sedative to treat insomnia);

261. When Mr. Tanny was visited by his wife at the Allan Memorial Institute, Mrs. Tanny was fearful and frustrated when she noted his change in behaviour and she felt powerless to stop the "treatments" or to obtain an explanation as to what was happening;

262. When Mrs. Tanny would attempt to obtain information about the treatment from the hospital, she was dismissed and no information was given;

263. When Mr. Tanny came home from the Allan Memorial Institute on March 27, 1957, Mrs. Tanny was shocked at how frail he was – it did not take long to see that there was a significant change in his personality;

264. Mr. Tanny was very disoriented and confused and he did not remember who he was, who his family was, that he had children, or that he owned a business that bought and sold surplus goods from the government;

265. Although with time Mr. Tanny learned who we were, he never regained his affectionate disposition, instead he was distant, strict, volatile and violent;

266. As a result of Mr. Tanny's unwitting participation in the Montreal Experiments the Applicant and her family's lives were completely changed;

267. The Applicant had been a very happy little girl, the apple of her father's eye (as noted in interview notes with Dr. Barza). Mr. Tanny had been very special and very caring and had spent all of his free time with his family;

268. For example, Mr. Tanny would surprise his family by saying he was taking them fishing – and they would all jump into the car with great excitement, but of course they knew there was no fishing gear in the car, and they would never made it past Belmont Park where Mr. Tanny would take his children on every ride, buy them cotton candy and play games;

269. In addition, they would skate in their backyard where Mr. Tanny himself had worked tirelessly to build a skating rink and then would enjoy rubbing his childrens' frozen feet.

270. After Mr. Tanny returned home from the Allan Memorial Institute, he remained completely detached from his family. There was no more affection and there were no more family outings, no more surprise trips – just a complete detachment which left the Applicant feeling like they were living in an empty house;

271. Mr. Tanny began referring to the Applicant's brother as an "idiot" and he started physically abusing the Applicant regularly;

272. The Applicant did not feel any more love from her father and she thought if she was perfect, then maybe he would love them again, so she tried to be perfect. She did everything that she could think of to make her father love his family again, but instead, her efforts only served to escalate the physical abuse into beatings which continued into her 20's, up until Mr. Tanny suffered a severe and debilitating stroke in October of 1977;

273. The Applicant's childhood went from one filled with love and support, to one filled with shame, embarrassment, self-blame, and fear. Nobody ever talked about what had happened at the Allan Memorial Institute and Mr. Tanny's detached and abusive behaviour was overlooked;

274. As children, the Applicant, her sister, and her brother had been unaware of what had happened to their father, but they missed their loving and wonderful father, who was never a loving and wonderful father again after his unwitting participation in the Montreal Experiments;

275. It was not long after he came home that the Applicant became very sad and began feeling very empty – this feeling has stayed with her all of my life;

276. The Applicant spent most of her childhood completely numb and distrustful of other people and as an adult, she began to have increasingly frequent panic attacks, which turned into agoraphobia;

277. The Applicant has been seeing therapists for decades to help cope with her feelings of abandonment and of low self-worth, but she never felt able to talk about her father or about what had happened – even during these sessions;

278. Because of the way that the Applicant grew up and the abuse that she had endured from her absent father, she was unable to maintain meaningful relationships with men and she would unknowingly seek out men that were incapable of showing love. She would then be placed back into that situation that she had experienced with her father, that of rejection and self-blame;

279. The Applicant's family never spoke about what had happened at the Allan Memorial Institute or about the Montreal Experiments;

280. At no time was Mr. or Mrs. Tanny made aware of the methods that were being used on patients at the Allan Memorial Institute and at no time did either of them give informed consent to the Montreal Experiments;

281. Mr. Tanny should never have been a candidate for the Montreal Experiments, particularly so since his medical issue had no relation to his mental state;

282. As a result of the Defendants' conduct, the Applicant suffered damages including, but not limited to loss of support, guidance, care, consortium, intimacy, stability, and companionship that they might reasonably have received if the injuries had not occurred as well as physical and mental/emotional injuries including pain, suffering, anxiety, mental distress, loss of quality and enjoyment of life, depression, apathy, loss of stability, emptiness, and injury to self-respect;

283. The Applicant's damages are a direct and proximate result of the Defendants' conduct;

284. In consequence of the foregoing, the Applicant is justified in claiming damages;

III. <u>FACTS GIVING RISE TO AN INDIVIDUAL ACTION BY EACH OF THE MEMBERS OF THE GROUP</u>

285. Every member of the Class either underwent the Montreal Experiments or is a successor, assignee, family member, and/or a dependant of same;

286. Each member of the Class is justified in claiming at least one or more of the following as damages:

a) For Cameron's former patients who underwent the Montreal Experiments:

i) Physical and mental/emotional injuries, including amnesia, impaired cognitive functioning, chronic organic brain syndrome, pain, suffering, anxiety, nervous shock, mental distress, delusions, incapacitation, loss of quality and enjoyment of life, increased risks of medical problems, loss of memory, depression, apathy, loss of stability, concentration problems, disorientation, emptiness, loss of IQ, injury to self-respect, damage to and/or loss of reputation;

ii) Past and future health and medical expenses related to the Montreal Experiments, which are not covered by Medicare;

iii) Lost income/livelihood, loss of earnings/earning capacity; and/or

iv) Any other pecuniary losses;

b) As a direct result of the Defendants' conduct, the former patients' family members and dependants have, had, and will continue to suffer damages and loss including:

i) Loss of support, guidance, care, consortium, intimacy, stability, and companionship that they might reasonably have received if the injuries had not occurred as well as physical and mental/emotional injuries including pain, suffering, anxiety, mental distress, loss of quality and enjoyment of life, depression, apathy, loss of stability, emptiness, and injury to self-respect;

ii) Out-of-pocket expenses, including debts accrued and/or paying or providing nursing, housekeeping and other services; and

iii) Loss of income and loss of future income;

c) Punitive damages;

287. All of these damages to the Class Members are a direct and proximate result of the Defendants' intentional and/or negligent conduct;

IV. <u>CONDITIONS REQUIRED TO INSTITUTE A CLASS ACTION</u>

A) <u>The composition of the Class makes it difficult or impracticable to apply the rules for mandates to sue on behalf of others or for consolidation of proceedings</u>

288. Class Members who underwent the Montreal Experiments number in the hundreds – the Applicant is neither privy to the number of whom are still alive today nor of the size of their respective families. The Royal Victoria Hospital's records could establish the size of the patient population to a reasonable degree of exactitude;

289. Class Members are numerous and are scattered across the entire province of Quebec and continent;

290. In addition, given the significant costs, risks, and personal humiliation inherent in an action of this nature before the courts and before the media, the majority of Class Members have been unable to institute an individual action against the Defendants. Even if the Class Members themselves could begin to consider a lawsuit and could afford such individual litigation, it would place an unjustifiable burden on the courts and, at the very least, is not in the interests of judicial economy. Furthermore, individual litigation of the factual and legal issues raised by the conduct of the Defendants would increase delay and expense to all parties and to the court system;

291. These facts demonstrate that it would be impractical, if not impossible, to contact each and every member of the Class to obtain mandates and to join them together in one action;

292. In these circumstances, a class action is the only appropriate procedure and the only viable means for all of the members of the Class to effectively pursue their respective rights and have access to justice;

B) <u>The claims of the members of the Class raise identical, similar or related issues of law or fact</u>

293. Individual issues, if any, pale by comparison to the common issues that are significant to the outcome of the litigation;

294. The damages sustained by the Class Members flow, in each instance, from a common nucleus of operative facts, namely, the Defendants' misconduct;

295. The claims of the members raise identical, similar or related issues of fact or law, namely:

a) Were the Montreal Experiments suitable treatment for those that underwent them?

b) Were the Montreal Experiments human experimentation?

c) Was informed consent properly obtained for participation in the Montreal Experiments?

d) Did the Locus Defendants commit a fault, whether intentionally or negligently, by their systemic participation in the Montreal Experiments?

e) Did the Governmental-Funding Defendants commit a fault, whether intentionally or negligently, through their active or passive participation in the Montreal Experiments?

f) Did any of the Defendants know or should they have known of the Montreal Experiments and when?

g) Did the Defendants fail and/or neglect to notify Class Members that they had been subjects in the Montreal Experiments and to assure that they received proper follow-up treatment?

h) With respect to Class Members' rights, did the any of the Defendants breach the *Civil Code of Québec*, CQLR c CCQ-1991 (*inter alia*, arts. 10, 11, 1375, 1399, 1457, 1463), the *Quebec Charter of Rights and Freedoms* (specifically ss. 1, 2, 4, and 48), the *Canadian Charter of Rights and Freedoms* (specifically, ss. 7, 12, the Universal Declaration of Human Rights (specifically, ss. 1, 3, 5, and 18), and/or *An Act Respecting Health Services and Social Services*, CQLR c S-4.2 (specifically, ss. 1, 3, 5, 8, 9, 10, & 11)?

i) In the affirmative to any of the above questions, did the Defendants' conduct engage their solidary liability toward Class Members?

j) What is the nature and extent of damages to which the Class Members can claim?

k) Are Class Members entitled to bodily, moral and material damages, and if so, in what amount?

l) Are Class Members entitled to punitive damages, and if so, in what amount?

296. The interests of justice favour that this application be granted in accordance with its conclusions;

V. NATURE OF THE ACTION AND CONCLUSIONS SOUGHT

297. The action that the Applicant wishes to institute on behalf of the members of the Class is an action in damages and a declaratory judgment;

298. The conclusions that the Applicant wishes to introduce by way of an application to institute proceedings are:

GRANT the class action of the Applicant and each of the members of the Class;

DECLARE that the Defendants solidarily liable for the damages suffered by the Applicant and each of the members of the Class;

CONDEMN the Defendants to pay to each member of the Class a sum to be determined in compensation of the damages suffered, and ORDER collective recovery of these sums;

CONDEMN the Defendants to pay punitive damages to each of the members of the Class, and ORDER collective recovery of these sums;

CONDEMN the Defendants to pay interest and additional indemnity on the above sums according to law from the date of service of the application to authorize a class action;

ORDER the Defendants to deposit in the office of this Court the totality of the sums which forms part of the collective recovery, with interest and costs;

CONDEMN the Defendants to bear the costs of the present action including expert and notice fees;

RENDER any other order that this Honourable Court shall determine and that is in the interest of the members of the Class;

A) The Applicant requests that she be designated as representative of the Class

299. The Applicant is a member of the Class;

300. The Applicant is ready and available to manage and direct the present action in the interest of the members of the Class that she wishes to represent and is determined to lead the present dossier until a final resolution of the matter, the whole for the benefit of the Class, as well as, to dedicate the time necessary for the present action before the Courts and the *Fonds d'aide aux actions collectives*, as the case may be, and to collaborate with her attorneys;

301. The Applicant has the capacity and interest to fairly, properly, and adequately protect and represent the interest of the members of the Class;

302. The Applicant has given the mandate to her attorneys to obtain all relevant information with respect to the present action and intends to keep informed of all developments;

303. The Applicant, with the assistance of her attorneys, is ready and available to dedicate the time necessary for this action and to collaborate with other members of the Class and to keep them informed;

304. The Applicant has given instructions to her attorneys to put information about this class action on their website and to collect the coordinates of those Class Members that wish to be kept informed and participate in any resolution of the present matter, the whole as will be shown at the hearing;

305. The Applicant is in good faith and has instituted this action for the sole goal of having her rights, as well as the rights of other Class Members, recognized and protected so that they may be compensated for the damages that they have suffered as a consequence of the Defendants' conduct;

306. The Applicant understands the nature of the action;

307. The Applicant's interests do not conflict with the interests of other Class Members and further, the Applicant has no interest that is antagonistic to those of other members of the Class;

308. The Applicant is prepared to be examined out-of-court on her allegations (as may be authorized by the Court) and to be present for Court hearings, as may be required and necessary;

309. The Applicant has spent time researching this issue on the internet and meeting with her attorneys to prepare this file. In so doing, she is convinced that the problem is widespread;

B) The Applicant suggests that this class action be exercised before the Superior Court of Justice in the district of Montreal

310. A great number of the members of the Class reside in the judicial district of Montreal and in the appeal district of Montreal;

311. The Applicant's attorneys practice their profession in the judicial district of Montreal;

312. The present application is well founded in fact and in law.

FOR THESE REASONS, MAY IT PLEASE THE COURT:

GRANT the present application;

AUTHORIZE the bringing of a class action in the form of an application to institute proceedings in damages and declaratory relief;

APPOINT the Applicant as representative of the persons included in the Class herein described as:

- All persons who underwent depatterning treatment at the Allan Memorial Institute in Montreal, Quebec, between 1948 and 1964 using Donald Ewen Cameron's methods (the "Montreal Experiments") and their successors, assigns, family members, and dependants or any other group to be determined by the Court;

IDENTIFY the principle issues of fact and law to be treated collectively as the following:

a) Were the Montreal Experiments suitable treatment for those that underwent them?

b) Were the Montreal Experiments human experimentation?

c) Was informed consent properly obtained for participation in the Montreal Experiments?

d) Did the Locus Defendants commit a fault, whether intentionally or negligently, by their systemic participation in the Montreal Experiments?

e) Did the Governmental-Funding Defendants commit a fault, whether intentionally or negligently, through their active or passive participation in the Montreal Experiments?

f) Did any of the Defendants know or should they have known of the Montreal Experiments and when?

g) Did the Defendants fail and/or neglect to notify Class Members that they had been subjects in the Montreal Experiments and to assure that they received proper follow-up treatment?

h) With respect to Class Members' rights, did the any of the Defendants breach the *Civil Code of Québec*, CQLR c CCQ-1991 (*inter alia*, arts. 10, 11, 1375, 1399, 1457, 1463), the *Quebec Charter of Rights and Freedoms* (specifically ss. 1, 2, 4, and 48), the *Canadian Charter of Rights and Freedoms* (specifically, ss. 7, 12, the Universal Declaration of Human Rights (specifically, ss. 1, 3, 5, and 18), and/or *An Act Respecting Health Services and Social Services*, CQLR c S-4.2 (specifically, ss. 1, 3, 5, 8, 9, 10, & 11)?

i) In the affirmative to any of the above questions, did the Defendants' conduct engage their solidary liability toward Class Members?

j) What is the nature and extent of damages to which the Class Members can claim?

k) Are Class Members entitled to bodily, moral and material damages, and if so, in what amount?

l) Are Class Members entitled to punitive damages, and if so, in what amount?

IDENTIFY the conclusions sought by the class action to be instituted as being the following:

GRANT the class action of the Applicant and each of the members of the Class;

DECLARE that the Defendants solidarily liable for the damages suffered by the Applicant and each of the members of the Class;

CONDEMN the Defendants to pay to each member of the Class a sum to be determined in compensation of the damages suffered, and ORDER collective recovery of these sums;

CONDEMN the Defendants to pay punitive damages to each of the members of the Class, and ORDER collective recovery of these sums;

CONDEMN the Defendants to pay interest and additional indemnity on the above sums according to law from the date of service of the application to authorize a class action;

ORDER the Defendants to deposit in the office of this Court the totality of the sums which forms part of the collective recovery, with interest and costs;

CONDEMN the Defendants to bear the costs of the present action including expert and notice fees;

RENDER any other order that this Honourable Court shall determine and that is in the interest of the members of the Class;

DECLARE that all members of the Class that have not requested their exclusion, be bound by any judgment to be rendered on the class action to be instituted in the manner provided for by the law;

FIX the delay of exclusion at thirty (30) days from the date of the publication of the notice to the Class Members, date upon which the members of the Class that have not exercised their means of exclusion will be bound by any judgment to be rendered herein;

ORDER the publication of a notice to the members of the group in accordance with article 579 C.C.P. within sixty (60) days from the judgment to be rendered herein in LA PRESSE, THE GAZETTE, and the THE GLOBE AND MAIL;

ORDER that said notice be available on the Defendants' website(s), as well as their Facebook page(s) and Twitter account(s) with a link stating "Notice to Allan Memorial Institute Patients of Dr. Cameron Between 1948 and 1964";

RENDER any other order that this Honourable Court shall determine and that is in the interest of the members of the Class;

THE WHOLE with costs, including all publication and dissemination fees.

Montreal, December 31, 2020

(S) Andrea Grass

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Per: Me Andrea Grass
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CANADA

PROVINCE OF QUEBEC
DISTRICT OF MONTREAL

NO: 500-06-000972-196

(Class Action)
SUPERIOR COURT

J. TANNY

Applicant

-vs.-

ROYAL VICTORIA HOSPITAL
and
MCGILL UNIVERSITY (...)
and
ATTORNEY GENERAL OF CANADA
and
UNITED STATES ATTORNEY GENERAL

Defendants

NOTICE OF DISCLOSURE OF EXHIBITS

TAKE NOTICE that the Applicant intends on producing the following exhibits at the hearing:

R-1: Copy of an extract from the *Registraire des entreprises* for the Royal Victoria Hospital,

Copy of the Corporation Profile Report for the Royal Victoria Hospital, *en liasse*;

Copy of the document entitled "History of the Growth and Development of the Allan Memorial Institute" dated August 2, 1968;

R-2: (…)

R-3: Copy of the Phoenix Rising article entitled "A Psychiatric Holocaust" dated June 1986,

Copy of the DRB files materials on research by Dr. Donald O. Hebb on sensory deprivation experiments, *en liasse*;

R-4: Copy of chapter 3 from the book "The Trauma of Psychological Torture" entitled "Legacy of a Dark Decade: CIA Mind Control,

Classified Behavioral Research, and the Origin of Modern Medical Ethics" dated 2008,

Copy of the DRB file materials, correspondence and news clippings,

Copy of the DRB report to the Treasury Board, dated August 3, 1954, *en liasse*;

R-5: Copy of the 9 Mental Health Division research projects listing Cameron as principal investigator,

Copy of various departmental memoranda and a sample application form, *en liasse*;

R-6: Copy of the released CIA documents regarding MKULTRA Subproject 68;

R-7: Copy of an extract from the United States Senate's Final Report of the Select Committee to Study Governmental Operations with Respect to Intelligence Activities dated April 26, 1976;

R-8: Copy of the transcript of the Joint Hearing Before the Select Committee on Intelligence and the Subcommittee on Health and Scientific Research of the Committee on Human Resources United States Senate entitled "Project MKULTRA, The CIA's Program Of Research In Behavioral Modification" dated August 3, 1977;

R-9: Copy of an excerpt for the 1957 Inspector General Report entitled "Operations of TSD" from Selections of CIA MKULTRA Documents – folder 0000146167, paginated as 199-206;

R-10: Copy of the Memorandum for the Director of Central Intelligence with the Subject: "Report of Inspection of MKULTRA" dated July 26, 1963, including its attachments;

R-11: Copy of The New York Times article entitled "C.I.A. Says it Found More Secret Papers on Behavior Control" dated September 3, 1977;

R-12: Copy of the transcript of the Interview with Richard Helms of May 22-23, 1978;

R-13: Copy of the Hamline Journal of Public Law and Policy article entitled "Anatomy of a Public Interest Case Against the CIA" dated 1990;

R-14: Copy of The New York Times article entitled "Private Institutions used in [CIA] Effort to control behavior" dated August 2, 1977;

R-15: Copy of an extract from the Debates of the Senate Official Report (Hansard) 1976-77 Volume II (April 26, 1977 to October 17, 1977);

R-16: Copy of the *Official Secrets Act*, 1939

The book, I Swear by Apollo, published in 1987, *en liasse*;

R-17: Copy of the MKULTRA Briefing Book dated January 1, 1976,

Copy of Appendix C to the book entitled "The C.I.A. Doctors" written by Colin A. Ross, M.D., published January 1, 2006, *en liasse*;

R-18: Copy of the Canadian Psychiatric Association's list of Past Presidents,

Copy of the American PsychoPathological Association's list of presidents,

Copy of the World Psychiatric Association's chronology, *en liasse*;

R-19: Copy of the InterScience article entitled "Science in Dachau's Shadow: Hebb, Beecher, and the Development of CIA Psychological Torture and Modern Medical Ethics" dated 2007,

Copy of the Alliance for Human Research Protection (AHRP) article entitled "1950s–1960s: Dr. Ewen Cameron Destroyed Minds at Allan Memorial Hospital in Montreal" undated, *en liasse*;

R-20: Copy of the Comprehensive Psychiatry article entitled "The Depatterning Treatment of Schizophrenia" dated April 1962;

R-21: Copy of the McGill Tribune article entitled "Declassified: Mind Control at McGill" undated;

R-22: Copy of an extract from the book "Mind Control, World Control" published in 1997;

R-23: Copy of the Government of Canada's webpage entitled "LSD",

Copy of the Centre for Addiction and Control article entitled "LSD", *en liasse*;

R-24: Copy of the letter from McGill University to Cameron dated July 1, 1943,

Copy of the Strategic Research Plan of the Department of Psychiatry of McGill University dated 2011, *en liasse*;

R-25: Copy of the Alliance for Human Research Protection (AHRP) article entitled "1940s: Dr. Ewen Cameron Collaborated with the U.S. Office of Special Services (OSS)" undated,

Copy of the American Psychiatric Association article entitled "Current Comment – Psychiatric Examination of Rudolf Hess" dated March 23, 1946, *en liasse*;

R-26: Copy of the Nuremburg Code;

R-27: The book "A Father, a Son and the CIA" dated 1988;

