216 Fairchild Street
Lackland Village
San Antonio, Texas

11 June 1953

Dear S. G.,

In the hypnosis research project there appear to be short-term and long-term goals. I have given considerable thought to both. They seem to include roughly the following:

A. Short-term goals

1. Determination of the degree to which information can be extracted from presumably unwilling subjects (through hypnosis alone or in combination with certain drugs), possibly with subsequent amnesia for the interrogation and/or alteration of the subject's recollection of the information he formerly knew.

2. Determination of the degree to which basic attitudes of presumably hostile or resistant subjects can be altered in an advantageous way, either immediately or in a "delayed-action" manner.

3. Elaboration of techniques for implanting false information into particular subjects, or for confusing them, or for inducing in them specific mental disorders.

4. Utilization of hypnotic techniques to determine accurately the methods of the enemy (counter-intelligence) where they may have used hypnosis or drugs upon our people who may not recall the experience. Especially in prisoners who appear to have been subjected to special influences, hypnotic methods may help in the analysis of the techniques that were employed to alter the ideas and attitudes of formerly loyal individuals.

5. Determination of the uses of hypnosis in special preparation of certain of our own workers, such as couriers. We should determine whether it is possible to implant in a courier's mind a long and complex message (code or straight) which he could repeat verbatim under specific circumstances only; to induce in him an amnesia for the message he carries so that he is not aware of it himself until the time comes to repeat it; to make a message torture-proof; to give the individual auto-hypnotic capacities to protect himself from painful stimuli under torture-type situations through self-induced anesthesia; to protect him from being hypnotized by anyone other than certain specified individuals.

B. Long-term goals

1. Acquisition of more basic scientific knowledge about the dissociated states in general, and the hypnotic trance in particular.

2. Measurement of the alterations which can be produced (by hypnotic methods) in bodily functions such as pain sensations and reactions, muscular capacity and fatigue, sensory acuity, and the effects of emotions upon the functions of various organ-systems.

3. Measurement of the alterations which can be produced in mental functions such as memory, ideation, motivation, attitudes, and feeling-states.

4. Study of the induction of trance-states by drugs, and their relationship to and usefulness in conjunction with hypnotic procedures.

There may be other applications for hypnotic methods which your everyday operations and knowledge of the overall problem might suggest. We can include such considerations in our experiments which, needless to say, must eventually be put to test in practical trials in the field.

At this time I am able to conceptualize experiments which will bear upon any (and

eventually all) of the above areas of inquiry. The practical establishment of such experimental procedures is, as you know, a considerable problem. I have attempted to analyze the specific considerations which will bear upon the successful construction and prosecution of these experiments.

A. My personal status. For the immediate future it might be practical for me to remain on duty here (although you can keep Texas in July and August!). As Chief of the Psychiatric Service I have sufficient independence to permit me to conduct the affairs of my department without having to answer to anyone in a detailed way; this will be crucially important in theoperation of the experiments, as well as for security reasons. Since things have been going very well, and the reputation of the Psychiatric Service is steadily improving (it was in bad shape when I first took over), there should be little reason for interference with any particular activity within the department. This is particularly vital since it may be required at times to use patients as subjects, or to work with hospital personnel. In the military, of course, there is always a possibility that some older or higher-ranking medical officer might be assigned here and automatically put in charge of the Psychiatric Service. This would definitely jeopardize my effective operation of the experiments, and constitutes a danger which should be avoided at all costs.

I have been a Major now for over a year, but promotions are coming slowly these days and until I make Lieutenant-Colonel there will be this hazard. When promotion finally comes it will be a big help, because it will cut down considerably the number of people who can properly call me to account, it will markedly diminish the possibility of someone else being made Chief of Service over my head, and it will increase my capacity for getting things done at a local level. Since the Chiefs of most other services (Medicine, Surgery, Orthopedics, Medicine, Obstetrics, Laboratory, etc.) are Lieutenant-Colonels or Colonels, it is not inappropriate to hope that I'll get it eventually. In any case, we may find that the vicissitudes of military medicine preclude the successful completion of all our experimental goals in an Air Force situation. Sooner or later it will become neccessary to continue on a civilian basis for a number of reasons. At that time I shall resign my commission, return to an academic position in a medical school or university hospital, and go ahead with the work on a long-term research project. Meanwhile, in the military, Lackland is as good as anyplace, so long as my position remains stable.