R-28: Copy of the minutes of the "Meeting at Ritz-Carleton Hotel, Montreal, June 1, 1951 and the handwritten note appended thereto;

R-29: Copy of the classified 1952 Annual Report for Contract DRB X38, Experimental studies of attitude;

R-30: Copy of the Final Report on Project No. 604-5-14;

R-31: Copy of the Washington Post article entitled "Subproject 68: The Case Continues" dated October 27, 1985;

R-32: Copy of the Chicago Tribune article entitled "Brainwash Tests in '57 Haunt CIA" dated June 1, 1986;

R-33: Copy of Cameron's article entitled "Adventures with Repetition: The Search for its Possibilities" dated 1965;

R-34: Copy of the Nexus Magazine article entitled "A History of Secret CIA Mind Control Research" dated April/May 1992;

R-35: Copy of the Rapport de la Commission d'Étude des Hôpitaux Psychiatriques dated March 9, 1962;

R-36: Copy of the Canadian Psychiatric Association Journal article entitled "Intensive Electroconvulsive Therapy: a Follow-Up Study" dated 1967;

R-37: Copy of the Scotsman article entitled "Stunning tale of brainwashing, the CIA and an unsuspecting Scots researcher" dated January 2, 2006;

R-38: Copy of the MTL Blog article entitled "The Secret Montreal Experiments They Don't Want You To Know About";

R-39: Copy of an extract from McGill's website at www.archives.mcgill.ca;

R-40: Copy of *Morrow* c. *Hôpital Royal Victoria*, 1985 CanLII 3025 (QC CA);

R-41: Copy of *Morrow* c. *Hôpital royal Victoria*, 1989 CanLII 1297 (QC CA);

R-42: Copy of *Central Intelligence Agency et al.* v. *Sims et al.*, 471 U.S. 159 (1985);

R-43: Copy of *United States* v. *Stanley*, 483 U.S. 669 (1987);

R-44: Copy of the CBC News article entitled "'She went away, hoping to get better': Family remembers Winnipeg woman put through CIA-funded brainwashing" dated December 19, 2017;

R-45: Copy of the Plaintiffs' Preliminary Pretrial Statement in *Orlikow et al.* v. *United States of America*, Civil Action No. 80-3163;

R-46: The book "In the Sleep Room" by Anne Collins, published in 1988;

R-47: Copy of *Orlikow* v. *United States*, 682 F. Supp. 77 (D.D.C. 1988);

R-48: Copy of the American Bar Association Journal article entitled "Beyond Nuremberg" dated March 1997;

R-49: Copy of the "Opinion of George Cooper, Q.C., Regarding Canadian Government Funding of the Allan Memorial Institute in the 1950's and 1960's" transmitted on March 7, 1986 (the "Cooper Report");

Copy of the confidential memo of the Canadian Government dated December 20, 1985;

Copy of the "Question Period Briefing Note" dated January 6, 1986, *en liasse*;

R-50: Copy of the Memorandum on Compensation in the Absence of Legal or Moral Responsibility from Mr. Cooper to the Hon. John C. Crosbie, P.C., Q.C., M.P. undated;

R-51: Copy of the Order Respecting Ex Gratia Payments to Persons Depatterned at the Allan Memorial Institute Between 1950 and 1965, dated November 16, 1992,

Copy of an extract from the Government of Canada website at www.justice.gc.ca, *en liasse*;

R-52: Copy of a Release Form;

R-53: Copy of The Guardian article entitled "The toxic legacy of Canada's CIA brainwashing experiments: 'They strip you of your soul'" dated May 3, 2018,

Copy of the CBC News article entitled "Federal government quietly compensates daughter of brainwashing experiments victim" dated October 26, 2017,

Copy of The New York Times article entitled "Canada Will Pay 50's Test Victims" dated November 19, 1992, *en liasse*;

R-54: Copy *Kastner* v. *Canada (Attorney General)*, 2004 FC 773;

R-55: Copy of *Huard* v. *Canada (Attorney General)*, 2007 FC 195;

R-56: Copy of the article entitled "Legal Considerations in Experimental Design in Testing New Drugs on Humans" dated April 1963;

R-57: Copy of Cameron's paper entitled "Production of Differential Amnesia as a Factor in the Treatment of Schizophrenia" dated February 1960;

R-58: Copy of the Washington Post article entitled "25 Years of Nightmares" dated July 28, 1985;

R-59: Copy of an extract from the *Registraire des entreprises*;

R-60: Copy of the letter from the McGill comptroller to Cameron dated November 29, 1949;

R-61: Copy of the Federal Register on United States Intelligence Activities – Executive order 12036 dated January 26, 1978;

Copy of the letter from the Embassy of the United States to the Canadian government dated February 7, 1979, *en liasse*;

R-62: Copy of a declassified CIA document "CIA-RDP01-01773R000100170001-5" released on February 8, 2012;

R-63: Copy of the Ex Post Facto: Journal of the History Students at San Francisco State University article entitled "Perfecting the Art of Brainwashing: The CIA's Efforts to Weaponize Mind Control" dated spring 2013;

R-64: Copy of chapter 2 of the book "A Question of Torture" published in 2006;

R-65: Copy of a CIA document entitled "Summary of Remarks by Mr. Allen W. Dulles at the National Alumni Conference of the Graduate Council of Princeton University Hot Springs, VA., April 10, 1953";

R-66: Copy of the letter from the Embassy of the United States to the Canadian government dated February 13, 1979;

R-67: Copy of the CCHR International article entitled "Captive Brains: Electroshock for Mind Control" dated July 29, 2019;

R-68: Copy of an extract from the book, "The C.I.A. Doctors", published in 2006;

R-69: Copy of the document entitled "Annual Report 1947-1948" dated May 31, 1948;

R-70: Copy of the application dated January 23, 1950 and from a copy of correspondence relating thereto, *en liasse*;

R-71: Copy of the article entitled "Effects of decreased variation in the sensory environment" dated June 1954;

Copy of the article entitled "Effects of the Decrease in Sensory Variability on Body Scheme" dated April 1956, *en liasse*;

R-72: Copy of the Scientific American article entitled "The Pathology of Boredom" dated January 1957;

R-73: Copy of the letters dated August 10, 1964, August 13, 1964, and May 24, 1965, *en liasse*;

R-74: Copy of an extract from the book "The Shock Doctrine", published in 2007;

R-75: Copy of the CBC News article entitled "Brainwashed: The echoes of MK-ULTRA" dated October 21, 2020;

R-76: Copy of an extract from the book "The Manchurian Candidate", published in 1979;

R-77: Copy of the CBC The National News episode entitled "Compensation for CIA-funded brainwashing experiments paid out to victim's daughter 60 years later" dated October 26, 2017;

R-78: Copy of the CBC documentary entitled "Brainwashed : The Secret CIA Experiments in Canada" dated December 15, 2017;

R-79: Copy of the City News video entitled "Brainwashing victims planning class-action lawsuit" dated May 21, 2018;

R-80: Copy of the Government of Canada's confidential internal memo dated December 18, 1985 regarding Mr. Rauh letter to the Secretary of State for External Affairs dated December 17, 1985;

Copy of the correspondence between the Secretary of State for External Affairs to Mr. Rauh dated December 18-24, 1985, *en liasse*;

R-81: Copy of a letter from the U.S. Department of State to the Ambassador of Canada dated December 24, 1985;

R-82: Copy of a letter from the Canadian government dated January 20, 1986;

R-83: Copy of the House of Commons Book – Briefing Note dated December 19, 1985;

Copy of the Vancouver Sun News article entitled "CIA Secrecy backed in brainwashing case" dated December 20, 1985;

Copy of the Order and Memorandum dated December 10-13, 1985, *en liasse*;

R-84: Copy of the article entitled "Clark prefers to avoid courts in brainwash case" dated November 5, 1985;

Copy of the Province article entitled "Clark Joins CIA Feud" dated September 27, 1985;

Copy of the article entitled "Bid to Settlement CIA Research Suit: Shultz invites brainwash talks" dated October 1985;

Copy of a letter from the Canadian Minister of State (External Relations) undated, *en liasse*;

R-85: Copy of the confidential internal Canadian government memo entitled "Orlikow: Request by Rauh for Deposition by Hadwen" dated January 7, 1986;

R-86: Copy of the confidential internal Canadian government memo entitled "Orlikow: Rauhs Lets of Dec17 and Dec24" dated January 7, 1986;

R-87: Copy of the Memo entitled "Q&A No. 116 of January 27 – Orlikow Case" dated January 28, 1986;

R-88: Copy of the letter from the U.S. Department of Justice to the Embassy of Canada dated May 10, 1983;

R-89: Copy of the confidential memo dated December 31, 1985;

R-90: Redacted copies of petitions with their attached letters dated December 27, 1985 and January 26, 1986, *en liasse*;

R-91: Copy of the letter from the Canadian Mental Health Association to the Canadian Secretary of State for External Affairs dated January 21, 1986;

R-92: Copy of the letter from the Women's Inter-Church Council of Canada to the Canadian government dated January 22, 1986;

R-93: Copy of the article entitled "Ottawa abets the CIA" undatedl

Copy of the Province article dated January 23, 1986;

Copy of the article entitled "Death camp horror" dated January 16, 1986;

Copy of the Sun article entitled "Speed it up" dated January 4, 1986;

Copy of the Province article entitled "Ottawa 'fiddling' over experiment" dated December 30, 1985, *en liasse*;

R-94: Copy of a portion of what appears to be a letter dated January 1986;

R-95: Copy of the letter from the U.S. Government dated January 6, 1986;

R-96: Copy of a redacted draft letter dated January 8, 1986 and from a copy of the final letter dated January 16, 1986, *en liasse*;

R-97: Redacted copy of the letter from Mr. Cooper to the Attorney General of Canada dated December 19, 1985;

R-98: Copy of the Draft Cooper Report dated January 28, 1986;

R-99: Copy of the letter dated January 8, 1986 with the subject "Orlikow Affair: The Cooper Report: Some Preliminary Thoughts";

R-100: Copy of a letter from the U.S. government to Canada entitled "Preliminary Report by Cooper – Comments" dated January 8, 1986;

R-101: Copy of the Memo to the Secretary of State for External Affairs dated January 22, 1986.

Montreal, December 31, 2020

(S) Andrea Grass

CONSUMER LAW GROUP INC.
Per: Me Andrea Grass
Attorneys for the Applicant

CONSUMER LAW GROUP INC.
1030 rue Berri, Suite 102
Montréal, Québec, H2L 4C3
Telephone: (514) 266-7863
Fax: (514) 868-9690
Email: agrass@clg.org

N°: 500-06-000972-196

(Class Action)
SUPERIOR COURT
DISTRICT OF MONTREAL

J. TANNY
Applicant

-vs.-

ROYAL VICTORIA HOSPITAL *ET AL.*
Defendants

AMENDED APPLICATION TO AUTHORIZE THE BRINGING OF A CLASS ACTION & TO APPOINT THE APPLICANT AS REPRESENTATIVE PLAINTIFF
(Art. 574 C.C.P and following)

COPY

Me Jeff Orenstein (Ext. 2)
Me Andrea Grass (Ext. 3)
CONSUMER LAW GROUP INC.
1030 rue Berri, Suite 102
Montreal, Quebec, H2L 4C3
Telephone: (514) 266-7863
Telecopier: (514) 868-9690
Email: jorenstein@clg.org
agrass@clg.org

BC 4013

Consumer Law Group

204

APPENDIX 5

FEDERAL BUREAU OF INVESTIGATION
FOI/PA
DELETED PAGE INFORMATION SHEET
FOI/PA# 1371256-0

Total Deleted Page(s) = 2
Page 4 ~ b7D;
Page 19 ~ b6; b7C; b7D;

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FEDERAL BUREAU OF INVESTIGATION
FOI/PA
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FOI/PA# 1324661-0

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RECORDED - 77 64-32389-1

SAG, Albany
Director, FBI

May 26, 1948

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 06-03-2015 BY F46M82K40 ADC

DONALD EWEN CAMERON
Police Cooperation
Foreign Miscellaneous

The above-named individual is presently being considered for employment in Canada on duties which will require access to secret data and [redacted] b7D [redacted] an investigation of his character, background and loyalty.

The Albany Office is requested to conduct an appropriate investigation of Cameron at Albany, New York, where he resided from 1938 to 1943 during which time he was a Professor of Neurology and Psychiatry at the Albany Hospital, Albany Medical College. No residence address was furnished to the Bureau.

The Boston Division is requested to conduct an appropriate investigation of Cameron at Worcester, Massachusetts, where he resided from 1936 to 1938 during which period he was Senior Research Psychiatrist in the Research Division of the Worcester State Hospital from 1936 to 1937, and Resident Director of Research in the Research Division of the Worcester State Hospital from 1937 to 1938.

Inasmuch as this investigation is being conducted [redacted] b7D [redacted] the results of your investigation should be forwarded to the Bureau not later than June 9, 1948.

Mr. Tolson
Mr. E. A. Tamm
Mr. Clegg
Mr. Glavin
Mr. Ladd
Mr. Nichols
Mr. Rosen
Mr. Tracy
Mr. Egan
Mr. Gurnea
Mr. Harbo
Mr. Mohr
Mr. Pennington
Mr. Quinn Tamm
Tele. Room
Mr. Nease
Miss Gandy

cc - Boston

COMMUNICATIONS SECTION
MAILED 12
MAY 26 1948 P.M.
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

[redacted] b6 b7C

62 JUL 1 1948

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DATE 06-03-2015 BY F46M82K40 ADC

ENCLOSURE

64-32389-1

Curriculum Vitae

CAMERON, Donald Ewen — Professor of Psychiatry, McGill University; Psychiatrist-in-Chief, Royal Victoria Hospital; Director, Allan Memorial Institute of Psychiatry; Consultant Psychiatrist, Montreal General Hospital and Verdun Protestant Hospital.

BORN: Bridge of Allan, Scotland, 1901, December 24.

Education, Degrees and Licensure

Stirling High School, 1908-1913.
Glasgow Academy, 1913-1919.
University of Glasgow, 1919-1924, M.B., Ch.B.
Licensed, Great Britain, 1924,
Diploma in Psychological Medicine, University of London,
Licentiate Canadian Medical Council, 1931.
M.D. with distinction, University of Glasgow, 1936.
Certified in Psychiatry, American Board of Psychiatry an Neurology, 1938.
Licensed, New York State, 1938.

Training, Hospital and Academic appointments

1924-25: Resident Surgeon, Glasgow Western Infirmary. Resident Physician, Glasgow Royal Infirmary.

1925-26: Assistant Physician under Professor D.K. Henderson at Glasgow Royal Mental Hospital. Psychiatric outpatient work was also included in this appointment.

1926-27: Assistant Psychiatrist and Assistant Dispensar Physician at Phipps Clinic, Johns Hopkins Hospital.

1927-28: Assistant Resident Psychiatrist, Assistant Dispensary Psychiatrist at Phipps Clinic. Instructor in Psychiatry at Johns Hopkins Hospital. During these two years held a Henderson Research Scholarship in Psychiatry.

1928-29: Volontairarzt in Burghoelzi, Zurich, under Professor Hans W. Maier. Later in that year took over the duties of a regular ward psychiatrist at the same hospital.

1929-36: Physician in Charge of the Reception Unit of the Provincial Mental Hospital, Brandon, Manitoba. In 1931 I undertook, in addition, the organization of the mental health work in the western part of the Province, establis ing a clinic in the city and in addition nine centers in the outlying areas to which travelling clinics were sent.

1936-37: Senior Research Psychiatrist in the Research Division of the Worcester State Hospital.

1937-38: Resident Director of Research in the Research Division of Worcester State Hospital.

DONALD EWEN CAMERON

PHOTO (IN)

ALL FBI INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 06-03-2015 BY F46M82K40 ADC

C-210 175

NOTE.—If insufficient space is provided to answer any questions, attach additional sheets and give question numbers. Applicants for professional positions are required to arrange for transcripts of their university records to be forwarded. Enclose 2 recent photographs, about 2½" x 2½".

DEFENCE RESEARCH BOARD

[redacted] FORM

1. Name: CAMERON (Last) D(onald) (First) Ewen (Second) — Print in block letters
2. Present Address: 1025 Pine Avenue, West, (No.) (Street) Montreal, (City) Que. (Prov.) Plateau 1251, Loc. 362 (Tel. No.)
3. Places of Residence during last 15 years. (Do not include any period spent in the Armed Forces during World War II)

City and Province	Street and Number	Dates
Brandon, Manitoba		19 29 to 19 36
Worcester, Mass.		19 36 to 19 38
Albany, N.Y.		19 38 to 19 43
Montreal, Que.		19 1943 to 19
		19 to 19

4. Country and place of birth
   - (a) Yourself: Bridge of Allan, Scotland (b) Your Wife/Husband: Scotland
   - (c) Your Mother: England. (d) Your Father: Scotland
5. (a) Racial Origin: White (b) Nationality: Scottish (c) Citizenship: American.
   - (d) If Canadian Citizen — by Birth ☐ or Naturalization ☐ (Put check mark in proper square)
   - (e) Date and Place of Naturalization
   - (f) Naturalization Certificate No. (g) Self-naturalized or through parents
   - (h) Date of entry to Canada: Sept. 21/43 (from U.S.) (j) Port, Ship, etc.: Via Lacolle, Que.
   - (k) If not a Canadian Citizen, are you a British Subject? No
   - (l) Length of Residence in Canada: Approx. 5 years.
6. (a) Date of Birth: 24 (Day) December (Month) 1901 (Year) (b) Age last birthday: 46
   - (c) Height: 6 ft. (d) Weight: 190 (e) Complexion: Fair
   - (f) Colour of Hair: Grey (g) Colour of Eyes: Blue.
   - (h) Marks, deformities or physical defects (give details): None
   - (j) Sex: Male (k) State of health: Excellent.
7. Marital Status: Married 8. Maiden name if married woman
9. Names, relationships and ages of dependents, if any.
   [redacted] wife. b6
   [redacted] children; [redacted] b7C
10. FAMILY HISTORY:—
   - (a) Father's Name and Present Address: Duncan Cameron (deceased)
   - (b) Father's Occupation: Clergyman
   - (c) Mother's Name and Address: Margaret I. (Cormacher) Cameron. Scotland.
   - (d) Wife's Maiden or Husband's name, address and occupation: [redacted] Housewife.
   - (e) Racial Origin of wife/husband: White
   - (f) Nationality of wife/husband: Scottish (American citizen)
   - (g) Brothers and Sisters (details of residence and present employment)

D.R.F. 1—3500—12-47 (606)
D.R.B.2-0-364-1

Place [illegible] From 1941 to [illegible]
Name of employer [illegible]
Address: Russell Sage School of [illegible]
Kind of business or organization: [illegible]
Number and class of employees you supervised:
Name and title of your immediate Supervisor:
Reason for leaving:

Exact title of your position: Professor of Neurology & Psychiatry [illegible]
Salary—Starting $
—Final $
Duties and responsibilities
Machines and equipment you used

Place (City) (Province)
From 1940 (Month) to 19 (Month)
Name of employer:
Address
Kind of business or organization:
Number and class of employees you supervised:
Name and title of your immediate Supervisor:
Reason for leaving:

Exact title of your position: Psychiatric Consultant to Berkshire Industrial Farm
Salary—Starting $
—Final $
Duties and responsibilities
Machines and equipment you used

Place: ALBANY (City) N.Y (Province)
From 1938 (Month) to 1943 (Month)
Name of employer: ALBANY HOSPITAL
Address: ALBANY MEDICAL COLLEGE
Kind of business or organization:
Number and class of employees you supervised:
Name and title of your immediate Supervisor:
Reason for leaving:

Exact title of your position: Professor of Neurology - Psychiatry; Neurologist & Psychiatrist-in-chief
Salary—Starting $
—Final $
Duties and responsibilities
Machines and equipment you used

I declare that the answers to the questions in this application as made by me are true and I make this solemn declaration conscientiously, believing it to be the truth.

April 17, 1948. (Date) D. E. Cameron (Applicant's Signature)

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11. (a) Religious Denomination............(b) Church Attendance

12. Visits to (a) U.S.A. (Give dates of visits, places visited and purpose of visits):

Periodic visits to U.S. to attend scientific meetings.

(b) Other countries (Give dates of visits, places visited and purpose of visits):

Nuremberg, Germany - December 1945 (Was member of American team of psychiatrists sent to examine Rudolf Hess in War Crimes Trials)

13. (a) Have you ever been charged with a criminal offence? No
(b) If so were you called before a court of Justice to answer the charge against you?
(c) What was the charge?
(d) What was the judgment in the case?

14. (a) Have you ever been dismissed or forced to resign from any position? No
(b) If so, give details

15. (a) Position or class of work applied for
(b) Date available for employment, if selected............(c) Salary expected
(d) Would you accept employment anywhere?............(e) If not, state place(s) preferred

16. Education

	From	To	Name of Institution	Place	Course	Degree or Diploma
Elementary School	1908	1913	Stirling High Sch.	Scotland		
Secondary School	1913	1919	Glasgow Academy	Glasgow, Scotland.		

Technical or
Other Schools Univ. of Glasgow, 1919-24, M.B., Ch.B.
University Univ. of London, 1925, Diploma in Psychol.Med.; Univ. of Glasgow, M.D. 1936
Post Graduate

17. Scholarships won and distinctions awarded
1927-28: Henderson Research Scholarship in Psychiatry (at Johns Hopkins Hospital, Baltimore, Md.)
1936: M.D. with distinction, Glasgow University.

18. Research (List problems investigated and give names of Supervisors and Associates):
See attached curriculum vitae.

19. Scientific or other papers published: 69 articles published todate, ~~of which the following are representative:~~

Title	Publication	Date	Volume No.	Issue No.
See attached list.				

20. Any other occupations or skill acquired through studies or practice (e.g. Photography, Aviation, Radio, Sketching, etc.)

21. What language(s) can you Speak English German Read English German Write English German

22. Clubs and Associations or Professional Memberships (Give names and addresses of which a member or previous member):
See attached curriculum vitae.

23. SERVICE IN THE ARMED FORCES—
(A) World War I (i) Date Enlisted............(ii) Date Discharged
(iii) Arm of Service............(iv) No. (where applicable)
(v) Theatres of Service: Canada............(vi) Overseas (specify the time spent in each theatre)
(vii) Rank on Enlistment............(viii) Rank on Discharge
(ix) Appointments held or nature of duties
(x) Medals or decorations received
(B) World War II (i) Date Enlisted............(ii) Date Discharged
(iii) Arm of Service............(iv) No. (where applicable)
(v) Theatres of Service: Canada............(vi) Overseas (specify the time spent in each theatre)
(vii) Rank on Enlistment............(viii) Rank on Discharge
(ix) Appointments held or nature of duties
(x) Service Schools or Courses
(xi) Medals or decorations received
(C) Other Military Service
(D) Were you honourably discharged from (i) Service in World War I
(ii) Service in World War II............(iii) Other Military Service

24. Where were you resident at time of enlistment: (a) World War I
(b) World War II

25. Were you wounded on active service? If so, state nature of your injuries

26. (a) Are you now in receipt of disability pension by reason of service in World War I or II?
(b) If so, give Pension No............(c) Percentage of disability
(d) State nature of disability

27. Names and addresses of three (3) persons from whom references can be obtained respecting experience and ability, in addition to character.

Name	Address	Occupation

28. Employment Record (List Present Position First) See attached curriculum vitae.

Place............(City)............(Province)
From............19 (Month) to............19 (Month)
Name of Employer:
Address
Kind of business or organization:
Number and class of employees you supervised:
Name and title of your immediate Supervisor:
Reason for leaving:

Exact title of your position
Salary—Starting $
—Present $
Duties and responsibilities
Machines and equipment you used

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HEREIN IS UNCLASSIFIED
DATE 06-03-2015 BY F46M82K40 ADG

FEDERAL BUREAU OF INVESTIGATION

Form No. 1
THIS CASE ORIGINATED AT BUREAU

FILE NO. 94-375. EPL.

REPORT MADE AT	DATE WHEN MADE	PERIOD FOR WHICH MADE	REPORT MADE BY
BOSTON, MASS.	6/10/48	6/2,7,8, 1948.	JAMES F. SULLIVAN

TITLE	CHARACTER OF CASE
DONALD EWEN CAMERON	POLICE COOPERATION FOREIGN, MISCELLANEOUS.

SYNOPSIS OF FACTS: b7E

Employment records, Mass. Dept. of Mental Health, Boston, Mass. verify Cameron's employment at Worcester, Mass. 1936-38. Nothing derogatory as to loyalty, character or background. DR. ROY G. HOSKINS, associate of CAMERON at Worcester State Hospital recommends CAMERON highly as to character, integrity and loyalty. HOSKINS'S name appeared on list of alleged members Science Comm. of the Nat. Council of American Soviet Friendship, Inc. This organization appears on list of organizations named by Attorney General, Tom C. Clark, on 11/24/47, as being within purview of President's Executive Order No. 9835., Part III, Section 3. DR. DAVID SHAKOW, another associate of CAMERON, at Worcester State Hospital, is listed among subscribers to "Science & Society", which was cited as a Communist Front by the Special Committee on Un-American Activities on 3/29/44. SHAKOW'S name also appears on the membership list of the Boston-Cambridge Branch of the American Association of Scientific Workers. CAMERON employed as Senior Physician and Director, Psychiatric Clinic, Worcester State Hospital, Worcester, Mass., Feb. 1936 to Nov. 1938 when he resigned voluntarily for another position. No derogatory information obtained, Worcester.

b6
b7C

CC TO: [redacted]
REQ. REC'D [illegible]
APR 9 1985
ANS.
BY [redacted]

Photo
HEW
2-7-63
AND
BY: Kmr/[illegible]

- RUC -

REFERENCE: Bureau letter to Albany, dated May 26, 1948.

This investigation was conducted jointly by Special Agents [redacted] and James F. Sullivan.

b6
b7C

APPROVED AND FORWARDED: [signature] SPECIAL AGENT IN CHARGE

DO NOT WRITE IN THESE SPACES

62-3[illegible]-2 RECORDED - [illegible]

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Boston - 2. R171 DEC 29 1961
b7D

CC- [redacted] JCR

U. S. GOVERNMENT PRINTING OFFICE 7—2034

BOS. 94-375.

DETAILS: AT WORCESTER, MASSACHUSETTS: b6 b7C

DR. E. H. RODNICH, Director Psychiatric Clinic, Worcester State Hospital advised that CAMERON first became employed at this institution February, 1936 as Senior Physician, Psychiatric Division, and in June, 1938 was elevated to Director of Psychiatric Clinic. CAMERON resigned voluntarily in November, 1938 to accept another position. DR. RODNICH indicated that CAMERON performed his duties in a most outstanding manner and that he considered CAMERON as a person of high integrity and a most trustworthy person. He said that he could not discuss CAMERON'S political viewpoints since he had never talked to CAMERON about them. He bases his opinions of CAMERON upon his two-year association with him from 1936 to 1938. He indicated that he knows nothing of CAMERON'S background.

DR. RODNICH examined the list of employees of the Worcester State Hospital, from 1936 to 1938, and he found one, CAMERON'S former superior, DR. ROY G. HOSKINS, now located at the Boston Office of Naval Research, who could furnish information regarding CAMERON.

Officer [redacted] Bureau of Criminal Records, Worcester Police Department, advised that his department has no criminal record for CAMERON.

[redacted] Manager, Worcester Chamber of Commerce Credit Bureau advised that his office has no credit record for CAMERON.

AT BOSTON, MASSACHUSETTS:

[redacted] at the Massachusetts Department of Mental Health, 100 Nashua Street, after reviewing his files advised as follows:

DONALD EWEN CAMERON was born at Bridge of Allean in Scotland, December 24, 1901. He attended the University of Glasgow, 1919-1924, receiving degrees of M.B. and Ch.B. This file contains a letter written in CAMERON'S handwriting, dated February 22, 1926, stating that he, CAMERON, intended to take out his first papers inasmuch as he was planning eventually to settle in the United States. This file reflects that CAMERON was appointed to the Research Department of the Worcester State Hospital as Senior Physician Psychiatrist on February 1, 1936, and on June 16, 1938 he was appointed Director of Clinical Psychiatry. On November 5, 1938 CAMERON resigned to accept a position at Albany Hospital in Albany, New York. There was nothing derogatory in this file as to character, background or loyalty.

[redacted] advised that he did not know CAMERON personally and therefore could not make any comments as to his loyalty, character and background. b6 b7C

DR. ROY G. HOSKINS, Bureau of Naval Research, First Naval District Headquarters, Boston, Mass., advised that he had been a very close associate of CAMERON from 1936 to 1938, at which time both were employed in Research work at the Worcester State Hospital in Worcester, Massachusetts.

DR. HOSKINS considers CAMERON a man of excellent character and morals, a man whose integrity and background are of the highest possible type, and a man whose loyalty could not be questioned. DR. HOSKINS gave CAMERON his unqualified and unconditional recommendation, both socially and professionally.

It will be noted that DR. HOSKINS' name appears on the list of the general committee of the Science Committee of the National Council of American Soviet Friendship, Inc. The National Council of American Soviet Friendship, Inc. appears in the list of organizations named by Attorney General Tom C. Clark on November 24, 1947, as being within the Purview of the President's Executive Order No. 9835, Part III, Section 3.

It must also be noted that another associate of CAMERON at the Worcester State Hospital, from 1936 to 1938, is DR. DAVID SHAKOW, presently the Branch Chief Clinical Psychologist-Consultant, Veterans Administration. DR. SHAKOW'S name appears on a list of subscribers to "Science and Society", dated December 2,1936. "Science and Society" was cited as a Communist Front by the Special Committee on Un-American Activities on March 29, 1944. DR. SHAKOW'S name also appears on a list of the members of the Boston-Cambridge Branch of the American Association of Scientific Workers, dated January 4, 1947. It was further indicated on this list that SHAKOW had paid his dues in 1946 as a member of this organization.

[redacted] Professor [redacted] Tufts College, Medford, Massachusetts, recommended CAMERON highly as to character, integrity, honesty and loyalty. [redacted] stated that CAMERON was the highest type of man, was most capable and had his unqualified recommendation. [redacted] felt certain that CAMERON had no subversive sympathies or associations. It will be noted that [redacted] name appears on a list of the sponsors of the Greater Boston Committee to Aid Spanish Democracy. b6 b7C

RUC.

SOS. 94-375

ADMINISTRATIVE DETAILS.

[redacted] mentioned in this report [redacted]
[redacted]

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STANDARD FORM NO. 64

Office Memorandum • UNITED STATES GOVERNMENT

TO : DIRECTOR, FBI DATE: June 9, 1948

FROM : SAC, ALBANY

SUBJECT: DONALD EWEN CAMERON
Police Cooperation
Foreign Miscellaneous

Reference is made to Bureau letter dated May 26, 1948, in the above-captioned matter.

The following investigation was conducted in Albany, New York, and vicinity:

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[redacted] Registrar, Albany Medical School, New Scotland Avenue, advised that her records reflected that Dr. CAMERON was employed as head of the Psychiatry Department from July 1, 1938, until September 1, 1943, at which time he resigned to accept a position as head of the Department of Psychiatry, Allen Memorial Institute, McGill University, Montreal, Canada. Her records further reflected that Dr. CAMERON was born December 24, 1901, at Bridge of Allen, Stirlingshire, Scotland. He received the degrees of M.D., and Ch.B. at Glasgow University in 1924. He later attended London University, London, England, and Johns Hopkins University, Baltimore, Maryland. Prior to coming to the Albany Medical School, Dr. CAMERON had been employed as Director of Research at the Worcester State Hospital, Worcester, Massachusetts, from 1936 to 1937. Other employments were listed as Physician in Charge of the Provincial Mental Hospital, Brandon, Manitoba, Canada; Assistant Psychiatrist, Phipps Clinic, Zurich, Switzerland; Assistant Psychiatrist, Johns Hopkins Hospital, Baltimore, Maryland, and as Assistant Psychiatrist, Glasgow Royal Mental Hospital, Glasgow, Scotland.

[redacted] Albany Hospital, advised that Dr. CAMERON was a personal acquaintance, and that he recognized him as one of the top psychiatrists in this country and stated that he unquestionably was regarded as the best man in his field in Canada. [redacted] stated that Dr. CAMERON had left the Albany Hospital to assume Directorship of the McGill University, Department of Psychiatry, since this undoubtedly was one of the best opportunities open to him in his field of psychiatric research. [redacted] described Dr. CAMERON as a high type of individual of unquestioned loyalty and of sound moral integrity. He advised that he had never heard anything of a derogatory nature concerning him. ~~DEFERRED RECORDING~~

[redacted] of the Albany Medical School, advised that he had been very closely associated with Dr. CAMERON during his residence in Albany. [redacted] mentioned that Dr. CAMERON had been born in Scotland, where his father was a minister, and that he obtained American citizenship while he was in Albany. [redacted] stated

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cc [redacted] 6.23.48 JCR b7D

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that Dr. CAMERON was accepted as an authority in his field of psychiatry and that he had been one of the doctors who were called upon to examine RUDOLF HESS after he had parachuted into England during the past war. [redacted] [redacted] advised that he held Dr. CAMERON in high regard; that he considered him a loyal and patriotic citizen and stated that he would absolutely recommend him for any position involving trust and confidence.

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Dr. S. E. BARRERA, who assumed the position as head of the Psychiatry Department of the Albany Medical School after Dr. CAMERON's resignation, described Dr. CAMERON as an outstanding psychiatrist and as one of the hardest working and most conscientious individuals that he had ever been privileged to work with. Dr. BARRERA added that Dr. CAMERON has been very well regarded by the Rockefeller Foundation, and that he himself holds him to be one of the most able psychiatric research men in the world. He added that Dr. CAMERON has recently written a book, "Life is for Living", published by the McMillan Publishing Company, which is accepted as a quite interesting and yet authoritative work.

The records of Leslies Credit Bureau, Albany, New York, reflected that Dr. CAMERON resided in Loudonville, New York, and in Guilderlands, New York, both suburbs of Albany and also at 423 State Street, Albany, New York, during his employment at the Albany Hospital.

[redacted] New York, advised that the CAMERONS had been [redacted] neighbors from approximately 1938 to 1940 and that she and her husband regarded them as about the finest individuals they had ever met. She stated that the CAMERONS have [redacted] children and that [redacted] prior to her marriage was one of the high-ranking women [redacted] in England. [redacted] stated that she held Dr. CAMERON in high regard and [redacted] when he obtained American citizenship.

[redacted] New York, advised that the CAMERONS had been neighbors to her during 1940. [redacted] stated that she considers herself an intimate friend of the CAMERONS; that she visits them on many occasions and she regards Dr. CAMERON as a loyal and patriotic citizen of unquestionable moral character and integrity.

[redacted] New York, advised that the CAMERONS had purchased the residence at 423 State Street and had resided there from approximately 1941 to 1942 [redacted] stated that Dr. and [redacted] were highly respected in the neighborhood; that they were quiet and unassuming individuals and that she never had any occasion to doubt their loyalty.

The records at the Albany County Clerk's Office reflect that CAMERON was admitted to United States citizenship in the Supreme Court, Albany County, on April 9, 1942, under Certificate No. 5376490.

The records of Leslies Albany Credit Bureau reflect a satisfactory credit rating for Dr. CAMERON, and no record was found concerning him at the Albany Police Department.

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The following investigation was conducted at Rouses Point, New York, based upon information received from [redacted] that Dr. CAMERON had lost his home in Montreal, due to an expiration of the lease, and was presently commuting a considerable portion of the time to Montreal from Rouses Point, New York.

The records of the Immigration and Naturalization Service, Rouses Point, reflect that Dr. CAMERON returned to Canada on September 22, 1943, but that he expects to retain his United States citizenship, although living and working in Canada. He is registered with the American Consulate in Montreal and understands that he must return to the United States to establish domicile by September 22, 1948.

[redacted] Rouses Point, advised that Dr. CAMERON sometimes stays at the Anchorage Hotel in that town.

[redacted] of the Anchorage Hotel, advised that Dr. CAMERON stays there at times and that they know him very well. They stated that [redacted] and [redacted] summer at Cape Cod and that [redacted] is a member of the [redacted] New York. Dr. CAMERON has reservations at the Anchorage Hotel from June 18, 1948 on and he has advised [redacted] that he will commute from there to Montreal.

There was no indication at Rouses Point that Dr. CAMERON had purchased a home and indications are that [redacted] may presently be residing at the Lake Placid Club. [redacted] and [redacted] considered Dr. CAMERON as completely loyal.

Dr. CAMERON was hot known to Chief of Police JOHN SHENE at Lake Placid, New York.

PFM:ATN
94-264

AIR MAIL SPECIAL DELIVERY

ADMINISTRATIVE DATA

During the course of this investigation, information was received from [redacted] and [redacted] in instant letter, that Dr. CAMERON prizes his American citizenship, probably more highly than anything else but his family, and that he has made the remark to them on various occasions that although he is completely satisfied with his work at McGill University, and that although it is the best opportunity ever afforded him, he would sacrifice this position if maintaining residence in Canada would jeopardize his American citizenship.

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The Immigration and Naturalization records at Rouses Point reflect that Dr. CAMERON understands that he must return to the United States to establish domicile by September 22, 1948, in order to retain his citizenship. Dr. CAMERON told [redacted] in instant letter, that through contacts he will be able to take all of his assets out of Montreal (despite austerity regulations), if it becomes necessary for him to reside in the United States in order to retain his American citizenship. Dr. CAMERON further indicated that he might possibly resign from McGill University if this citizenship is jeopardized.

All investigation at Albany, New York, in this case was conducted by Special Agent Peter F. Maxson, and investigation at Rouses Point, New York, was conducted by Special Agent Edward A. McShane, Jr., during the following period: June 3-6 and 9, 1948.

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FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE
COMMUNICATIONS SECTION

JUN 9 1948

TELETYPE

WASHINGTON FROM BOSTON 3 9 8-40 A

DIRECTOR.......... U R G E N T ....

DONALD EWEN [redacted] CAMERON, POLICE COOPERATION, FOREIGN, MISCELLANEOUS.

TWO REMAINING ASSOCIATES OF CAMERON-S WHILE EMPLOYED AT WORCESTER STATE HOSPITAL WORCESTER, MASS. TEMPORARILY UNAVAILABLE. REPORT WILL REACH BUREAU JUNE ELEVEN.

SCUCY

HOLD PLS

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DATE 06-03-2015 BY F46M82K40 ADG

1 - [redacted] b6 b7C

February 25, 1963

CC TO: [redacted] b7E
REQ. REC'D
APR 9 1965
ANS BY: [redacted] b6 b7C

DONALD EWEN CAMERON
Born: December 24, 1901
Bridge of Allen, Scotland

MAILED
FEB 27 1963
NAME CHECK

In response to your name check request, enclosed is one report which relates to the subject of your name check request.

In addition to this report, an inquiry was conducted at Albany, New York, and Rouses Point, New York, during June, 1948. Dr. Cameron's employment as head of the Psychiatry Department, Albany Medical School from July 1, 1938, through September 1, 1943, was verified. Dr. Cameron resigned from this position to accept a new position as head of the Department of Psychiatry, Allen Memorial Institute, McGill University, Montreal, Canada. It was determined Dr. Cameron received his M.D. degree at Glasgow University in 1924. He also attended London University, London, England, and Johns Hopkins University, Baltimore, Maryland, prior to accepting the position at Albany Medical School. Dr. Cameron had been employed as Director of Research at the Worcester State Hospital, Worcester, Massachusetts, from 1936 to 1937. Other employments were furnished as Physician in Charge of the Provincial Mental Hospital, Branden, Manitoba, Canada; Assistant Psychiatrist, Phipps Clinic, Zurick, Switzerland; Assistant Psychiatrist, JohnsHopkins Hospital, Baltimore, Maryland, and Assistant Psychiatrist, Glasgow Royal Mental Hospital, Glasgow, Scotland.

During the course of this inquiry an appropriate number of supervisors, associates and neighbors were contacted, all of whom advised Dr. Cameron and his family were people of good character and reputation. Those individuals interviewed regarded Dr. Cameron as a loyal and patriotic citizen. It was determined that Dr. Cameron and

Tolson
Belmont
Mohr
Callahan
Conrad
DeLoach
Evans
Malone
Rosen
Sullivan
Tavel
Trotter
Tele. Room
Holmes
Gandy

ORIG & ONE TO HEW
Request Received: 2-7-63
KMR:mem
(4)

REC-52 64-32387-6

19 FEB 27 1963

This document contains neither recommendations nor conclusions of the FBI. It is the property of the FBI and is loaned to your agency; it and its contents are not to be distributed outside your agency. This is in answer to your request for a check of FBI files.

60 MAR 1 1963
MAIL ROOM [ ] TELETYPE UNIT [ ]

Re: Donald Ewen Cameron

his family had a satisfactory credit rating and no arrest record was located.

The records at the Albany County Clerk's Office revealed Dr. Cameron was admitted to United States citizenship in the Supreme Court, Albany County, on April 9, 1942, under certificate number 5376490.

(64-32389)

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SEARCH SL[illegible]

Subj: Cameron, Donald Ewen

R# 3 Date 2/7 Searcher Number 519

Prod: 1B

FEB 8 1963

FILE NUMBER		SERIAL
[illegible]	64-32389	

FEB 12 1963

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APPENDIX 6

KUBARK COUNTERINTELLIGENCE INTERROGATION

July 1963

Approved for Release
Date JAN 1997

KUBARK COUNTERINTELLIGENCE INTERROGATION

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I. INTRODUCTION

A. Explanation of Purpose

This manual cannot teach anyone how to be, or become, a good interrogator. At best it can help readers to avoid the characteristic mistakes of poor interrogators.

Its purpose is to provide guidelines for KUBARK interrogation, and particularly the counterintelligence interrogation of resistant sources. Designed as an aid for interrogators and others immediately concerned, it is based largely upon the published results of extensive research, including scientific inquiries conducted by specialists in closely related subjects.

There is nothing mysterious about interrogation. It consists of no more than obtaining needed information through responses to questions. As is true of all craftsmen, some interrogators are more able than others; and some of their superiority may be innate. But sound interrogation nevertheless rests upon a knowledge of the subject matter and on certain broad principles, chiefly psychological, which are not hard to understand. The success of good interrogators depends in large measure upon their use, conscious or not, of these principles and of processes and techniques deriving from them. Knowledge of subject matter and of the basic principles will not of itself create a successful interrogation, but it will make possible the avoidance of mistakes that are characteristic of poor interrogation. The purpose, then, is not to teach the reader how to be a good interrogator but rather to tell him what he must learn in order to become a good interrogator.