B. The status of the experiments. It is well-known here that I am experienced in the field of hypnosis, have published papers on the subject, lectured on it to local groups, and conducted clinical experiments in the hospital. My involvement in further activities with hypnosis should create relatively little comment. Rather than to attempt to conceal the fact that experiments are going on, the important thing will be to emphasize the fact that we are working on methods for utilizing hypnosis more widely in psychiatric treatment. Since effective short-term psychotherapy is so difficult at present, and hypnosis is already known for its value in treatment of war neuroses, our work will seem appropriate and sensible. But it can only be undertaken on the basis of a definite project, on a high-priority assignment direct from Washington, delegating to me the neccessary authority to obtain subjects, working space, personnel, materiel, and equipment to do the job, and specifying my continuation as Chief of the Psychiatric Service. The project might be referred to as "Special Study of Hypnosis" or some similar designation.

C. Personnel. It will take some time for me to locate suitable personnel, who can be few in number but who must be reliable andwell-qualified, to work on the project. It might be best if these individuals were assigned directly to my department, in jobs authorized by a revision in our present TD (Table of Distribution). With the well-publicized manpower shortage and the recent cuts in Air Force budget, it will require direct orders from high-level Air Force sources to create these jobs. If you wish I can send you the present detailed TD with recommended changes and additions. In particular it will be important for us to have enough Psychiatrists to do the local job well, leaving me with a definiteportion of my time available for the experiments. We should have 10 Psychiatrists here. Two properly trained clinical psychologists and four carefully selected technicians would suffice for most of the experimentsI have in mind. These jobs would have to be added to our present allotment of personnel.

D. Equipment and physical facilities. The space problem here is critical, not because of lack of buildings, but because of lack of funds to make the buildings adequate for the purposes for which they are needed. We may need to make a few physical changes in whatever building is made available to us. We shall require special equipment (e.g. a Hardy-Wolff-Goodell thermal stimulator or "pain machine"; tape-recording equipment, galvanic skin response recording device; special testing materials, etc.), or drugs which are not on the Air Force list of standard preparations. Perhaps it might be advantageous if some of the equipment were presumably my personal property, so that I could purchase it without stating the usual extensive justifications and without waiting for requests to travel through far-flung channels for eventual approval or disapproval. Also, if the equipment were "mine" (actually "yours"), it would be easier to move it without red tape whenever it might become necessary to continue the experiments elsewhere. The matter of funds is a touchy one at best, even where small sums are involved, since the local budget is very tight. It would certainly be helpful if I could anticipate cooperation on a local level without having to explain in excessive detail the need for every item or gadget. Some sort of carte blanche from very high sources will be required for this. If we are to purchase equipment through local channels, the "Carte" will have to be very "blanche" indeed.

E. Subjects for the experiments.

1. Basic airmen. These might be obtained from the local units, if one has the authority to do so. The Human Resources Research Center is here, and they seem able to call up someone and say, "Send us 10 high I.Q. airmen at 0900 tomorrow", and get results. Perhaps we could obtain their cooperation in this present undertaking.
2. Volunteers (paid for their time) from permanent personnel. We already have several subjects available in this category: medical and dental technicians, nurses, and other hospital personnel. (Funds would be required to pay these people $2 or $3 hourly for their time). This in many respects is the best group, since these individuals are available for indefinite periods.
3. Patients. Certain patients requiring hypnosis in therapy, or suffering from dissociative disorders (trances, fugues, amnesias, etc.) might lend themselves to our experiments without any risk or special problems arising.
4. Others, possibly including prisoners in the local stockade, returned prisoners from Korea, or special subjects referred by you or others working in your field.