The interrogation of a resistant source who is a staff or agent member of an Orbit intelligence or security service or of a clandestine Communist organization is one of the most exacting of professional tasks. Usually the odds still favor the interrogator, but they are sharply cut by the training, experience, patience and toughness of the interrogatee. In such circumstances the interrogator needs all the help that he can get. And a principal source of aid today is scientific findings. The intelligence service which is able to bring pertinent, modern knowledge to bear upon its problems enjoys huge advantages over a service which conducts its clandestine business in eighteenth century fashion. It is true that American psychologists have devoted somewhat more attention to Communist interrogation techniques, particularly "brainwashing", than to U.S. practices. Yet they have conducted scientific inquiries into many subjects that are closely related to interrogation: the effects of debility and isolation, the polygraph, reactions to pain and fear, hypnosis and heightened suggestibility, narcosis, etc. This work is of sufficient importance and relevance that it is no longer possible to discuss interrogation significantly without reference to the psychological research conducted in the past decade. For this reason a major purpose of this study is to focus relevant scientific findings upon CI interrogation. Every effort has been made to report and interpret these findings in our own language, in place of the terminology employed by the psychologists.

This study is by no means confined to a resume and interpretation of psychological findings. The approach of the psychologists is customarily manipulative; that is, they suggest methods of imposing controls or alterations upon the interrogatee from the outside. Except within the Communist frame of reference, they have paid less attention to the creation of internal controls--i.e., conversion of the source, so that voluntary cooperation results. Moral considerations aside, the imposition of external techniques of manipulating people carries with it the grave risk of later lawsuits, adverse publicity, or other attempts to strike back.

B. Explanation of Organization

This study moves from the general topic of interrogation per se (Parts I, II, III, IV, V, and VI) to planning the counterintelligence interrogation (Part VII) to the CI interrogation of resistant sources (Parts VIII, IX, and X). The definitions, legal considerations, and discussions of interrogators and sources, as well as Section VI on screening and other preliminaries, are relevant to all kinds of interrogations. Once it is established that the source is probably a counterintelligence target (in other words, is probably a member of a foreign intelligence or security service, a Communist, or a part of any other group engaged in clandestine activity directed against the national security), the interrogation is planned and conducted accordingly. The CI interrogation techniques are discussed in an order of increasing intensity as the focus on source resistance grows sharper. The last section, on do's and dont's, is a return to the broader view of the opening parts; as a check-list, it is placed last solely for convenience.

IX. THE COERCIVE COUNTERINTELLIGENCE INTERROGATION OF RESISTANT SOURCES

A. Restrictions

The purpose of this part of the handbook is to present basic information about coercive techniques available for use in the interrogation situation. It is vital that this discussion not be misconstrued as constituting authorization for the use of coercion at field discretion. As was noted earlier, there is no such blanket authorization.

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For both ethical and pragmatic reasons no interrogator may take upon himself the unilateral responsibility for using coercive methods. Concealing from the interrogator's superiors an intent to resort to coercion, or its unapproved employment, does not protect them. It places them, and KUBARK, in unconsidered jeopardy.

B. The Theory of Coercion

Coercive procedures are designed not only to exploit the resistant source's internal conflicts and induce him to wrestle with himself but also to bring a superior outside force to bear upon the subject's resistance. Non-coercive methods are not

likely to succeed if their selection and use is not predicated upon an accurate psychological assessment of the source. In contrast, the same coercive method may succeed against persons who are very unlike each other. The changes of success rise steeply, nevertheless, if the coercive technique is matched to the source's personality. Individuals react differently even to such seemingly non-discriminatory stimuli as drugs. Moreover, it is a waste of time and energy to apply strong pressures on a hit-or-miss basis if a tap on the psychological jugular will produce compliance.

All coercive techniques are designed to induce regression. As Hinkle notes in "The Physiological State of the Interrogation Subject as it Affects Brain Function"(7), the result of external pressures of sufficient intensity is the loss of those defenses most recently acquired by civilized man: ". . . the capacity to carry out the highest creative activities, to meet new, challenging, and complex situations, to deal with trying interpersonal relations, and to cope with repeated frustrations. Relatively small degrees of homeostatic derangement, fatigue, pain, sleep loss, or anxiety may impair these functions." As a result, "most people who are exposed to coercive procedures will talk and usually reveal some information that they might not have revealed otherwise."

One subjective reaction often evoked by coercion is a feeling of guilt. Meltzer observes, "In some lengthy interrogations, the interrogator may, by virtue of his role as the sole supplier of satisfaction and punishment, assume the stature and importance of a parental figure in the prisoner's feeling and thinking. Although there may be intense hatred for the interrogator, it is not unusual for warm feelings also to develop. This ambivalence is the basis for guilt reactions, and if the interrogator nourishes these feelings, the guilt may be strong enough to influence the prisoner's behavior . . . . Guilt makes compliance more likely. . . ." (7).

Farber says that the response to coercion typically contains ". . . at least three important elements: debility, dependency, and dread." Prisoners ". . . have reduced viability, are helplessly dependent on their captors for the

satisfaction of their many basic needs, and experience the emotional and motivational reactions of intense fear and anxiety. . . . Among the [American] POW's pressured by the Chinese Communists, the DDD syndrome in its full-blown form constituted a state of discomfort that was well-nigh intolerable." (11). If the debility-dependency-dread state is unduly prolonged, however, the arrestee may sink into a defensive apathy from which it is hard to arouse him.

Psychologists and others who write about physical or psychological duress frequently object that under sufficient pressure subjects usually yield but that their ability to recall and communicate information accurately is as impaired as the will to resist. This pragmatic objection has somewhat the same validity for a counterintelligence interrogation as for any other. But there is one significant difference. Confession is a necessary prelude to the CI interrogation of a hitherto unresponsive or concealing source. And the use of coercive techniques will rarely or never confuse an interrogatee so completely that he does not know whether his own confession is true or false. He does not need full mastery of all his powers of resistance and discrimination to know whether he is a spy or not. Only subjects who have reached a point where they are under delusions are likely to make false confessions that they believe. Once a true confession is obtained, the classic cautions apply. The pressures are lifted, at least enough so that the subject can provide counterintelligence information as accurately as possible. In fact, the relief granted the subject at this time fits neatly into the interrogation plan. He is told that the changed treatment is a reward for truthfulness and an evidence that friendly handling will continue as long as he cooperates.

The profound moral objection to applying duress past the point of irreversible psychological damage has been stated. Judging the validity of other ethical arguments about coercion exceeds the scope of this paper. What is fully clear, however, is that controlled coercive manipulation of an interrogatee may impair his ability to make fine distinctions but will not alter his ability to answer correctly such gross questions as "Are you a Soviet agent? What is your assignment now? Who is your present case officer?"

When an interrogator senses that the subject's resistance is wavering, that his desire to yield is growing stronger than his wish to continue his resistance, the time has come to provide him with the acceptable rationalization: a face-saving reason or excuse for compliance. Novice interrogators may be tempted to seize upon the initial yielding triumphantly and to personalize the victory. Such a temptation must be rejected immediately. An interrogation is not a game played by two people, one to become the winner and the other the loser. It is simply a method of obtaining correct and useful information. Therefore the interrogator should intensify the subject's desire to cease struggling by showing him how he can do so without seeming to abandon principle, self-protection, or other initial causes of resistance. If, instead of providing the right rationalization at the right time, the interrogator seizes gloatingly upon the subject's wavering, opposition will stiffen again.

The following are the principal coercive techniques of interrogation: arrest, detention, deprivation of sensory stimuli through solitary confinement or similar methods, threats and fear, debility, pain, heightened suggestibility and hypnosis, narcosis, and induced regression. This section also discusses the detection of malingering by interrogatees and the provision of appropriate rationalizations for capitulating and cooperating.

C. <u>Arrest</u>

The manner and timing of arrest can contribute substantially to the interrogator's purposes. "What we aim to do is to ensure that the manner of arrest achieves, if possible, surprise, and the maximum amount of mental discomfort in order to catch the suspect off balance and to deprive him of the initiative. One should therefore arrest him at a moment when he least expects it and when his mental and physical resistance is at its lowest. The ideal time at which to arrest a person is in the early hours of the morning because surprise is achieved then, and because a person's resistance physiologically as well as psychologically is at its lowest.... If a person cannot be arrested in the early hours..., then the next best time is in the evening....

" (1)

D. Detention

If, through the cooperation of a liaison service or by unilateral means, arrangements have been made for the confinement of a resistant source, the circumstances of detention are arranged to enhance within the subject his feelings of being cut off from the known and the reassuring, and of being plunged into the strange. Usually his own clothes are immediately taken away, because familiar clothing reinforces identity and thus the capacity for resistance. (Prisons give close hair cuts and issue prison garb for the same reason.) If the interrogatee is especially proud or neat, it may be useful to give him an outfit that is one or two sizes too large and to fail to provide a belt, so that he must hold his pants up.

The point is that man's sense of identity depends upon a continuity in his surroundings, habits, appearance, actions, relations with others, etc. Detention permits the interrogator to cut through these links and throw the interrogatee back upon his own unaided internal resources.

Little is gained if confinement merely replaces one routine with another. Prisoners who lead monotonously unvaried lives ". . . cease to care about their utterances, dress, and cleanliness. They become dulled, apathetic, and depressed." (7) And apathy can be a very effective defense against interrogation. Control of the source's environment permits the interrogator to

determine his diet, sleep pattern, and other fundamentals. Manipulating these into irregularities, so that the subject becomes disorientated, is very likely to create feelings of fear and helplessness. Hinkle points out, "People who enter prison with attitudes of foreboding, apprehension, and helplessness generally do less well than those who enter with assurance and a conviction that they can deal with anything that they may encounter . . . . Some people who are afraid of losing sleep, or who do not wish to lose sleep, soon succumb to sleep loss . . . ." (7)

In short, the prisoner should not be provided a routine to which he can adapt and from which he can draw some comfort-- or at least a sense of his own identity. Everyone has read of prisoners who were reluctant to leave their cells after prolonged incarceration. Little is known about the duration of confinement calculated to make a subject shift from anxiety, coupled with a desire for sensory stimuli and human companionship, to a passive, apathetic acceptance of isolation and an ultimate pleasure in this negative state. Undoubtedly the rate of change is determined almost entirely by the psychological characteristics of the individual. In any event, it is advisable to keep the subject upset by constant disruptions of patterns.

For this reason, it is useful to determine whether the interrogattee has been jailed before, how often, under what circumstances, for how long, and whether he was subjected to earlier interrogation. Familiarity with confinement and even with isolation reduces the effect.

E. Deprivation of Sensory Stimuli

The chief effect of arrest and detention, and particularly of solitary confinement, is to deprive the subject of many or most of the sights, sounds, tastes, smells, and tactile sensations to which he has grown accustomed. John C. Lilly examined eighteen autobiographical accounts written by polar explorers and solitary seafarers. He found ". . . that isolation *per se* acts on most persons as a powerful stress . . . . In all cases of survivors of isolation at sea or in the polar night, it was the first exposure which caused

the greatest fears and hence the greatest danger of giving way to symptoms; previous experience is a powerful aid in going ahead, despite the symptoms. "The symptoms most commonly produced by isolation are superstition, intense love of any other living thing, perceiving inanimate objects as alive, hallucinations, and delusions." (26)

The apparent reason for these effects is that a person cut off from external stimuli turns his awareness inward, upon himself, and then projects the contents of his own unconscious outwards, so that he endows his faceless environment with his own attributes, fears, and forgotten memories. Lilly notes, "It is obvious that inner factors in the mind tend to be projected outward, that some of the mind's activity which is usually reality-bound now becomes free to turn to phantasy and ultimately to hallucination and delusion."

A number of experiments conducted at McGill University, the National Institute of Mental Health, and other sites have attempted to come as close as possible to the elimination of sensory stimuli, or to masking remaining stimuli, chiefly sounds, by a stronger but wholly monotonous overlay. The results of these experiments have little applicability to interrogation because the circumstances are dissimilar. Some of the findings point toward hypotheses that seem relevant to interrogation, but conditions like those of detention for purposes of counterintelligence interrogation have not been duplicated for experimentation.

At the National Institute of Mental Health two subjects were ". . . suspended with the body and all but the top of the head immersed in a tank containing slowly flowing water at 34.5° C (94.5° F). . . ." Both subjects wore black-out masks, which enclosed the whole head but allowed breathing and nothing else. The sound level was extremely low; the subject heard only his own breathing and some faint sounds of water from the piping. Neither subject stayed in the tank longer than three hours. Both passed quickly from normally directed thinking through a tension resulting from unsatisfied hunger for sensory stimuli and concentration upon the few available sensations to private reveries and fantasies and eventually to visual imagery somewhat resembling hallucinations.

"In our experiments, we notice that after immersion the day apparently is started over, i.e., the subject feels as if he has risen from bed afresh; this effect persists, and the subject finds he is out of step with the clock for the rest of the day."

Drs. Wexler, Mendelson, Leiderman, and Solomon conducted a somewhat similar experiment on seventeen paid volunteers. These subjects were "...placed in a tank-type respirator with a specially built mattress.... The vents of the respirator were left open, so that the subject breathed for himself. His arms and legs were enclosed in comfortable but rigid cylinders to inhibit movement and tactile contact. The subject lay on his back and was unable to see any part of his body. The motor of the respirator was run constantly, producing a dull, repetitive auditory stimulus. The room admitted no natural light, and artificial light was minimal and constant." (42) Although the established time limit was 36 hours and though all physical needs were taken care of, only 6 of the 17 completed the stint. The other eleven soon asked for release. Four of these terminated the experiment because of anxiety and panic; seven did so because of physical discomfort. The results confirmed earlier findings that (1) the deprivation of sensory stimuli induces stress; (2) the stress becomes unbearable for most subjects; (3) the subject has a growing need for physical and social stimuli; and (4) some subjects progressively lose touch with reality, focus inwardly, and produce delusions, hallucinations, and other pathological effects.

In summarizing some scientific reporting on sensory and perceptual deprivation, Kubzansky offers the following observations:

"Three studies suggest that the more well-adjusted or 'normal' the subject is, the more he is affected by deprivation of sensory stimuli. Neurotic and psychotic subjects are either comparatively unaffected or show decreases in anxiety, hallucinations, etc." (7)

These findings suggest - but by no means prove - the following theories about solitary confinement and isolation:

1. The more completely the place of confinement eliminates sensory stimuli, the more rapidly and deeply will the interrogatee be affected. Results produced only after weeks or months of imprisonment in an ordinary cell can be duplicated in hours or days in a cell which has no light (or weak artificial light which never varies), which is sound-proofed, in which odors are eliminated, etc. An environment still more subject to control, such as water-tank or iron lung, is even more effective.

2. An early effect of such an environment is anxiety. How soon it appears and how strong it is depends upon the psychological characteristics of the individual.

3. The interrogator can benefit from the subject's anxiety. As the interrogator becomes linked in the subject's mind with the reward of lessened anxiety, human contact, and meaningful activity, and thus with providing relief for growing discomfort, the questioner assumes a benevolent role. (7)

4. The deprivation of stimuli induces regression by depriving the subject's mind of contact with an outer world and thus forcing it in upon itself. At the same time, the calculated provision of stimuli during interrogation tends to make the regressed subject view the interrogator as a father-figure. The result, normally, is a strengthening of the subject's tendencies toward compliance.

F. Threats and Fear

The threat of coercion usually weakens or destroys resistance more effectively than coercion itself. The threat to inflict pain, for example, can trigger fears more damaging than the immediate sensation of pain. In fact, most people underestimate their capacity to withstand pain. The same principle holds for other fears: sustained long enough, a strong fear of anything vague or unknown induces regression,

whereas the materialization of the fear, the infliction of some form of punishment, is likely to come as a relief. The subject finds that he can hold out, and his resistances are strengthened. "In general, direct physical brutality creates only resentment, hostility, and further defiance." (18)

The effectiveness of a threat depends not only on what sort of person the interrogatee is and whether he believes that his questioner can and will carry the threat out but also on the interrogator's reasons for threatening. If the interrogator threatens because he is angry, the subject frequently senses the fear of failure underlying the anger and is strengthened in his own resolve to resist. Threats delivered coldly are more effective than those shouted in rage. It is especially important that a threat not be uttered in response to the interrogatee's own expressions of hostility. These, if ignored, can induce feelings of guilt, whereas retorts in kind relieve the subject's feelings.

Another reason why threats induce compliance not evoked by the inflection of duress is that the threat grants the interrogatee time for compliance. It is not enough that a resistant source should be placed under the tension of fear; he must also discern an acceptable escape route. Biderman observes, "Not only can the shame or guilt of defeat in the encounter with the interrogator be involved, but also the more fundamental injunction to protect one's self-autonomy or 'will'.... A simple defense against threats to the self from the anticipation of being forced to comply is, of course, to comply 'deliberately' or 'voluntarily'.... To the extent that the foregoing interpretation holds, the more intensely motivated the [interrogatee] is to resist, the more intense is the pressure toward early compliance from such anxieties, for the greater is the threat to self-esteem which is involved in contemplating the possibility of being 'forced to' comply ...." (6) In brief, the threat is like all other coercive techniques in being most effective when so used as to foster regression and when joined with a suggested way out of the dilemma, a rationalization acceptable to the interrogatee.

The threat of death has often been found to be worse than useless. It "has the highest position in law as a defense, but in many interrogation situations it is a highly ineffective threat. Many prisoners, in fact, have refused to yield in the face of such threats who have subsequently been 'broken' by other procedures." (3) The principal reason is that the ultimate threat is likely to induce sheer hopelessness if the interrogatee does not believe that it is a trick; he feels that he is as likely to be condemned after compliance as before. The threat of death is also ineffective when used against hard-headed types who realize that silencing them forever would defeat the interrogator's purpose. If the threat is recognized as a bluff, it will not only fail but also pave the way to failure for later coercive ruses used by the interrogator.

G. Debility

No report of scientific investigation of the effect of debility upon the interrogatee's powers of resistance has been discovered. For centuries interrogators have employed various methods of inducing physical weakness: prolonged constraint; prolonged exertion; extremes of heat, cold, or moisture; and deprivation or drastic reduction of food or sleep. Apparently the assumption is that lowering the source's physiological resistance will lower his psychological capacity for opposition. If this notion were valid, however, it might reasonably be expected that those subjects who are physically weakest at the beginning of an interrogation would be the quickest to capitulate, a concept not supported by experience. The available evidence suggests that resistance is sapped principally by psychological rather than physical pressures. The threat of debility - for example, a brief deprivation of food - may induce much more anxiety than prolonged hunger, which will result after a while in apathy and, perhaps, eventual delusions or hallucinations. In brief, it appears probable that the techniques of inducing debility become counter-productive at an early stage. The discomfort, tension, and restless search for an avenue of escape are

followed by withdrawal symptoms, a turning away from external stimuli, and a sluggish unresponsiveness.

Another objection to the deliberate inducing of debility is that prolonged exertion, loss of sleep, etc., themselves become patterns to which the subject adjusts through apathy. The interrogator should use his power over the resistant subject's physical environment to disrupt patterns of response, not to create them. Meals and sleep granted irregularly, in more than abundance or less than adequacy, the shifts occuring on no discernible time pattern, will normally disorient an interrogatee and sap his will to resist more effectively than a sustained deprivation leading to debility.

H. Pain

Everyone is aware that people react very differently to pain. The reason, apparently, is not a physical difference in the intensity of the sensation itself. Lawrence E. Hinkle observes, "The sensation of pain seems to be roughly equal in all men, that is to say, all people have approximately the same threshold at which they begin to feel pain, and when carefully graded stimuli are applied to them, their estimates of severity are approximately the same.... Yet... when men are very highly motivated...they have been known to carry out rather complex tasks while enduring the most intense pain." He also states, "In general, it appears that whatever may be the role of the constitutional endowment in determining the reaction to pain, it is a much less important determinant than is the attitude of the man who experiences the pain." (7)

The wide range of individual reactions to pain may be partially explicable in terms of early conditioning. The person whose first encounters with pain were frightening and intense may be more violently affected by its later infliction than one whose original experiences were mild. Or the reverse may be true, and the man whose childhood familiarized him with pain may dread

it less, - and react less, than one whose distress is heightened by fear of the unknown. The individual remains the determinant.

It has been plausibly suggested that, whereas pain inflicted on a person from outside himself may actually focus or intensify his will to resist, his resistance is likelier to be sapped by pain which he seems to inflict upon himself. "In the simple torture situation the contest is one between the individual and his tormentor (.... and he can frequently endure). When the individual is told to stand at attention for long periods, an intervening factor is introduced. The immediate source of pain is not the interrogator but the victim himself. The motivational strength of the individual is likely to exhaust itself in this internal encounter.... As long as the subject remains standing, he is attributing to his captor the power to do something worse to him, but there is actually no showdown of the ability of the interrogator to do so." (4)

Interrogatees who are withholding but who feel qualms of guilt and a secret desire to yield are likely to become intractable if made to endure pain. The reason is that they can then interpret the pain as punishment and hence as expiation. There are also persons who enjoy pain and its anticipation and who will keep back information that they might otherwise divulge if they are given reason to expect that withholding will result in the punishment that they want. Persons of considerable moral or intellectual stature often find in pain inflicted by others a confirmation of the belief that they are in the hands of inferiors, and their resolve not to submit is strengthened.

Intense pain is quite likely to produce false confessions, concocted as a means of escaping from distress. A time-consuming delay results, while investigation is conducted and the admissions are proven untrue. During this respite the interrogatee can pull himself together. He may even use the time to think up new, more complex "admissions" that take still longer to disprove. KUBARK is especially vulnerable to such tactics because the interrogation is conducted for the sake of information and not for police purposes.

If an interrogatee is caused to suffer pain rather late in the interrogation process and after other tactics have failed, he is almost certain to conclude that the interrogator is becoming desperate. He may then decide that if he can just hold out against this final assault, he will win the struggle and his freedom. And he is likely to be right. Interrogatees who have withstood pain are more difficult to handle by other methods. The effect has been not to repress the subject but to restore his confidence and maturity.

I. Heightened Suggestibility and Hypnosis

In recent years a number of hypotheses about hypnosis have been advanced by psychologists and others in the guise of proven principles. Among these are the flat assertions that a person cannot be hypnotized against his will; that while hypnotized he cannot be induced to divulge information that he wants urgently to conceal; and that he will not undertake, in trance or through post-hypnotic suggestion, actions to which he would normally have serious moral or ethical objections. If these and related contentions were proven valid, hypnosis would have scant value for the interrogator.

But despite the fact that hypnosis has been an object of scientific inquiry for a very long time, none of these theories has yet been tested adequately. Each of them is in conflict with some observations of fact. In any event, an interrogation handbook cannot and need not include a lengthy discussion of hypnosis. The case officer or interrogator needs to know enough about the subject to understand the circumstances under which hypnosis can be a useful tool, so that he can request expert assistance appropriately.

Operational personnel, including interrogators, who chance to have some lay experience or skill in hypnotism should not themselves use hypnotic techniques for interrogation or other operational purposes. There are two reasons for this position. The first is that hypnotism used as an operational tool by a practitioner who is not a psychologist, psychiatrist, or M.D. can produce irreversible psychological damage. The

lay practitioner does not know enough to use the technique safely. The second reason is that an unsuccessful attempt to hypnotize a subject for purposes of interrogation, or a successful attempt not adequately covered by post-hypnotic amnesia or other protection, can easily lead to lurid and embarrassing publicity or legal charges.

Hypnosis is frequently called a state of heightened suggestibility, but the phrase is a description rather than a definition. Merton M. Gill and Margaret Brenman state, "The psychoanalytic theory of hypnosis clearly implies, where it does not explicitly state, that hypnosis is a form of regression." And they add, "...induction [of hypnosis] is the process of bringing about a regression, while the hypnotic state is the established regression." (13) It is suggested that the interrogator will find this definition the most useful. The problem of overcoming the resistance of an uncooperative interrogatee is essentially a problem of inducing regression to a level at which the resistance can no longer be sustained. Hypnosis is one way of regressing people.

Martin T. Orne has written at some length about hypnosis and interrogation. Almost all of his conclusions are tentatively negative. Concerning the role played by the will or attitude of the interrogatee, Orne says, "Although the crucial experiment has not yet been done, there is little or no evidence to indicate that trance can be induced against a person's wishes." He adds, "...the actual occurrence of the trance state is related to the wish of the subject to enter hypnosis." And he also observes, "...whether a subject will or will not enter trance depends upon his relationship with the hyponotist rather than upon the technical procedure of trance induction." These views are probably representative of those of many psychologists, but they are not definitive. As Orne himself later points out, the interrogatee "...could be given a hypnotic drug with appropriate verbal suggestions to talk about a given topic. Eventually enough of the drug

would be given to cause a short period of unconsciousness. When the subject wakesn, the interrogator could then read from his 'notes' of the hypnotic interview the information presumably told him." (Orne had previously pointed out that this technique requires that the interrogator possess significant information about the subject without the subject's knowledge.) "It can readily be seen how this... maneuver... would facilitate the elicitation of information in subsequent interviews." (7) Techniques of inducing trance in resistant subjects through preliminary administration of so-called silent drugs (drugs which the subject does not know he has taken) or through other non-routine methods of induction are still under investigation. Until more facts are known, the question of whether a resister can be hypnotized involuntarily must go unanswered.

Orne also holds that even if a resister can be hypnotized, his resistance does not cease. He postulates "...that only in rare interrogation subjects would a sufficiently deep trance be obtainable to even attempt to induce the subject to discuss material which he is unwilling to discuss in the waking state. The kind of information which can be obtained in these rare instances is still an unanswered question." He adds that it is doubtful that a subject in trance could be made to reveal information which he wished to safeguard. But here too Orne seems somewhat too cautious or pessimistic. Once an interrogatee is in a hypnotic trance, his understanding of reality becomes subject to manipulation. For example, a KUBARK interrogator could tell a suspect double agent in trance that the KGB is conducting the questioning, and thus invert the whole frame of reference. In other words, Orne is probably right in holding that most recalcitrant subjects will continue effective resistance as long as the frame of reference is undisturbed. But once the subject is tricked into believing that he is talking to friend rather than foe, or that divulging the truth is the best way to serve his own purposes, his resistance will be replaced by cooperation. The value of hypnotic trance is not that it permits the interrogator to impose his will but rather that it can be used to convince the interrogatee that there is no valid reason not to be forthcoming.

A third objection raised by Orne and others is that material elicited during trance is not reliable. Orne says, "...it has been shown that the accuracy of such information... would not be guaranteed since subjects in hypnosis are fully capable of lying." Again, the observation is correct; no known manipulative method guarantees veracity. But if hypnosis is employed not as an immediate instrument for digging out the truth but rather as a way of making the subject want to align himself with his interrogators, the objection evaporates.

Hypnosis offers one advantage not inherent in other interrogation techniques or aids: the post-hypnotic suggestion. Under favorable circumstances it should be possible to administer a silent drug to a resistant source, persuade him as the drug takes effect that he is slipping into a hypnotic trance, place him under actual hypnosis as consciousness is returning, shift his frame of reference so that his reasons for resistance become reasons for cooperating, interrogate him, and conclude the session by implanting the suggestion that when he emerges from trance he will not remember anything about what has happened.

This sketchy outline of possible uses of hypnosis in the interrogation of resistant sources has no higher goal than to remind operational personnel that the technique may provide the answer to a problem not otherwise soluble. To repeat: hypnosis is distinctly not a do-it-yourself project. Therefore the interrogator, base, or center that is considering its use must anticipate the timing sufficiently not only to secure the obligatory headquarters permission but also to allow for an expert's travel time and briefing.

J. Narcosis

Just as the threat of pain may more effectively induce compliance than its infliction, so an interrogatee's mistaken belief that he has been drugged may make him a more useful interrogation subject than he would be under narcosis. Louis A. Gottschalk cites a group of studies as indicating "that 30 to 50 per cent of individuals are placebo reactors, that is, respond

with symptomatic relief to taking an inert substance." (7) In the interrogation situation, moreover, the effectiveness of a placebo may be enhanced because of its ability to placate the conscience. The subject's primary source of resistance to confession or divulgence may be pride, patriotism, personal loyalty to superiors, or fear of retribution if he is returned to their hands. Under such circumstances his natural desire to escape from stress by complying with the interrogator's wishes may become decisive if he is provided an acceptable rationalization for compliance. "I was drugged" is one of the best excuses.

Drugs are no more <u>the</u> answer to the interrogator's prayer than the polygraph, hypnosis, or other aids. Studies and reports "dealing with the validity of material extracted from reluctant informants...indicate that there is no drug which can force every informant to report all the information he has. Not only may the inveterate criminal psychopath lie under the influence of drugs which have been tested, but the relatively normal and well-adjusted individual may also successfully disguise factual data." (3) Gottschalk reinforces the latter observation in mentioning an experiment involving drugs which indicated that "the more normal, well-integrated individuals could lie better than the guilt-ridden, neurotic subjects." (7)

Nevertheless, drugs can be effective in overcoming resistance not dissolved by other techniques. As has already been noted, the so-called silent drug (a pharmacologically potent substance given to a person unaware of its administration) can make possible the induction of hypnotic trance in a previously unwilling subject. Gottschalk says, "The judicious choice of a drug with minimal side effects, its matching to the subject's personality, careful gauging of dosage, and a sense of timing...[make] silent administration a hard-to-equal ally for the hypnotist intent on producing self-fulfilling and inescapable suggestions...the drug effects should prove... compelling to the subject since the perceived sensations originate entirely within himself." (7)

Particularly important is the reference to matching the drug to the personality of the interrogatee. The effect of most drugs depends more upon the personality of the subject than upon the physical characteristics of the drugs themselves. If the approval of Headquarters has been obtained and if a doctor is at hand for administration, one of the most important of the interrogator's functions is providing the doctor with a full and accurate description of the psychological make-up of the interrogatee, to facilitate the best possible choice of a drug.

Persons burdened with feelings of shame or guilt are likely to unburden themselves when drugged, especially if these feelings have been reinforced by the interrogator. And like the placebo, the drug provides an excellent rationalization of helplessness for the interrogatee who wants to yield but has hitherto been unable to violate his own values or loyalties.

Like other coercive media, drugs may affect the content of what an interrogatee divulges. Gottschalk notes that certain drugs "may give rise to psychotic manifestations such as hallucinations, illusions, delusions, or disorientation", so that "the verbal material obtained cannot always be considered valid." (7) For this reason drugs (and the other aids discussed in this section) should not be used persistently to facilitate the interrogative debriefing that follows capitulation. Their function is to cause capitulation, to aid in the shift from resistance to cooperation. Once this shift has been accomplished, coercive techniques should be abandoned both for moral reasons and because they are unnecessary and even counter-productive.

This discussion does not include a list of drugs that have been employed for interrogation purposes or a discussion of their properties because these are medical considerations within the province of a doctor rather than an interogator.

K. The Detection of Malingering

The detection of malingering is obviously not an interrogation technique, coercive or otherwise. But the history of interrogation is studded with the stories of persons who have attempted, often successfully, to evade the mounting pressures of interrogation by feigning physical or mental illness. KUBARK interrogators may encounter seemingly sick or irrational interrogatees at times and places which make it difficult or next-to-impossible to summon medical or other professional assistance. Because a few tips may make it possible for the interrogator to distinguish between the malingerer and the person who is genuinely ill, and because both illness and malingering are sometimes produced by coercive interrogation, a brief discussion of the topic has been included here.

Most persons who feign a mental or physical illness do not know enough about it to deceive the well-informed. Malcolm L. Meltzer says, "The detection of malingering depends to a great extent on the simulator's failure to understand adequately the characteristics of the role he is feigning.... Often he presents symptoms which are exceedingly rare, existing mainly in the fancy of the layman. One such symptom is the delusion of misidentification, characterized by the...belief that he is some powerful or historic personage. This symptom is very unusual in true psychosis, but is used by a number of simulators. In schizophrenia, the onset tends to be gradual, delusions do not spring up full-blown over night; in simulated disorders, the onset is usually fast and delusions may be readily available. The feigned psychosis often contains many contradictory and inconsistent symptoms, rarely existing together. The malingerer tends to go to extremes in his protrayal of his symptoms; he exaggerates, overdramatizes, grimaces, shouts, is overly bizarre, and calls attention to himself in other ways....

"Another characteristic of the malingerer is that he will usually seek to evade or postpone examination. A study

of the behavior of lie-detector subjects, for example, showed that persons later 'proven guilty' showed certain similarities of behavior. The guilty persons were reluctant to take the test, and they tried in various ways to postpone or delay it. They often appeared highly anxious and sometimes took a hostile attitude toward the test and the examiner. Evasive tactics sometimes appeared, such as sighing, yawning, moving about, all of which foil the examiner by obscuring the recording. Before the examination, they felt it necessary to explain why their responses might mislead the examiner into thinking they were lying. Thus the procedure of subjecting a suspected malingerer to a lie-detector test might evoke behavior which would reinforce the suspicion of fraud." (7)

Meltzer also notes that malingerers who are not professional psychologists can usually be exposed through Rorschach tests.

An important element in malingering is the frame of mind of the examiner. A person pretending madness awakens in a professional examiner not only suspicion but also a desire to expose the fraud, whereas a well person who pretends to be concealing mental illness and who permits only a minor symptom or two to peep through is much likelier to create in the expert a desire to expose the hidden sickness.

Meltzer observes that simulated mutism and amnesia can usually be distinguished from the true states by narcoanalysis. The reason, however, is the reverse of the popular misconception. Under the influence of appropriate drugs the malingerer will persist in not speaking or in not remembering, whereas the symptoms of the genuinely afflicted will temporarily disappear. Another technique is to pretend to take the deception seriously, express grave concern, and tell the "patient" that the only remedy for his illness is a series of electric shock treatments or a frontal lobotomy.

L. Conclusion

A brief summary of the foregoing may help to pull the major concepts of coercive interrogation together:

1. The principal coercive techniques are arrest, detention, the deprivation of sensory stimuli, threats and fear, debility, pain, heightened suggestibility and hypnosis, and drugs.

2. If a coercive technique is to be used, or if two or more are to be employed jointly, they should be chosen for their effect upon the individual and carefully selected to match his personality.

3. The usual effect of coercion is regression. The interrogatee's mature defenses crumbles as he becomes more childlike. During the process of regression the subject may experience feelings of guilt, and it is usually useful to intensify these.

4. When regression has proceeded far enough so that the subject's desire to yield begins to overbalance his resistance, the interrogator should supply a face-saving rationalization. Like the coercive technique, the rationalization must be carefully chosen to fit the subject's personality.

5. The pressures of duress should be slackened or lifted after compliance has been obtained, so that the interrogatee's voluntary cooperation will not be impeded.

No mention has been made of what is frequently the last step in an interrogation conducted by a Communist service: the attempted conversion. In the Western view the goal of the questioning is information; once a sufficient degree of cooperation has been obtained to permit the

interrogator access to the information he seeks, he is not ordinarily concerned with the attitudes of the source. Under some circumstances, however, this pragmatic indifference can be short-sighted. If the interrogatee remains semi-hostile or remorseful after a successful interrogation has ended, less time may be required to complete his conversion (and conceivably to create an enduring asset) than might be needed to deal with his antagonism if he is merely squeezed and forgotten.

APPENDIX 7

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WASHINGTON POST
27 October 1985

Jack Anderson and Dale Van Atta

Subproject 68: The Case Continues

Secretary of State George Shultz is scheduled to meet tomorrow with his Canadian counterpart, Joe Clark, for their regular quarterly get-together. Along with acid rain, East-West relations and trade, the two will be discussing a matter that has become a sore point with the Canadians but has received little attention on this side of the border: CIA misbehavior in Canada 28 years ago.

Using the code name "Subproject 68," the CIA funded gruesome psychological experiments on Canadian citizens as part of its infamous MK-ULTRA program of brainwashing and mind-bending. According to a lawsuit filed in U.S. District Court here by veteran civil rights attorney Joseph Rauh, at least nine, and possibly more than 50, Canadians were unwitting CIA guinea pigs.

The suit has dragged on for five years, with the CIA refusing to negotiate a reasonable settlement with the victims. In a private letter this month to the chief of Canada's Labor Party, Clark wrote: "I am not satisfied with the slow pace of discussions in District Court, but this, of course, is beyond our control."

Sean Brady, Clark's press secretary, told our associate Tony Capaccio: "We expect to be discussing this issue in some detail" with Shultz at the Calgary, Alberta, meeting.

Subproject 68 started in January 1957, when the CIA approved a $60,000 grant to Dr. Ewen Cameron, a world-renowned psychiatrist at the Allan Memorial Institute in Montreal. The CIA has insisted, in its defending against Rauh's lawsuit, that it had not solicited Cameron's application for the grant.

But that's not the way the agency's "project monitor" remembered it. In a sworn deposition two years ago, John W. Gittinger said he had asked a CIA undercover man to approach Cameron and encourage him to apply for a grant. (There is no evidence that Cameron was aware he was asking for or taking money from the CIA, which used a front group.)

Gittinger testified that he was interested in Cameron's work on voice-stress analysis, which he figured would help the CIA in its studies of the stress an individual undergoes during interrogation. He admitted, however, that Cameron's application for the grant contained no plans for such work.

"I went along with the idea of giving him the $60,000," Gittinger explained, "because that's what he asked for. We wanted contact with him and to know what he was doing, primarily in the audio area."

What, in fact, was in Cameron's application was a proposal to conduct the kind of experiments that even a CIA general counsel characterized years later as "repugnant." Cameron's proposal called, among other things, for "the breaking down of ongoing patterns of the patient's behavior by means of particularly intensive electro-shocks (depatterning)."

His proposal also called for "the intensive repetition (16 hours a day for six to seven days) of prearranged verbal signals" while the patient was "kept in partial sensory isolation."

Even more ominously, Cameron's application stated: "We propose to use LSD-25 and other similar agents as a means of breaking down the ongoing patterns of behavior."

This mention of the unpredictable hallucinogenic drug should have been a red flag to the CIA officials. Three years earlier, then CIA director Allen Dulles had chastised Dr. Sidney Gottlieb, head of the Technical Services Division, for its role in the suicide of Dr. Frank Olson, a civilian employee of the Army. Olson was surreptitiously given a dose of LSD in a glass of liqueur. He leaped through a 10th-floor hotel room window a few days later.

Gittinger testified in his 1983 deposition that he hadn't noticed the LSD proposal in Cameron's application. In any case, the CIA project monitor said it was not his job to raise questions about Cameron's testing methods. If the CIA officials were unconcerned about LSD experiments three years after being admonished for using them, what exactly were they concerned with in the Canadian venture?

One reason for exporting MK-ULTRA, Gittinger testified, was that association with a psychiatrist of Cameron's renown would be "good cover" for the CIA front group that gave him the $60,000 grant.

In retrospect, Gittinger acknowledged 26 years later, in his deposition: "That was a foolish mistake. We shouldn't have done it. . . . I'm sorry we did it because it turned out to be a terrible mistake."

The program, Gittinger explained, "turned out to be something of no interest" to the CIA. Cameron, however, wrote a thank-you note to the CIA-front society in early 1960, saying the grant had been "invaluable."

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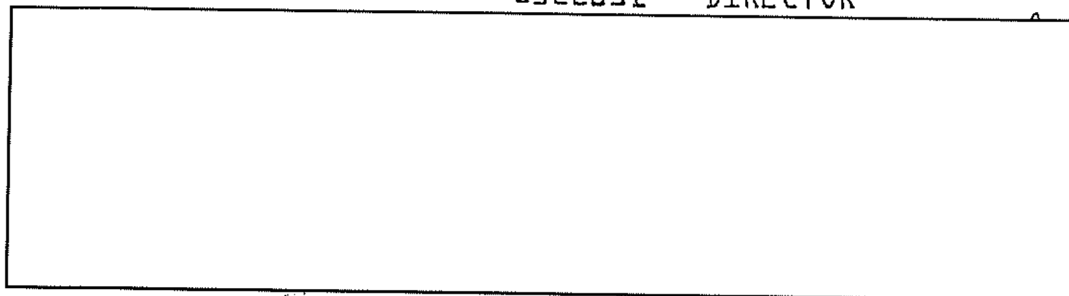

1. AS YOU DOUBTLESS AWARE, NEW YORK TIMES STORY OF 2 AUGUST DETAILS CIA MEDICAL RESEARCH EFFORT "TO CONTROL HUMAN BEHAVIOR," CITING EXPERIMENTAL WORK ON UNWITTING SUBJECTS. THE SENATE SELECT COMMITTEE ON INTELLIGENCE AND THE SENATE SUB-COMMITTEE ON HEALTH ARE BEING BRIEFED TODAY (3 AUGUST) ON BACK-GROUND. THEY WILL BE PROVIDED DOCUMENTS INVOLVING THREE PROJECTS

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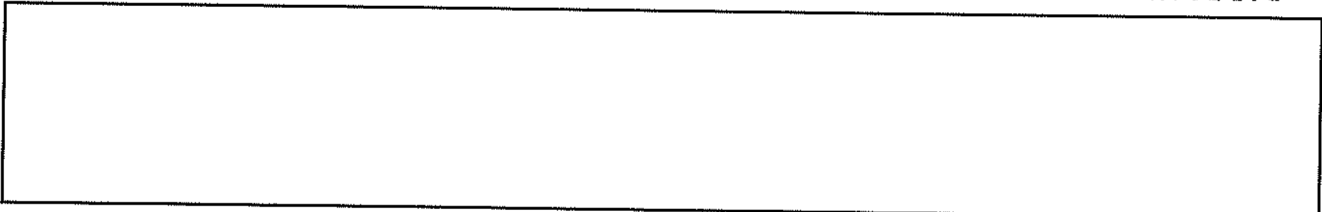

2. THERE FOLLOWS A SUMMARY OF THE PROJECTS CONCERNED. THIS INFORMATION IS NOT COMPLETE BUT IS ALL THAT IS PRESENTLY AVAILABLE

25X1

A. "SUB-PROJECT NO. 68 -

PRINCIPAL RESEARCHER AND LOCATION: DR. D. EWEN CAMERON; ALLAN MEMORIAL INSTITUTE OF PSYCHIATRY AT MCGILL UNIVERSITY; MONTREAL, QUEBEC

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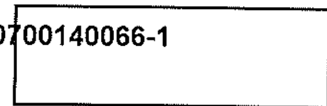

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DATE-TIME GROUP
CITE: DIRECTOR 075623
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CONF: INFO: FILE

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DISSEM BY:

OBJECTIVE AND DETAILS OF WORK: TO STUDY THE EFFECT UPON HUMAN BEHAVIOR OF THE REPETITION OF VERBAL SIGNALS. THIS WORK RESULTED FROM A REQUEST TO THE SOCIETY FOR THE INVESTIGATION OF HUMAN ECOLOGY FROM THE ALLAN MEMORIAL INSTITUTE OF PSYCHIATRY FOR A GRANT: 'TO STUDY THE EFFECTS UPON HUMAN BEHAVIOR OF THE REPETITION OF VERBAL SIGNALS.' THERE IS NO EVIDENCE THAT THE AGENCY INFLUENCED THE NATURE OF THIS RESEARCH. PATIENTS SELECTED WERE THOSE SUFFERING FROM EXTREMELY LONG-TERM AND INTRACTABLE PSYCHONEUROTIC CONDITIONS. THEY WERE TREATED WITH LSD-25 AND OTHER SIMILAR AGENTS TO BREAK DOWN ON-GOING PATTERNS OF BEHAVIOR. THE PLAN INCLUDED INTENSIVE REPETITION (16 HOURS A DAY FOR SIX OR SEVEN DAYS) OF PREARRANGED VERBAL SIGNALS -- PATIENT IS KEPT IN PARTIAL SENSORY ISOLATION -- THEN CONTINUOUS SLEEP FOR SEVEN TO TEN DAYS. LASTING BEHAVIORAL CHANGES OF TWO MONTHS DURATION WERE ACHIEVED IN ONE CASE. #

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23 APRIL 1959 MEMORANDUM FOR THE RECORD STATES THAT DR. CAMERON COMPLETED OVER 100 CASES, 'WITH SOME RATHER DRAMATIC RESULTS, PARTICULARLY WITH NEUROTICS.'