* * *

To summarize the items which would seem to facilitate the effective accomplishment of this mission at Lackland Air Force Base:

1. My continuation as Chief of Psychiatric Service at Lackland should be assured;
2. A promotion would help considerably;
3. The hypnosis research project should be designated as such by very high Air Force sources, with my responsibility and authority made clear, and with instructions to key local individuals to give assistance;
4. Funds should be made available, together with the authority to use them as required, to obtain equipment and drugs, pay subjects, and adapt local facilities to our special needs;
5. The TD of my department should be embarged to provide for the assignment of additional psychiatrists, psychologists, and technicians;
6. Specific arrangements should be made with local authorities ensuring that space and subjects will be made available.

Three local individuals should be instructed by higher headquarters that this project is of special importance, and urged to lend it their support and cooperation:

1. Brig. Gen. Wycliffe E. Steele, base commander of Lackland AFB, known to be sympathetic with matters psychiatric and psychological.
2. Col. Robert Brua, the Wing Surgeon and Commanding Officer of the 3700th Medical Group which operates Lackland AFB Hospital; my boss. His cooperation will guarantee my continued independence as Chief of Psychiatric Service.
3. Col. Herbert N. Cowles, director of Human Resources Research Center here. HRRC

is independent of the base, and might give us help in certain psychological testing or other special procedures or devices.

At this point I do not see the neccessity for obtaining special clearance for anyone else at this level. If anyone here should be cleared for more detailed information about the true nature of our mission, it should probably be Col. Brua. Dr. Hastings feels that it may be best to work through General Craigie in Washington; such high-level maneuvering I leave in his hands and yours. Enclosed is a copy of this letter for you to send to Dr. Hastings.

You asked me for a fairly detailed and well-considered report of my thoughts about this entire problem up to date, and I have complied with complete frankness. I am sure you will not misinterpret or misconstrue this as "empire-building" on my part. Here you have my honest evaluation of the very real problem before us, and of the realistic methods required to achieve a good solution. These experiments may be of extraordinary value, and I do not want to give them anything less than my best.

Sincerely yours,

Louis J. West
Major, USAF(MC)

ADDENDUM

Having re-read and re-considered and re-written the enclosed correspondence several times, I was ready to mail it today. It has become neccessary for me to tear open the envelope in order to add information which changes the complexion of the local scene in an unfortunate way.

Our Chief of Neurology here, Major Robert Williams, is several years my senior professionally, although his experience in Psychiatry is considerably less than mine. Last month he was certified by the American Board of Neurology and Psychiatry in both specialties. (I am not taking the certification examinations until next spring, although I coached Williams for the Psychiatry section of his). After his certification he began eyeing the Psychiatric Service as fair game, and he has just persuaded Col. Brua to combine the departments of Neurology and Psychiatry into a Neuro-Psychiatry Service, with himself at the head. This is a most unhappy turn of events from the point of view of our experiments. Dr. Williams is extremely acquisitive and will be an uncomfortably close scrutinizer of all my activities. The fact that I am still Chief of Psychiatry doesn't alter the fact that it is now merely a section in this new Service, and that many of my administrative and even professional decisions can be hamstrung. Since Dr. Williams is essentially a Neurologist and will continue to function as one, it is unlikely that he will see eye-to-eye with me on a number of topics. And, most unfortunately, he is one of those conservative traditionalists who actively opposes research or treatment involving hypnosis, states that it is "tampering with the soul", and spoken out against some of my previous work; he will undoubtedly hamper my efforts in many ways.

Since it has appeared that the new arrangement is in actuality less efficient than the old one where the two departments were separate and autonomous, I have appealed to Col. Brua today to restore the status quo. He declares that the thing must

be given a trial for one month to see whether it makes administrative procedures more efficient, etc. (which it won't), but Dr. Williams enjoys the sense of increased authority and he will oppose any further change, or a return to the previous state of affairs.

This sort of semi-political manouvering is precisely the sort of thing that often happens in military medicine, and it is ironical that it should take place just after I foresaw the danger of it. I shall try to persuade Col. Brua to restore the status quo through logical argument, even though it means some local conflict. Since Col. Brua likes me very well personally, there may be some chance of success, but since I cannot discuss with him the reasons why this problem is so vitally important, I fear he'll see the situation as essentially a toss-up -- just a question of whom to keep happy in the hospital.