THERE IS NO INDICATION IN THE FILE AS TO WHETHER THE PATIENTS WERE WITTING.

SIGNIFICANT ASPECTS: TESTING OF LSD ON HUMAN BEINGS AND COVERTLY FUNDING RESEARCH IN A CANADIAN UNIVERSITY.

FUNDING:

COVER MECHANISM: SOCIETY FOR THE INVESTIGATION OF HUMAN ECOLOGY ✓

APPROXIMATE TOTAL: $60,000 IN CASHIER'S CHECKS

RESEARCH PATICIPANT: DR. D. EWEN CAMERON, UNWITTING

OTHER SPONSORS: ALLAN MEMORIAL INSTITUTE OF PSYCHIATRY (MCGILL UNIVERSITY). 17 AUGUST 1960 MEMORANDUM FOR THE RECORD INDICATES THE U.S. AIR FORCE WAS CONSIDERING CO-SPONSORSHIP OF EFFORT."

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B. "SUB-PROJECT NO. 117

PRINCIPAL RESEARCHER AND LOCATION: [25X1]

[25X1] CORNELL UNIVERSITY (OSI SOURCE

ON [25X1])

OBJECTIVE AND DETAILS OF WORK: CROSS-CULTURAL STUDIES OF FAMILY STRUCTURE AND PERSONALITY DEVELOPMENT.

APPROXIMATE TIME SPAN: 1960

SIGNIFICANT ASPECTS: NONE

FUNDING:

COVER MECHANISM: SOCIETY FOR THE INVESTIGATION OF HUMAN ECOLOGY

APPROXIMATE TOTAL: $7,035

RESEARCH PARTICIPANT: [25X1]

[25X1]

[25X1]

C. "SUB-PROJECT NO. 121

PRINCIPAL RESEARCHER AND LOCATION: [25X1]

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DIRECTOR 077623

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DISSEM BY:

25X1

[redacted] PROFESSOR OF PSYCHIATRY Y

OBJECTIVE AND DETAILS OF WORK: [redacted] 25X1

[redacted] 25X1

PURPOSE: RECRUIT PROMISING YOUNG [redacted] 25X1

APPROXIMATE TIME SPAN: 1960-1963 Y

SIGNIFICANT ASPECTS: [redacted] 25X1

[redacted] 25X1

FUNDING:

COVER MECHANISM: SOCIETY FOR INVESTIGATION OF HUMAN ECOLOGY Y

APPROXIMATE TOTAL: $13,850 Y

25X1

RESEARCH PARTICIPANT: Y

25X1

OTHER SPONSORS: [redacted]

[redacted]

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APPENDIX 8

Comprehensive Psychiatry

Official Journal of the American Psychopathological Association

VOL. 3, NO. 2 APRIL, 1962

The Depatterning Treatment of Schizophrenia

D. EWEN CAMERON, M.D., J. G. LOHRENZ, M.D.,
AND K. A. HANDCOCK, M.B., CH.B.

THE DEVELOPMENT of a successful method of treatment of schizophrenia has become imperative because of the ongoing revolution in psychiatric hospitalization. From this revolution, the psychiatric divisions of general hospitals are emerging as the primary places for the diagnosis and care of the mentally sick. Hence the necessity for a method of treatment of schizophrenia which can be effectively carried out within these short-stay hospitals.

Over the last thirty years a number of methods of treating schizophrenia have been introduced—insulin coma, chemotherapy and others—which have had a demonstrable measure of success, but their degree of effectiveness has left much to be desired. They fall far short of what must be a basic requirement, namely, that when the patient is discharged from the psychiatric division of a general hospital, he must either be well or, if not, then well enough to go on ambulant service for further follow-up treatment.

Extensive experience with the successes and failures of coma insulin treatment of schizophrenia—with various psychotherapeutic procedures and later with a number of forms of chemotherapy—led us at the Allan Memorial Institute to set up plans to seek for a more powerful and a more flexible method of treatment.

A survey of the existing literature showed that of the multiplicity of methods of treatment, massive electroshock seemed promising. It produced initial favorable results in a high percentage of cases but there was also, unfortunately, a considerable relapse rate. This method of treatment was apparently introduced by Bini[1] and by Milligan.[2] In both instances, it was at first used to treat chronic psychoneurotic patients. The method was transferred to the treatment of schizophrenia by Kennedy and Ancell[3] who appear to have been responsible for the misleading designation of "regressive shock therapy."

In its original form, the method consisted essentially of the administration of two to four electroshocks daily to the point where the patient developed an organic brain syndrome with acute confusion, disorientation and interference with his learned habits of eating and bladder and bowel control. While in this condition, his schizophrenic symptoms disappeared. On cessation of electroshock—usually after the patient had been given about thirty treatments—reorganization would set in. The organic symptoms would recede quite rapidly

This paper was delivered by Dr. Cameron as a Maudsley Bequest Lecture, London, February, 1962.

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and, in favorable cases, the schizophrenic symptomatology would not reappear.

Glueck and his co-workers[4] reported on one hundred cases in which they had used three grand mal convulsions daily with the number of treatments varying from seventeen to sixty-five; the average being thirty-four. Ninety-three of the cases were sent home but twenty-two relapsed in three weeks to seven months after discharge.

Weil[5] administered seven electroshock treatments a day, but stated that the treatment had no lasting beneficial effect on the eighteen cases treated.

Rothschild and his co-workers[6] reported the treatment of fifty-two schizophrenic patients, twenty-two of whom were unimproved and thirteen of whom were out of the hospital for periods ranging from three to twelve months.

Seven years ago we decided to develop the potentialities of this procedure. At that time we already had extensive experience with two other therapeutic procedures—continuous sleep as introduced by Klaesi[7] and modified by Azima[8] and preventive shock therapy as described by Geohegan and Stevenson.[9] We had already found that prolonged sleep produces confusion; thus we decided to administer intensive electroshock therapy to our patients in continuous sleep in order to expedite the development of the required brain syndrome and also, as a means of controlling excitement and anxiety.

From the Geohegan and Stevenson technique we had learned a great deal about the prevention of relapse by monthly electroshock therapy carried on for several years. For this reason we decided to have our patients—on termination of the acute part of their treatment—put on a two-year follow-up plan during which they would receive one electroshock a month on an ambulant basis. From our experience with this technique, we had also learned the desirability of terminating electroshock slowly and not abruptly as did some of the earlier workers.

Since there was a considerable variation in the degree of disorientation which other investigators had attempted to achieve, we devoted attention to devising a scale which would determine when a satisfactory level of depatterning had appeared. Kennedy and Ancell described their patients as being brought to the level of 4-year-old children. Rothschild and his co-workers[10] referred to certain of their organically disorganized patients as being unable to swallow but able to suck fluid from a feeding bottle. Glueck[11] reported that his patients were like helpless infants. They were incontinent in bladder and bowel and required spoon feeding as well as tube feeding. There was a considerable increase in spastic rigidity and the abnormal reflexes of Babinski and Hoffman—and sometimes ankle clonus—were present as well. A grasp reflex occasionally suggested evidence of a frontal lobe syndrome.

Because of these descriptions of behavior reminiscent of early childhood, we decided to see whether the phenomena could be described in terms of the early development of stages of behavior as described by Gesell.[12]

We soon discovered that this was quite impossible. The disturbance of behavior is anything but orderly. The patient may show incontinence and yet be able to use quite an advanced vocabulary, and difficulties in motor movements go hand in hand with the preservation of a second language learned at the age of 12.

Hence we decided to abandon the whole concept of regression, convinced that here, as indeed elsewhere, it carries implications far beyond the facts.

Prolonged review of the data brought out the fact that disturbance of the memory is the central phenomenon, and we therefore attempted to set up a scale based on the degree of disturbance of the memorial function. The disturbance is so massive and pervasive that it cannot well be described in terms of existing tests and can only be measured in degree if one sets up large categories of disturbance as the basis of one's scale. For this reason, we decided upon a scale based on degrees of disturbance in the individual's space-time image. This we have found satisfactory for our purposes, namely, to ensure that each patient is brought approximately to the same desired level of disorganization.

In the first stage of disturbance of the space-time image, there are marked memory deficits but it is possible for the individual to maintain a space-time image. In other words, he knows where he is, how long he has been there and how he got there. In the second stage, the patient has lost his space-time image, but clearly feels that there should be one. He feels anxious and concerned because he cannot tell where he is and how he got there. In the third stage, there is not only a loss of the spaoe-time image but loss of all feeling that should be present. During this stage the patient may show a variety of other phenomena, such as loss of a second language or all knowledge of his marital status. In more advanced forms, he may be unable to walk without support, to feed himself, and he may show double incontinence. At this stage all schizophrenic symptomatology is absent. His communications are brief and rarely spontaneous, his replies to questions are in no way conditioned by recollections of the past or by anticipations of the future. He is completely free from all emotional disturbance save for a customary mild euphoria. He lives, as it were, in a very narrow segment of time and space. All aspects of his memorial function are severely disturbed. He cannot well record what is going on around him. He cannot retrieve data from the past. Recognition or cue memory is seriously interfered with and his retention span is extremely limited.

These steps we have termed the three stages of "depatterning" (Cameron[13]).

As the patient emerges from the treatment, he passes through these three stages in reverse.

Procedure

The treatment is preceded by an extensive work-up in which not only are all the clinical data on his case assembled, but they also are collected through the Social Service Department regarding his home and work situations. The social worker has the responsibility—sometimes reinforced by the physician—of advising the family of the treatment procedure and of the fact that he will have a considerable memory blank when he recovers; that he should not be visited during the actual period of treatment. The work-up also includes psychological testing, electrophysiological examinations, biochemical, serological and routine hematological and urine checks.

Unless there are contra-indications, such as a pulmonary or a cardiovascular state, the patient is then started on continuous sleep with a three-times-a-day waking period. This method of treatment requires careful supervision. Three barbiturates, namely, Veronal, Seconal and Nembutal, are used together with Largactil as the basis of the therapy. The patient is awakened thrice daily for toilet and meals. The nursing care requires that particular attention should be given to the skin and to posturing and, where necessary, to respiratory exercise with carbogen. We have found that with sleep, restlessness and anxiety can be much better controlled and also have found it is usually necessary to give fewer electroshocks. Sleep is the initial step to ensure that the patient is drowsy and under control before intensive shock therapy is started. This is usually administered about three days after sleep is initiated.

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The Page-Russell electroshock technique[14,15] is administered twice a day. This involves giving the patient on each occasion six electroshocks—the electrical impulses following each other with such rapidity that the clonic phase does not become established until the end of the sixth electrical impulse.

The patient passes into the first stage of depatterning about the fifth day of electroshock treatment and into the second stage somewhere between the tenth and twentieth day of treatment. Patients, however, vary considerably in the amount of electroshock and sleep necessary to bring them into the third stage—the average being between thirty and forty electroshock treatments, with some requiring fifty or sixty and a very few entirely failing to reach the third stage of depatterning.

Once the third stage is reached, the patient is kept at this level for about a week by reducing the frequency of electroshock to one a day and dropping from multiple to single shocks. We then begin to bring the patient out gradually by reducing electroshock to one shock three times a week—then to twice a week and so on as the case demands. At the time of his leaving the hospital, electroshock should be down to one per week.

It is most important not to stop electroshock treatment abruptly, otherwise relapse is very frequent. One should also grasp the essential fact that the period of reorganization is a period of considerable delicacy. The patient should be supported and reassured. He should constantly be given some incentive to reorganize himself and he should be protected against emotional disturbance, such as visits from relatives or tensions in the treatment room.

Earlier it was stated that the patient passes back through the same three stages of depatterning which have been described. During this reorganization period, while in the second stage and in particular when the patient is passing back from the second stage to the first stage on his way to recovery, there may be a period of turbulence. The patient becomes anxious, restless, antagonistic and may become delusional. Earlier in our experience, we described these occurrences almost uniformly as evidences of relapse and increased the frequency of electroshock—putting the patient back into the third stage again. Ultimately, however, we have come to realize that these phases which we have termed "periods of turbulence" are states of anxiety occasioned by the transition from a phase in which the patient feels no necessity to maintain a space-time image to the stage where he feels a strong urge to recreate his space-time image but is not yet able to do so. For the last several years we have controlled this anxiety by means of heavy doses of Largactil up to mg. 600–1000 per day and sodium amytal.

Still more recently, however, we have had an opportunity to work with a new monoamine oxidase inhibitor—RO4–1038—which has proved remarkably effective in quite small doses in curtailing this type of organic anxiety. It is necessary to curtail this, since otherwise the patient may become seriously disturbed and there may take place an actual return of his schizophrenic symptomatology.

In a certain proportion of cases (rather less than 30 per cent), one does see a recurrence of the schizophrenic symptomatology as the organic syndrome subsides. When this happens, we habitually return the patient to intensive electroshock treatment and pass him back to the third stage. On occasion, it has been necessary to repeat this several times—and we have done so up to six times before we were ultimately able to maintain the patient in a symptom-free state.

During this period of reorganization, we continue checking the patient most assiduously several times a day for any evidence of relapse. It cannot be too strongly stressed that if evidences of relapse are detected literally within a few hours, they can be got rid of with two or three days of intensive treatment.

At no time do we attempt to carry out depth psychotherapy or indeed any psychotherapy save in the measure which has been described, which is continuous preoccupation and concern with the details of the patient's treatment, helping him to reorient himself and encouraging him. Anything in the way of uncovering psychotherapy we have found to be positively calamitous.

We have also attempted during this period of reorganization to define the extent of his total amnesia and the extent of his differential amnesia. The term 'differential amnesia' is used to describe the fact that patients will have an amnesia for schizophrenic occurrences but will maintain recollection for other concurrent happenings. Thus, if a patient has had

a schizophrenic illness for three years and is treated by this method, he may very well have a total amnesia for two years but a differential amnesia extending over the whole period of his illness, i.e., three years.

With respect to total amnesia, we try to encourage his family to help him build a scaffolding of memories to bridge this. For instance, if a woman has moved into a new house during the two or three years lost to her, that fact is given her. If she has been on a trip, we tell her this. If she has new neighbours, she is so informed.

When the patient is discharged, arrangements are made for his or her return within a week for another electroshock, and very often the patient goes out on moderate doses of Largactil. Soon the patient goes on one electroshock a month and this rate is continued for two years. During this two-year period, we customarily find that the condition of the patient steadily progresses and a considerable proportion of patients show no schizophrenic symptomatology after the first year of follow-up therapy.

The family is warned of the possibility of a relapse and the earliest symptoms suggestive of this are described to them. They are asked to contact their doctor at the Institute within twenty-four hours at the latest after symptoms have begun to appear. The patient is immediately brought back to the ambulant services and intensified electroshock treatment is carried out on an ambulant basis for several days. On occasion, some of the sleep medication, such as Largactil, is reinstituted. The patient is rarely readmitted.

The treatment procedure has been described in some detail, but the description would be incomplete without emphasizing that the results of the therapy depend a great deal upon the skill with which it is carried out. There is some danger of falling into a belief that since treatment as here described is largely by means of physical and chemical agents, the perceptiveness, the zeal and the clinical wisdom of the psychiatrist play a relatively small part, that the process is mechanical.

Nothing could be further from the facts. The therapist has to be constantly alert to detect the various, rapid and often massive changes which take place in the patient during the course of this treatment. He should see the patient several times a day and be constantly on the alert to estimate the degree of depatterning which has been attained and to note the appearance of any drug idiosyncrasy. He must be well equipped with a variety of measures with which to counteract a proneness to relapse. He must keep himself constantly aware of his relationships with the patient and, in particular, the relationships between the patient and the family. There are no substitutes for the acumen and knowledge of the experienced clinician.

Results

The clinical material consisted of a total of 30 patients—21 females and 9 males. The mean age of the group was 36.1 years with the ages ranging from 20 to 61 years. All except one had on one or more occasions been admitted to the Allan Memorial Institute. The results will be described in terms of three grades of improvement. *Complete recovery* describes a patient who is restored to his best functioning self in the fullest meaning of the term. A patient who is *socially recovered* is one who is fully active socially and in his work but who may have residual subjective disturbances. An *improved* patient is one who is not in hospital and is able to meet some of his social and occupational requirements. These categories are essentially as outlined by Alexander[16] (table 1).

Our patients were maintained on follow-up for a mean time of 35.2 months, a range of 22 to 68 months. The mean number of electroshocks given during this time was 66.56, a range of 23 to 150. In one case (No. 2), readmission was necessary during follow-up treatment some six months after regular treatment had begun. This patient continued on follow-up ECT after discharge and went on to make an eventual improved adjustment. Two other cases (Nos. 6 and 17) were readmitted 5 months and 13 months respectively after they had broken off treatment. Case No. 17 is demonstrated in figure 1 as are

Table 1.—*Diagnostic and Treatment Summary*

No.	Name	Sex	Age	Diagnosis	Prev. Adm.	Prev. EST	Preventive EST (mo.)	EST No.	Adm. Dur/After Preventive EST	Status January 1961
1	C. A.	F	24	Schiz.-Cat.	1	0	26	40	0	Social Recovery
2	O. A.	F	32	Schiz.-Und.	1	0	42	84	1	Improved
3	R. A.	M	30	Schiz.-Und.	1	0	48	87	0	Improved
4	M. B.	F	34	Schiz.-Aff.	0	0	48	118	0	Improved
5	G. B.	M	27	Schiz.-Und.	3	0	30	100	0	Improved
6	Y. B.	M	20	Schiz.-Par.	1	3	26	75	1	In Hospital
7	M. B.	F	29	Schiz.-Par.	2	1	22	53	0	Improved
8	M. C.	F	36	Schiz.-Par.	1	0	68	114	0	Improved
9	A. C.	M	35	Schiz.-Cat.	2	1	36	93	0	Improved
10	F. D.	F	36	Schiz.-Par.	2	0	42	101	0	Improved
11	R. E.	F	36	Schiz.-Cat.	2	1	58	78	0	Social Recovery
12	A. F.	F	32	Schiz.-Und.	1	0	24	38	0	Social Recovery
13	E. F.	M	36	Schiz.-Par.	1	1	26	23	0	Improved
14	H. G.	F	61	Schiz.-Par.	1	0	44	48	0	Improved
15	H. J.	M	47	Schiz.-Par.	1	0	24	60	0	Improved
16	W. L.	M	48	Schiz.-Par.	4	0	68	65	0	Social Recovery
17	M. M.	F	42	Schiz.-Par.	8	?	32	150	1	Social Recovery
18	V. M.	F	42	Schiz.-Par.	1	0	44	83	0	Social Recovery
19	I. M.	F	50	Schiz.-Aff.	2	1	37	68	0	Social Recovery
20	M. M.	F	23	Schiz. Simple	2	0	26	40	0	Improved
21	C. O.	F	33	Schiz.-Par.	1	0	24	48	0	Complete Recovery
22	J. P.	F	27	Schiz.-Par.	1	0	25	52	0	Social Recovery
23	O. P.	F	25	Schiz.-Und.	1	0	24	53	0	Improved
24	T. R.	F	42	Schiz.-Par.	2	3	29	64	0	Improved
25	J. S.	M	54	Schiz.-Und.	3	3	42	51	0	Social Recovery
26	A. S.	F	29	Schiz.-Und.	1	0	24	30	0	Improved
27	R. T.	M	30	Par. State	1	0	24	44	0	Improved
28	M. T.	F	42	Schiz.-Par.	2	2	26	40	0	Improved
29	A. W.	F	23	Schiz.-Par.	1	0	25	35	0	Improved
30	V. W.	F	54	Schiz.-Par.	1	0	42	63	0	Improved

several other representative cases. The improvement grade distribution of cases at that time is seen in table 2 and, for a comparison of readmission rates, see table 3.

Of the cases shown, four patients are still on regular maintenance electroshock therapy and four out of the thirty failed to continue to keep their appointments for follow-up treatment.

We were interested to determine whether the duration of treatment or the intensity of treatment bore any relation to the diagnostic category. A comparison between the paranoid sub-group and all other categories is presented in table 4.

In treating patients with a high number of electroshocks over an extended period of time, the question of organic defect and/or deterioration presents itself. We suggest that it may be possible to evaluate this factor by employing psychological tests. As a preliminary trial, we have re-tested several of our cases after a period of follow-up ECT treatment and we have tabulated these findings in table 5. The material presented does not indicate that long-term ECT is associated with organic defect and/or deterioration to any demonstrable degree.

Discussion

Our treatment technique is discussed under three headings: 1) efficiency, 2) mechanism, 3) extension of knowledge.

Table 2.—*Distribution of Improvement*

Improvement Grade	No. Cases
Improved	19
Social Recovery	9
Complete Recovery	1
In Hospital	1
Total	30

Table 3.—*Comparison of Readmission Rates*

	Control Group (N = 314) 1956–1959	Preventive EST Group (N = 30) 1956–1960
Readmission Rates		
Schizophrenics, A.M.I.	31.5%	10%

Efficiency

With regard to efficiency, the first question to ask is, "Does it accomplish what is intended?" The answer is quite definitely "Yes." It has resulted in a considerable increase in efficiency over the method of multiple shock therapy as introduced by Bini and Milligan and modified by subsequent workers. It represents, moreover, a noteworthy advance over insulin treatment and over the chemical therapies. Above all things, the readmission rate is greatly reduced. At the same time, we must point to the fact that it calls for a most considerable expenditure in time and effort and it requires the development of a team of workers who are highly skilled.

With regard to the detrimental side effects, the most serious is of course the period of complete amnesia. We are working upon methods to reduce this and it is proper to say that while it is a source of trouble and annoyance to the patient during the first six months or so following discharge, a scaffolding of subsequent memories consisting in what he has been told of events which happened during the amnestic period gradually takes form.

Mechanism

With reference to the mechanism, our findings indicate that this method is most effective where amnesia is well established and, in particular, where there is a differential amnesia for the total period of illness. However, quite clearly, we have all seen many cases of schizophrenia where good results have been obtained and where there is full or considerable recollection by the individual of his previous schizophrenic behaviour. Hence we must say that while amnesia seems to be an important if not essential part of the recovery process as achieved by this method of treatment, it is by no means the only way in which recovery takes place.

Turning to the mechanism of the amnesia itself, we note first the existence of a complete and of a differential amnesia. As a working hypothesis to explain the curious phenomenon of the differential amnesia, we have considered that while recency undoubtedly plays an important part in the determination of the extent of complete amnesia, another hypothesis must be advanced to explain the differential amnesia.

In an earlier communication (Cameron[17]), we have suggested that recollections that are not congruous with the ongoing conceptual framework tend

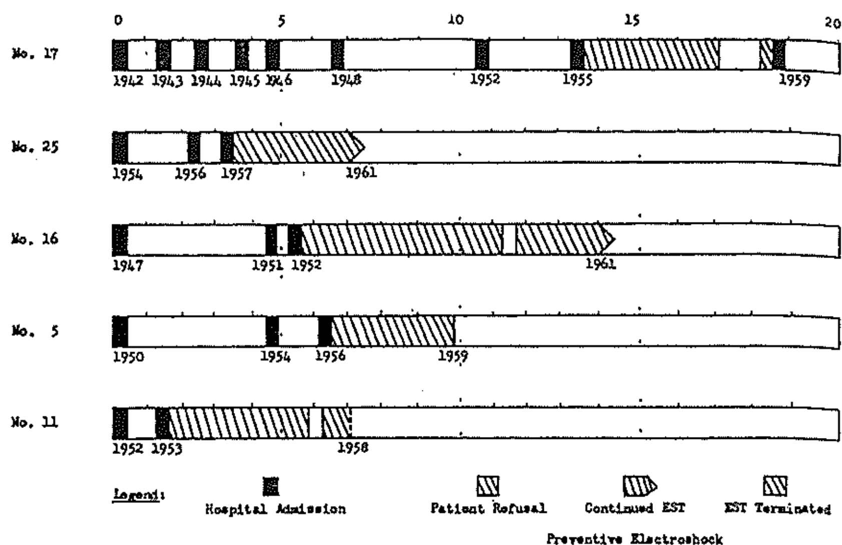

Figure 1

to be inhibited. This is in accord with what Bartlett[18] reported concerning his well known experiments in which he had Cambridge undergraduates memorize American indian legends. On being questioned months later, the students were able to produce the legends, but all those concepts which were incongruous with their English conceptual framework were omitted or reinterpreted in terms of how they ordinarily thought. A simple example is that the Great Spirit of the Indians was reproduced as the Holy Ghost.

Our hypothesis is also in accord with earlier experiments by those concerned with the Gestalt theory which showed that recollections are reorganized to bring them into conformity with the image that the individual maintains as appropriate. Schachtel,[19] in attempting to account for the child's loss of recollections of his earlier experience, postulated that the thinking of childhood is so different in its conceptual framework that it cannot be reproduced in terms of adult concepts. This is essentially what we suggest, namely, that schizophrenic thinking is not congruous with the new ongoing normal thinking which, in any case, tends to be preponderant in view of the fact that in all save the rarest cases, normal thinking has dominated the behavior of the individual for far longer periods than has schizophrenic thinking.

We have found that differential amnesia also appears, however, in patients who are not suffering from schizophrenia and who have been treated by this method. For instance, in patients with drug addiction, the whole period of drug addiction may be forgotten, whereas other concurrent events not connected with the drug addiction may be remembered. And the same is true of some extremely resistant psychoneurotic patients whom we have treated by a similar method.

Hence, to the hypothesis that non-congruent memories are not readily recalled, we probably have to add a second hypothesis to the effect that unpleasant matters are not so easily recalled.

Finally, under mechanisms, we should turn our attention to the curious phe-

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Table 4.—*Comparison of Diagnostic Categories*

	Sex Distrib. M	F	Mean Age	Mean Duration Rx (mo.)	Mean EST No.
Total Sample (30)	9	21	36.1	35.2	66.9
Paranoid Sub-Type (16)	4	12	39.2	35.4	67.1
All Other Sub-Types (14)	5	9	32.9	34.9	66.6

Table 5.—*Summary of Psychological Findings*

Case No.	Time Interval Between Tests	EST Number Admin. Between Tests	Psych. Test Summary (Re-test)
28	26 mo.	40	"Little change from 1954. Notable poverty of recoverability from Schiz. preoccupations."
20	26 mo.	45	"Fairly good surface adjustment, same underlying problems, hysterical overlay" (Tat, Ros.).
16	36 mo.	50	"Organic signs present but no marked drop in functioning in relation to previous responses" (B. G., F. D., Ros.).
12	24 mo.	38	"No marked anxiety—little indication of an underlying Schiz. in present test" (Ros.).

nomenon of the value of the prolonged follow-up. One shock a month has no discernible effect upon memory, but we have frequently noted that after the shock patients will report that they feel better, that they are more relaxed, that they feel less moody, and their relatives will confirm this. To this observation we may add the fact that the periodic epileptic patient not infrequently says that he feels better after his seizure and sometimes wishes that one would come on so that he might feel himself again. Hence we may offer, at least as a tentative hypothesis, the idea that in some way monthly electroshock treatment relieves the tension and frustration of the patient who is still making an effort to adjust to his residual schizophrenic difficulties. How this fits in with the progressive disappearance of his schizophrenic behavior is entirely unclear.

Extension of knowledge

These procedures have resulted in a certain extension of our knowledge in three areas:

1. *Relapses.*—As relapses occur during the period in hospital or during the two-year follow-up, we have uniformly treated these by intensifying electroshock therapy and have discovered that relapses can quite easily be set aside in most instances by four or five electroshocks given over two or three days. If they occur during follow-up treatment, the patient does not need to be readmitted. We have also come to recognize that emotional disturbance of any kind seems to facilitate these breakdowns. Finally, we have advanced the hypothesis already reported[20] that most of these relapses are not so much reactivation of the schizophrenic illness as a breakdown in the organization of the individual.

Careful examination by psychological tests of schizophrenic patients who have been under treatment for a prolonged period of time and who have not shown any schizophrenic symptomatology for six months or a year will often reveal quite astonishing evidence of schizophrenic disorder. The clinician is then faced with the fact that the procedures reveal little or no evidence of schizophrenia, whereas the tests show schizophrenia to be present in almost as great a degree as previously. In order to reconcile these apparently incompatible findings, we have come to consider the possibility that the assets of the individual's personality are in surplus just as is the case with the liver or kidneys. We all know these organs to be more extensive in amount than actually required for everyday living so that an individual can get along without part of his liver or without one of his kidneys. His kidney function, for example, can be reorganized on the basis of one kidney. We have come to feel that the same may be true of his personality—that parts may be damaged and put out of circulation, as it were, and the surplus capacities which he has can then take over. However, this new organization can be disturbed and, in particular, can be disturbed by emotional stress.

This theory is in line with something which is a matter of common observation, namely, that individuals with hearing deficits, for which they have compensated, will show an apparent increase in hearing loss when emotionally disturbed, and the hearing loss then reduces again to its original level when the emotional disturbance has passed. This is also true of visual defects and others as well. Hence we are inclined to think that most of these relapses are actually a breakdown in organization and are not due to a lighting up of the schizophrenia. And it is for this reason that most of the relapses are quite easily stopped when sufficient electroshock is given to break up the emotional disturbance.

2. Another matter which this method of treatment brings into the foreground is the curious phenomenon of the *difference in duration between anterograde and posterograde amnesia.* Anterograde amnesia usually extends for about ten days to two weeks after the rate of electroshock has been diminished and the patients begin to record clearly the events of the day once more. Posterograde amnesia, however, may extend from six months to three or four years back from this time.

In trying to understand this phenomenon, it would appear that the essential element to grasp is the obvious fact that the acute and intense brain response to electroshock therapy which is the cause of the amnesia can only act upon events which are occurring contemporaneously. Therefore the first conclusion that one must reach is that this acute and intense brain reaction continues for ten days to two weeks after the rate of electroshock therapy is reduced and the patient once more begins to record, as is shown by his day-to-day discussions.

It is interesting to note that the more intense the brain reaction, the longer the period of posterograde amnesia. However, there is a limit, and we very rarely see posterograde amnesia for longer than three to four years duration; but with a relatively limited brain reaction to the electroshock, the amnesia may extend only for a period of six months. The question now comes up in regard to what process is going on contemporaneously which could be inter-

fered with by this acute brain reaction which lasts throughout the period of intensive electroshock therapy and for a week or ten days beyond it?

The most obvious process to propose is that of incorporation. It is certainly not the matter of primary registration, since one can readily test the fact that during the greater part of the intensive electroshock therapy, the patient is well able to register at least for brief periods. He will remember what you say to him and repeat it back a few minutes later. For quite a long time he will remember people until he enters the third stage of depatterning.

And it is almost impossible to think that this posterograde amnesia could be due to a defect in the retrieval mechanism since one would have to postulate that this would operate with respect to all recollections and not simply those within a limited period of time.

What incorporation consists in is still very much unknown. It is suggested that it probably does consist in the formation of cross connections between memories through rumination and through repeated activation. We are aware of the fact that the vastly greater number of things that we register seem to be lost forever and it is only those things which are emotionally endowed or are repeatedly used which tend to be remembered. Hence it may be that the events of the last several years are not sufficiently worked through to be permanently incorporated and hence are vulnerable to the acute and intense brain disturbance.

Another suggestion which is put forward with considerable reserve is that it may be that events of a particular kind are laid down in a particular part of the brain and then with the passage of time and on the basis of multiple inter-relations with other events brought about by rumination and reflection, close connections may be established in a variety of areas of the brain.

If we then go on to postulate what seems to be the case from animal experimentation that electroshock affects in a cone-shaped manner the area which immediately underlies the electrodes, then this may serve to explain why the more recently laid down memories are most vulnerable.

3. Finally, from our experience with this method, there arises an interesting suggestion with respect to the working model that we have of schizophrenia. Whether we say so explicitly or not, most of us have a working model of schizophrenia which resembles that of cancer; namely, that it is a progressive disease mostly ending up in disaster, but with periods of progression and periods of relative inactivity and, like cancer, with a few exceptional cases in which the disease arrests spontaneously. However, in view of what has been suggested about relapses, and in view of the curious phenomenon to which reference is being made of the appearance of clinical health contemporaneously with psychological findings indicating the presence of schizophrenic damage, one wonders whether for most kinds of schizophrenia, at least, a better working model would not be one like poliomyelitis—a disease with a very acute phase followed by long-lasting sequelae which may become progressively worse if not treated. If this working model is correct, we can then see the value of depatterning as a means of bringing the process to an end and also breaking up the sequelae. It would also underscore something which has been well emphasized for a long time, namely, the great urgency of early recognition of this serious illness.

Summary

We have described a method of treatment of schizophrenia especially adapted to short-term hospitalization in the psychiatric divisions of general hospitals. This method of treatment consists of three components:

a) the administration of intensive electroshock treatment;
b) concurrent administration of continuous sleep;
c) a two-year post-discharge follow-up phase of treatment.

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APPENDIX 9

Location of Mass Graves of Residential School Children Revealed; Independent Tribunal Established

Contributed by Brenda Norrell
Tuesday, 15 April 2008

Squamish Nation Territory ("Vancouver, Canada") - At a public ceremony and press conference held today outside the colonial "Indian Affairs" building in downtown Vancouver, the Friends and Relatives of the Disappeared (FRD) released a list of twenty eight mass graves across Canada holding the remains of untold numbers of aboriginal children who died in Indian Residential Schools.

The list was distributed today to the world media and to United Nations agencies, as the first act of the newly-formed International Human Rights Tribunal into Genocide in Canada (IHRTGC), a non-governmental body established by indigenous elders.

In a statement read by FRD spokesperson Eagle Strong Voice, it was declared that the IHRTGC would commence its investigations on April 15, 2008, the fourth Annual Aboriginal Holocaust Memorial Day. This inquiry will involve international human rights observers from Guatemala and Cyprus , and will convene aboriginal courts of justice where those persons and institutions responsible for the death and suffering of residential school children will be tried and sentenced. (The complete Statement and List of Mass Graves is reproduced below).

Eagle Strong Voice and IHRTGC elders will present the Mass Graves List at the United Nations on April 19, and will ask United Nations agencies to protect and monitor the mass graves as part of a genuine inquiry and judicial prosecution of those responsible for this Canadian Genocide.

Eyewitness Sylvester Greene spoke to the media at today's event, and described how he helped bury a young Inuit boy at the United Church's Edmonton residential school in 1953.

"We were told never to tell anyone by Jim Ludford, the Principal, who got me and three other boys to bury him. But a lot more kids got buried all the time in that big grave next to the school."

Press Statement: April 10, 2008
Mass Graves of Residential School Children Identified – Independent Inquiry Launched

We
are gathered today to publicly disclose the location of twenty eight
mass graves of children who died in Indian Residential Schools across
Canada , and to announce the formation of an independent,
non-governmental inquiry into the death and disappearance of children
in these schools.

We estimate that there are hundreds, and possibly thousands, of children buried in these grave sites alone.

The
Catholic, Anglican and United Church , and the government of Canada,
operated the schools and hospitals where these mass graves are located.
We therefore hold these institutions and their officers legally

responsible and liable for the deaths of these children.

We have no confidence that the very institutions
of church and state that are responsible for these deaths can conduct
any kind of impartial or real inquiry into them. Accordingly, as of
April 15, 2008, we are establishing an independent, non-governmental
inquiry into the death and disappearance of Indian residential school
children across Canada .

This inquiry shall be known as The International
Human Rights Tribunal into Genocide in Canada (IHRTGC), and is
established under the authority of the following hereditary chiefs, who
shall serve as presiding judges of the Tribunal:

Hereditary Chief Kiapilano of the Squamish Nation

Chief Louis Daniels (Whispers Wind), Anishinabe Nation Chief Svnoyi Wohali (Night Eagle), Cherokee Nation

Lillian Shirt, Clan Mother, Cree Nation

Elder Ernie Sandy, Anishinabe (Ojibway) Nation

Hereditary Chief Steve Sampson, Chemainus Nation

Ambassador Chief Red Jacket of Turtle Island

Today,
we are releasing to this Tribunal and to the people of the world the
enclosed information on the location of mass graves connected to Indian
residential schools and hospitals in order to prevent the destruction
of this crucial evidence by the Canadian government, the RCMP and the
Anglican, Catholic and United Church of Canada.

We call upon indigenous people on the land where
these graves are located to monitor and protect these sites vigilantly,
and prevent their destruction by occupational forces such as the RCMP
and other government agencies.

Our Tribunal will commence on April 15 by
gathering all of the evidence, including forensic remains, that is
necessary to charge and indict those responsible for the deaths of the
children buried therein.

Once these persons have been identified and
detained, they will be tried and sentenced in indigenous courts of
justice established by our Tribunal and under the authority of
hereditary chiefs.

As a first step in this process, the IHRTGC will present this list of mass graves along with a statement to the United Nations in New York City on April 19, 2008. The IHRTGC will be asking the United Nations to declare these mass graves to be protected heritage sites, and will invite international human rights observers to monitor and assist its work.

Issued by the Elders and Judges of the IHRTGC

Interim Spokesperson: Eagle Strong Voice

Email: genocidetribunal@yahoo.ca pager: 1-888-265-1007

IHRTGC
Sponsors include The Friends and Relatives of the Disappeared, The Truth Commission into Genocide in Canada, the Defensoria Indigenia of Guatemala, Canadians for the Separation of Church and State, and a confederation of indigenous elders across Canada and Turtle Island.

Issued on Squamish Territory , 10 April, 2008, under the authority of Hereditary Chief Kiapilano. For more information: www.hiddenfromhistory.org, or write to the IHRTGC at: genocidetribunal@yahoo.ca

Mass Graves at former Indian Residential Schools and Hospitals across Canada

A. British Columbia

1. Port Alberni:
Presbyterian-United Church school (1895-1973), now occupied by the Nuu-Chah-Nulth Tribal Council (NTC) office, Kitskuksis Road . Grave site is a series of sinkhole rows in hills 100 metres due west of the NTC building, in thick foliage, past an unused water pipeline. Children also interred at Tseshaht reserve cemetery, and in wooded gully east of Catholic cemetery on River Road .

2. Alert Bay :
St. Michael's Anglican school (1878-1975), situated on Cormorant Island offshore from Port McNeill. Presently building is used by Namgis First Nation. Site is an overgrown field adjacent to the building, and also under the foundations of the present new building, constructed during the 1960's. Skeletons seen "between the walls".

3. Kuper Island: Catholic school
(1890-1975), offshore from Chemainus. Land occupied by Penelakut Band. Former building is destroyed except for a staircase. Two grave sites: one immediately south of the former building, in a field containing a conventional cemetery; another at the west shoreline in a lagoon near the main dock.

4. Nanaimo Indian Hospital:
Indian Affairs and United Church experimental facility (1942-1970) on Department of National Defense land. Buildings now destroyed. Grave sites are immediately east of former buildings on Fifth avenue , adjacent to and south of Malaspina College .

5. Mission: St. Mary's Catholic school
(1861-1984), adjacent to and north of Lougheed Highway and Fraser River Heritage Park . Original school buildings are destroyed, but many foundations are visible on the grounds of the Park.

In this area there are two
grave sites: a) immediately adjacent to former girls' dormitory and present cemetery for priests, and a larger mass grave in an artificial earthen mound, north of the cemetery among overgrown foliage and blackberry bushes, and b) east of the old school grounds, on the hilly slopes next to the field leading to the newer school building which is presently used by the Sto:lo First Nation. Hill site is 150 metres west of building.

6. North Vancouver: Squamish (1898-1959)
and Sechelt (1912-1975) Catholic schools, buildings destroyed. Graves of children who died in these schools interred in the Squamish Band Cemetery , North Vancouver .

7. Sardis: Coqualeetza Methodist-United
Church school (1889-1940), then experimental hospital run by federal government (1940-1969). Native burial site next to Sto:lo reserve and Little Mountain school, also possibly adjacent to former school-hospital building.

8. Cranbrook: St. Eugene Catholic school
(1898-1970), recently converted into a tourist "resort" with federal funding, resulting in the covering-over of a mass burial site by a golf course in front of the building. Numerous grave sites are around and under this golf course.

9. Williams Lake : Catholic school
(1890-1981), buildings destroyed but foundations intact, five miles south of city. Grave sites reported north of school grounds and under foundations of tunnel-like structure.

10. Meares Island (Tofino):
Kakawis-Christie Catholic school (1898-1974). Buildings incorporated into Kakawis Healing Centre. Body storage room reported in basement, adjacent to burial grounds south of school.

11. Kamloops : Catholic school
(1890-1978). Buildings intact. Mass grave south of school, adjacent to and amidst orchard. Numerous burials witnessed there.

12. Lytton: St. George's Anglican school
(1901-1979). Graves of students flogged to death, and others, reported under floorboards and next to playground.

13. Fraser Lake : Lejac Catholic school
(1910-1976), buildings destroyed. Graves reported under old foundations and between the walls.

Alberta:

1. Edmonton
: United Church school (1919-1960), presently site of the Poundmaker Lodge in St. Albert . Graves of children reported south of former school site, under thick hedge that runs north-south, adjacent to memorial marker.

2. Edmonton : Charles Camsell Hospital
(1945-1967), building intact, experimental hospital run by Indian Affairs and United Church . Mass graves of children from hospital reported south of building, near staff garden.