If this new situation is to continue, it might be extremely difficult to undertake the experiments down here at this time. The only other possible solution to the local impasse would be if Major Williams were transferred to another base. There is such a rapid turnover in the Air Force Medical Corps in the next 6 weeks that people are being reassigned and transferred all over the place. If Williams leaves, I'll be left in charge of the new combined department; in that case I'll put a Neurologist in charge of Neurology and let him run his own show, so that things will be much as before. There is a Neurologist just about to be assigned to Parks AFB, Dr. David Daley, a captain and an old friend from Minnesota. If I could trade him for Williams in some way, our troubles would be over down here, and we could go ahead with the experiment.

The ultimate solution to the repeated occurrence of this type of situational crisis is, of course, a return to civilian status. If I were back on the staff at Cornell Medical Center where my previous research was done, there would be no problem. I could receive some funds from you disguised as a U.S. Public Health Service grant or some such thing, gon onto a half-time research basis, and plub away at the problem with considerable independence. This future eventuality we'll have to discuss at a later date; meanwhile we have the local problem to solve. If someone in the Surgeon General's office, or the Surgeon General himself, were in on this whole complicated situation, it might make the solutions a little easier.

I'll continue to work on the situation down here, and will appreciate any help or suggestions from the powers that be.

Sincerely,

LJW

ADDENDUM

Having re-read and re-considered and re-written the enclosed correspondence several times, I was ready to mail it. It has become neccessary for me to tear open the envelope in order to add information which changes the complexion of the local scene in an unfortunate way.

There is a movement afoot to combine the department of Psychiatry with that of Neurology. If this is done, I shall lose my present valuable degree of autonomy to a slight but annoying degree, since the chief of Neurology, Maj. Robert Williams, is professionally "senior" (board-certified in both Neurology and Psychiatry) although his experience is less extensive than mine in Psychiatry proper. What will ensue is a department of Neuropsychiatry in which there will be a Psychiatry section, but all decisions about utilization of manpower, etc., will be Dr. Williams'; he'll always have the last word. Without going into the local political shenanigans which brought this about, I can tell you that it is on a one-month trial basis now, and that I plan to oppose it in favor of the previous system. The reasons for this are that it is essentially less efficient than the present set-up (i.e. two autonomous services), Dr. Williams is essentially a neurologist and isn't likely to see eye-to-eye with me on a number of points, and finally, he is opposed to hypnosis. He is one of those conservative traditionalists who actively deplores research or treatment involving hypnosis, states that it is "tampering with the soul", and has definitely spoken out against it.

I intend to try to get Lt. Col Carlos Alden, chief consultant in Neuropsychiatry, to make a statement that the maintenance of two separate departments of Neurology and Psychiatry is justifiable in cases where local conditions make it advantageous in any way, and to send such a statement to Col. Brua here. I also intend to attempt to persuade the local people to return to the former way of doing things. If unsuccessful in this, it will be much more difficult to operate the experiments, but we shall do so nevertheless, dealing with local friction as best we can. As long as there is support from Headquarters USAF, and I am delegated the neccessary authority and permissions, there is no reason why we cannot go ahead.

The ultimate solution to the repeated occurrence of this type of situational interference is, of course, a return to civilian status. I plan to return to full-time University work as soon as my resignation will be acceptable (there is a theoretical understanding that I won't resign for 3 more years). If I were back on the staff at Cornell Medical Center where my previous hypnosis research was done, there would be no problem. I could receive some funds disguised as a U.S. Public Health Service grant or some such thing, go onto a half-time research basis, and plug away at the problem with considerable independence. This future eventuality we'll have to discuss at some later date.

Meanwhile, let's get on with it as best we can. If someone in the Surgeon General's Office, or the Surgeon General himself, were in on this problem, the local problem would be a lot easier to solve! Well, I'll work on it, appreciating any help or suggestions from the powers that be.

Sincerely,

LJW