3. Saddle Lake : Bluequills
Catholic school (1898-1970), building intact, skeletons and skulls observed in basement furnace. Mass grave reported adjacent to school.

4. Hobbema: Ermineskin Catholic school
(1916-1973), five intact skeletons observed in school furnace. Graves under former building foundations.

Manitoba:

1. Brandon : Methodist-United Church school (1895-1972). Building intact. Burials reported west of school building.

2. Portage La Prairie: Presbyterian-United Church school (1895-1950). Children buried at nearby Hillside Cemetery .

3. Norway House:
Methodist-United Church school (1900-1974). "Very old" grave site next to former school building, demolished by United Church in 2004.

Ontario:

1. Thunder Bay
: Lakehead Psychiatric Hospital , still in operation. Experimental centre. Women and children reported buried adjacent to hospital grounds.

2. Sioux Lookout: Pelican Lake Catholic school (1911-1973). Burials of children in mound near to school.

3. Kenora: Cecilia Jeffrey school, Presbyterian-United Church (1900-1966). Large burial mound east of former school.

4. Fort Albany : St. Anne's Catholic school (1936-1964). Children killed in electric chair buried next to school.

5. Spanish: Catholic school (1883-1965). Numerous graves.

6. Brantford
: Mohawk Institute, Anglican church (1850-1969), building intact. Series of graves in orchard behind school building, under rows of trees.

7. Sault Ste. Marie: Shingwauk Anglican school (1873-1969), some intact buildings. Several graves of children reported on grounds of old school.

Quebec:

1. Montreal
: Allan Memorial Institute, McGill University , still in operation since opening in 1940. MKULTRA experimental centre. Mass grave of children killed there north of building, on southern slopes of Mount Royal behind stone wall.

Sources:

- Eyewitness accounts from survivors of these institutions, catalogued in Hidden from History: The Canadian Holocaust (2nd ed., 2005) by Kevin Annett. Other accounts are from local residents. See www.hiddenfromhistory.org .

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Documents and other material from the Department of Indian Affairs RG

10 microfilm series on Indian Residential Schools in Koerner Library, University of B.C.

- Survey data and physical evidence obtained from grave sites in Port Alberni , Mission , and other locations.

This
is a partial list and does not include all of the grave sites connected to Indian residential Schools and hospitals across Canada. In many cases, children who were dying of diseases were sent home to die by school and church officials, and the remains of other children who died at the school were incinerated in the residential school furnaces.

This information is submitted by The Friends and Relatives of the Disappeared (FRD) to the world media, the United Nations, and to the International Human Rights Tribunal into Genocide in Canada (IHRTGC). The IHRTGC will commence its investigations on April 15, 2008 on Squamish Nation territory.

For more information on the independent inquiry into genocide in Canada being conducted by the IHRTGC, write to: genocidetribunal@yahoo.ca

10 April, 2008

Squamish Nation Territory (" Vancouver , Canada ")

APPENDIX 10

Union sans parallèle en politique dans le nord-ouest ontarien

KENORA, 9. — (PCI) — Il y a trente ans, il y eut mariage entre les partis libéral et travailliste, dans les comtés de Kenora et de Rainy River du nord-ouest de l'Ontario. Et depuis ce temps, on voit dans ces comtés des candidats se présenter sous l'étiquette libéral-travailliste et ceux qui sont élus votent avec les libéraux, tant aux Communes qu'à la législature ontarienne.

Cette union, sans parallèle dans les annales politiques, a survécu à maintes élections et subsiste toujours, tant au fédéral qu'au provincial. Le 9 juin, aux élections générales ontariennes, elle subira une autre épreuve. M. Albert Wren tente de se faire réélire dans Kenora, tandis que M. R. L. Barron fait la lutte au député progressiste-conservateur sortant de charge, M. W. G. Noden, dans Rainy River.

C'ETAIT EN 1925

Le mariage fut décidé par des partisans de M. Peter Heenan, aujourd'hui décédé. M. Heenan était un mécanicien de locomotive qui venait de County Down, en Irlande du Nord. Il fut ministre à Ottawa et à Toronto. M. Heenan était un ouvrier dans le véritable sens du mot. Il sortit des rangs des travailleurs qui bâtirent l'économie de cette région où florissent l'industrie de la pulpe et du papier, l'industrie forestière, la pêche, le piégeage, l'industrie minière et les chemins de fer.

M. Heenan fut élu député de Kenora à la législature ontarienne en 1919, sous l'étiquette de travailliste-indépendant. Ils étaient ainsi onze travaillistes-indépendants qui pouvaient faire pencher la balance à leur guise dans le gouvernement des Fermiers Unis du premier ministre E. C. Drury. Aux élections générales de 1923, M. Heenan fut réélu par acclamation, mais le gouvernement Drury tomba.

SCENE FEDERALE

L'année suivante, au fédéral, il y eut remaniement de la carte électorale et le comté de Kenora-Rainy River fut formé. En 1925, M. Heenan fut approché par les libéraux qui voulaient l'avoir pour candidat au fédéral.

M. Heenan soumit la chose au parti travailliste-indépendant et fut autorisé à se présenter au fédéral. C'est alors que les deux partis unirent leurs forces sous le nom de libéral-travailliste.

M. Heenan fut élu et appuya le gouvernement de M. Mackenzie King. Ce gouvernement tomba d'ailleurs dès l'année suivante, sur une question constitutionnelle, et le gouvernement "fantôme" de M. Arthur Meighen dirigea le pays durant trois mois. M. Heenan fut réélu aux élections générales de 1926 et fut nommé ministre du Travail dans le nouveau gouvernement King. Il fut réélu de nouveau en 1930. Quatre ans plus tard, il démissionnait de la Chambre des Communes pour devenir ministre des Terres et Forêts dans le gouvernement libéral de M. Mitchell Hepburn, en Ontario.

PLACE A HEENAN

M. Hutchinson, qui avait été élu comme député travailliste de Kenora à la législature, en 1920, résigna son siège pour permettre à M. Heenan de prendre place en Chambre.

A l'élection fédérale complémentaire dans Kenora-Rainy River, M. H. B. McKinnon, un libéral-travailliste, fut élu. Il conserva ce siège pendant 10 ans. En 1945, le siège fut remporté par un autre libéral-travailliste, M. W. M. Benedickson, qui est le député actuel.

Mais le groupe libéral-travailliste perdit le siège provincial de Kenora en 1943, alors que M. Heenan fut battu par M. William Docker, un CCF. En 1948, le comté passa à M. J. G. White, un progressiste-conservateur. Trois ans plus tard, le groupe libéral-travailliste reprenait le comté en faisant élire M. Wren.

DANS RAINY RIVER

Par contre, le groupe libéral-travailliste ne réussit à faire élire qu'un seul candidat dans Rainy River, au provincial. C'est M. James Newman, qui fut élu en 1945 et battu en 1951 par M. Noden.

Le parti travailliste-indépendant n'existe plus dans Kenora et Rainy River, mais les partis libéral et travailliste y ont des organisations bien vivantes.

Cependant, en vertu d'une entente tacite, dit M. Hutchinson, les deux partis sont également représentés dans chaque exécutif libéral-travailliste tant au fédéral qu'au provincial.

Changement temporaire, rue Amherst

La division de la circulation du service de la police prévient les automobilistes qu'à compter de vendredi, le 10 juin, à 7 heures du matin, des travaux de pavage seront exécutés à l'intersection des rues Amherst et Dorchester, et la circulation sera détournée par la rue St-Timothée. On s'attend à ce que ces travaux durent environ une semaine.

Afin de faciliter cette circulation accrue rue St-Timothée, au cours des travaux dont il est question, le stationnement sera temporairement prohibé en tout temps sur les deux côtés de cette rue, entre les rues Craig et de Montigny, et la circulation y sera permise dans les deux sens.

Ex-maire décédé

MAGOG, 9. (PCI) — M. Peter-A. Thomas, ancien maire de Magog, est décédé hier à la suite d'une longue maladie. Il était âgé de 78 ans.

Etude sur l'adolescence subventionnée par Ottawa

OTTAWA, 9. — L'hon. Paul Martin, ministre fédéral de la Santé, annonce aujourd'hui l'octroi d'une subvention fédérale, d'un montant de près de $10,000, dans le but d'aider un nouveau projet de recherche qui sera réalisé dans la province de Québec et portera sur l'état normal de l'adolescence.

Cette subvention, dit le ministre, sera versée au Allan Memorial Institute of Psychiatry, à l'Université McGill. Elle servira à entreprendre une étude-pilote sur l'état normal de l'adolescence dans la collectivité, étude qui permettra de déterminer les facteurs fondamentaux qui se rattachent aux attitudes et aux adaptations des adolescents, à cette époque de la vie.

La recherche dans ce domaine n'est pas étendue, déclare M. Martin, et le besoin de plus grandes connaissances sur ce sujet se fait sentir.

Cette étude s'étendra sur une période de trois ans, sous la direction d'un psychiatre, d'un psychologue et d'un sociologue, et commencera en juin.

On se propose d'étudier l'association qui existe, chez l'adolescent, entre l'hygiène mentale et l'expérience familiale, en insistant sur les conséquences de cette expérience pendant les premières années de l'existence et dans la suite.

Une quarantaine d'élèves que l'on aura choisis dans divers high schools seront interviewés. Parmi ce nombre, on choisira un échantillon de 12 adolescents "normaux". Avec la permission des parents, ces élèves et les membres de leurs familles feront l'objet d'une étude intensive.

Les résultats de cette étude-pilote serviront ensuite de base à d'autres travaux de recherche, au cours desquels l'on comparera des enfants bien adaptés, au point de vue émotif, ou "normaux", à des enfants qui sont des malades mentaux.

On espère, par la suite, que ces études indiqueront ce qu'il est possible d'entreprendre pour prévenir une mauvaise hygiène mentale.

Contacts précieux entre techniciens

QUEBEC, 9. (D.N.C.) — L'hon. Onésime Gagnon, C.R., C.P., ministre des Finances de la province de Québec, s'est réjoui, lundi midi, des contacts précieux qui s'établissent entre les principaux techniciens de la province et du Canada et ceux de la Grande-Bretagne, à l'occasion du congrès de la section technique de l'Association canadienne des pâtes et papiers, au Château-Frontenac.

Le ministre des Finances était le conférencier d'honneur au déjeuner de lundi; M. W. B. Cramp, de la St. Lawrence Paper Corporation, de Trois-Rivières, présidait et on voyait à la table d'honneur une foule de personnalités de l'industrie du papier de Grande-Bretagne et du Canada.

L'hon. Onésime Gagnon a souhaité la bienvenue aux congressistes au nom du premier ministre de la province de Québec, l'hon. Maurice Duplessis, retenu à Montréal par un important engagement. Le ministre des Finances s'est réjoui de ce que l'on ait choisi la ville de Québec comme le site d'un congrès aussi important et il a rappelé que la ville de Trois-Rivières, que M. Duplessis représente à la législature depuis 27 ans, est le site d'importantes industries de la pulpe et du papier et de la plus grande école de papeterie au monde.

"La moitié des cancéreux meurent faute de renseignements à temps"

(Dr Malcolm Donaldson)

OTTAWA, 9. (PCI) — Un spécialiste anglais a dit ici, aujourd'hui, qu'à son avis 50 pour cent des personnes qui meurent de cancer accessible auraient pu être sauvées si elles avaient été renseignées à temps sur la nature du cancer.

Le Dr Malcolm Donaldson, gynécologue consultant à l'hôpital St-Bartholomew's, de Londres, a expliqué aux grands conseillers de la Société canadienne du cancer que ses estimations reposent sur une expérience à échelle réduite conduite dans une région du Yorkshire.

Les résultats de cette expérience, dit-il, l'ont convaincu de la puissance d'une information de faits pour combattre le cancer.

RETARD EVITE

"Il n'y a donc aucun doute que les renseignements sur le cancer persuaderont les malades qui souffrent de symptômes laissant présager l'existence d'une forme de cancer accessible chercheront un secours médical sans tarder".

Le Dr Donaldson définit les cancers accessibles comme "des excroissances malignes au sein, à l'utérus, au rectum, à la vessie, à la bouche, aux lèvres, au larynx et à l'épiderme". Ces cancers manifestent leurs symptômes d'ordinaire assez tôt pour que la chirurgie et le traitement par radiation soient les plus efficaces.

L'expérience du Yorkshire a aussi abordé l'épineux sujet de la "phobie du cancer". Le Dr Donaldson, notant que le monde de la médecine se demande si l'éducation sur la nature du cancer n'accroîtra pas "l'appréhension et la peur du cancer", dit que plus le sujet est traité ouvertement, moins il y a de peur et d'appréhension.

PEUR DU CANCER

"L'appréhension du cancer, à divers degrés d'intensité, est quasi universelle, mais elle peut être amoindrie ou même abolie, si l'on en parle et si l'on expose clairement la question."

En réponse à un questionnaire soumis à 5,740 personnes suivant les causeries sur le cancer, 99.1 pour cent ont déclaré que les dites causeries leur avaient apaisé l'esprit.

Les conseillers de la Société, réunis ici durant deux jours pour l'assemblée annuelle, ont eu des preuves qu'il existe aussi au Canada une ignorance assez prononcée sur la nature du cancer.

Le Dr Alec Phillips, de Toronto, statisticien de l'Institut national de lutte contre le cancer au Canada, dit que 30 pour cent de 3,000 femmes questionnées au cours d'un sondage par tout le pays, étaient d'avis que le cancer est incurable. Seulement 36 pour cent des femmes consultées se rendaient compte que la chirurgie peut empêcher le cancer de se répandre.

Toutefois, 80 pour cent de ces femmes comprenaient qu'un traitement au début augmente les chances de guérison.

Quant aux causes du cancer, 11 pour cent d'entre elles l'attribuaient à un coup reçu ou à une chute; 25 pour cent en tenaient l'alcool responsable; et 20 pour cent considéraient l'immoralité comme facteur.

LES FINANCES

Le bureau de direction, en présentant le rapport financier, dit que 1954 fut l'année la plus fructueuse depuis la fondation de la Société en 1938.

La campagne de 1954 a dépassé son objectif de $100,458. Les revenus provenant de toutes sources ont atteint $1,750,190 et les dépenses $2,156,080. Le déficit de $397,890 a été comblé par le reliquat de campagnes antérieures.

Les recherches ont été le principal item des dépenses, $828,423 étant versés pour aider à trouver la cause du cancer et le moyen de le guérir. De cette somme, $457,174 furent remis à l'Institut national, qui a fourni des subventions à plus de 75 chercheurs à travers le pays.

Depuis que l'Institut, composé de médecins et de chercheurs, a été créé en 1947, la Société lui a fourni $1,550,871 pour ses recherches.

Une somme égale a été répartie entre les provinces pour recherches sur le cancer, surtout pour agrandir les centres de recherches dans les hôpitaux et les universités.

Bien que le traitement proprement dit du cancer ne soit pas du ressort de la Société, elle a contribué, l'an dernier, $140,677 pour améliorer les installations de traitement au Canada. Une autre somme de $30,125 a servi à présenter des bourses à dix médecins qui font des études sur le cancer.

On ouvrira les trois piscines de l'île Ste-Hélène, samedi

Les trois piscines de l'île Ste-Hélène seront ouvertes au public à compter de samedi matin, à 10 heures, a annoncé hier le directeur du service des parcs, M. Claude Robillard, qui a profité de la circonstance pour faire un exposé de la situation dans les divers parcs municipaux.

Comme l'an dernier, les piscines de l'île Ste-Hélène seront ouvertes jusqu'au crépuscule. M. Robillard a toutefois expliqué que l'on est à y installer un système d'éclairage qui permettra aux adultes de les fréquenter jusqu'à une heure plus tardive d'ici quelque temps. Il a aussi dit que les enfants seront de nouveau admis gratuitement sur semaine, du lundi au vendredi, de 10 h. du matin à midi.

Pour ce qui est des travaux en cours dans les parcs, la plupart décidés par l'ancienne administration, M. Robillard les a énoncés comme suit:

Au parc Beaubien, on procède présentement à la construction du terrain de jeux multiples. Au parc Benny, on nivelle le losange de balle-molle et ses approches. A Côte-St-Paul, on achève la construction du pavillon. Au parc des Vétérans, on procède à un aménagement complet, le pavillon du parc Dufferin, à l'angle des rues Chenneville et Dorchester, subit sa dernière toilette. Au parc Jarry, on nivelle le terrain de jeu et, près de la vespasienne, on construit un sentier. D'autres travaux se poursuivent à l'île Ste-Hélène.

Au parc Kent, on achève le pavillon et on fait le nivellement préliminaire de la piste d'athlétisme et de la piste de courses. Au parc Lachapelle, on termine le nivellement. Le théâtre en plein air du parc Lafontaine sera terminé au cours de l'été. Le parc Loyola subit un aménagement complet. Aux parcs MacDonald et MacKenzie King, on termine la construction de pavillons. Il en est de même au parc Marquette, où le nivellement du terrain de balle est commencé. On rénove les sentiers du parc Morgan et le parc Newman verra bientôt un nouveau pavillon terminé. A la pépinière, on achève la construction d'un abri pour l'outillage. Un nouveau pavillon vient d'être terminé au parc Raymond-Préfontaine. Au parc-école Ste-Bernadette, on construit le terrain de jeux multiples et on nivelle enfin le terrain de balle au parc Van Horne.

Mines fermées

SYDNEY, 9. (PCI) — La Dominion Coal Company a annoncé mercredi que ses huit puits miniers seront fermés durant six jours à cause d'une pénurie de marchés. Environ 8,000 hommes seront touchés par la fermeture. M. H. C. M. Gordon, gérant général, a dit que la compagnie a échoué dans ses efforts pour obtenir de nouveaux débouchés pour son charbon. Il a laissé entendre que d'autres interruptions de la production seraient nécessaires si la situation ne s'améliore.

L'Allemagne de l'Ouest invitée à participer aux travaux de l'OACI

L'Allemagne occidentale a été invitée, ce matin, à participer aux travaux de l'Organisation de l'aviation civile internationale (OACI). Dès le début des assises de l'assemblée générale qui se tient présentement à Montréal, l'Allemagne de l'Ouest avait demandé son admission au sein de cette organisation internationale.

Par cinquante et une voix et une abstention, celle de l'Etat d'Israël, les délégués des Etats membres de l'OACI ont reçu favorablement la demande de l'Allemagne. Ce vote n'implique pas l'entrée définitive de l'Allemagne à l'OACI. La demande allemande et le vote pris, ce matin, à Montréal, seront soumis aux Nations Unies pour approbation ainsi qu'aux gouvernements des Etats membres.

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Québec

Programme national de réconciliation avec les orphelins et orphelines de Duplessis

Liste des hôpitaux psychiatriques reconnus par le Programme

Cette liste comprend des hôpitaux psychiatriques existant à l'époque visée par le Programme, parmi lesquels certains ont accueilli des orphelins et des orphelines de Duplessis. Des recherches approfondies dans des textes de lois, des décrets et dans diverses sources historiques ont permis au Comité multipartite d'ajouter le nom d'autres hôpitaux à la liste que l'on retrouve dans le décret instaurant le Programme.

- Allan Memorial Institute de Montréal
- Établissements du réseau Anbar :
  - École Anbar inc. (Résidence Carillon, Résidence Chambly, Résidence Rosemère, Résidence Ville Saint-Pierre)
  - École Saint-André Est inc. (Résidence Henri-Bourassa)
  - Institut Anbar inc. (Résidence Chomedey, Résidence Gouin)
- Foyer Sainte-Luce de Disraeli
- Hôpital des Laurentides de L'Annonciation
- Hôpital Mont-Providence de Rivière-des-Prairies (à compter de 1950)
- Hôpital psychiatrique de Bordeaux
- Hôpital Sainte-Anne de Baie-Saint-Paul et ses établissements affiliés : Villa Fafard et Mont Saint-Irénée
- Hôpital Sainte-Anne-de-Bellevue
- Hôpital Saint-Charles de Joliette
- Hôpital Sainte-Élisabeth de Roberval
- Hôpital Saint-Jean-de-Dieu de Montréal et ses établissements affiliés : Pavillon Notre-Dame-des-Sept-Douleurs, Pavillon Notre-Dame-du-Rosaire et Sanatorium Bourget
- Hôpital Saint-Julien de Saint-Ferdinand d'Halifax
- Hôpital Saint-Michel-Archange de Québec et ses établissements affiliés : Pavillons Dufrost et La Jemmerais, Clinique Roy-Rousseau et Sanatorium Mastaï
- Institut Albert-Prévost de Rivière-des-Prairies
- Pavillon Simon-Perreault de la Société de réhabilitation de Sherbrooke
- Retraite Saint-Benoît de Montréal
- Sanatorium Bégin de Sainte-Germaine-du-Lac-Etchemin (à compter du 1er janvier 1959)
- Sanatorium Ross de Gaspé (à compter du 7 juillet 1965 – à condition que la personne qui fait la demande ait également été admise dans une autre institution reconnue avant le 31 décembre 1964)
- Sanatorium Saint-Georges de Mont-Joli (à compter du 1er janvier 1958)
- Verdun Protestant Hospital et ses établissements affiliés : Pavillons Burgess, Ouest, Porteous, Perry, Nord-Ouest, Clinique de Post-Cure (After-Care Clinic) et Half-Way-Home

Pour obtenir des renseignements :

Secrétariat du Programme national de réconciliation
avec les orphelins et orphelines de Duplessis
255, boul. Crémazie Est, bureau 9.01
Montréal (Québec) H2M 1L5

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