Approved For Release 2000/08/30 : CIA-RDP78-06180A000300230001-9

CONCLUSIONS

The development of the Operations Division was not a rapid one. Inasmuch as there was no precedent anywhere within the free world for the development of procedures and associations in the field of medical intelligence and, more specifically, medical operations, there was a long period of trial and error. The ideas and concepts for the use of medical knowledge and expertise to assist in the gathering of intelligence and in the conduct of covert activities were completely alien, not only to those in the medical profession, but also to the average layman.

The ideas and concepts existed in the mind of one man - Dr. [redacted] - who realized that he had a salable product if the criticisms and misconceptions could be overcome. With patience and continued education of the people with whom he came in contact, he developed acceptance, in the beginning grudgingly, for those activities of a medical character, for example, the routine medical diagnosis and treatment of ailments afflicting agents or assets; the provision of drugs, textbooks, journals, and equipment for presentation to target individuals; etc. Through the contacts occasioned by the performance of the mundane, there developed a trust of the purposes and intentions of the Operations Division, plus an opportunity to proselytize and propagandize the more esoteric possibilities for contributions

25X1A9a

Approved For Release 2000/08/30 : CIA-RDP78-06180A000300230001-9

Approved For Release 2000/08/30 : CIA-RDP78-06180A000300230001-9

in the field of operations. One of the best selling points of the Operations Division's efforts was the realization on the part of the customers that no operation involving Operations Division personnel was ever taken or conducted lightly by the OD personnel and that every effort was made to satisfy the customer's needs and to protect his involvement, his assets, and his techniques. In the same fashion that the customers practiced the need-to-know principle, OD practiced the need-to-know principle, and none of the activities was discussed with anyone once it was completed unless it was first discussed with its originator.

As the scope of the division grew and the number of customers in the various Clandestine Service disciplines increased, it became evident that there were several categories of medically related intelligence activities other than those involved with the routine medical care of employees and their dependents. These may be classified as clandestine (operational) medicine, clandestine medical operation, and medical support to operations.

Clandestine (operational) medicine is a philosophy, an art, a variety of sciences, and an ability to be professionally effective in assisting CS operators to be effective in almost any operational, physical, or geographic environmental situation. It frequently requires the modification or conversion of medical diagnostic and therapeutic measures to permit the accomplishment of an operation.

Approved For Release 2000/08/30 : CIA-RDP78-06180A000300230001-9

Approved For Release 2000/08/30 : CIA-RDP78-06180A000300230001-9

25X1B3a

Clandestine medical operations are traditional CS-format activities, but which, due to certain circumstances, are accomplished or managed primarily by medical personnel. An example would be a medical proprietary.

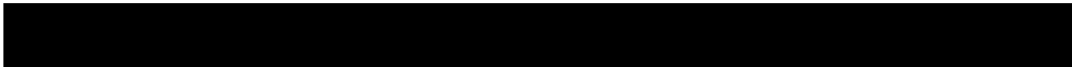
Medical support to operations is the application of recognized medical diagnostic and therapeutic practices, principles, equipment, and measures to support an operation or an operational human asset. This support is generally provided in a natural setting in keeping with the operational security required for the particular case. Medical examination or evaluations and treating a sore throat could be examples.

25X1B3a

25X1B3a

From the beginning, questions of ethics and morality were raised repeatedly, and each time the questions had been posed because of mis-conception on the part of the questioner. It seemed that the majority pictured physicians in intelligence as individuals who ran around with all sorts of drugs, hellbent on committing assassinations. Further, there were individuals in the medical profession who thought, and still think, that it

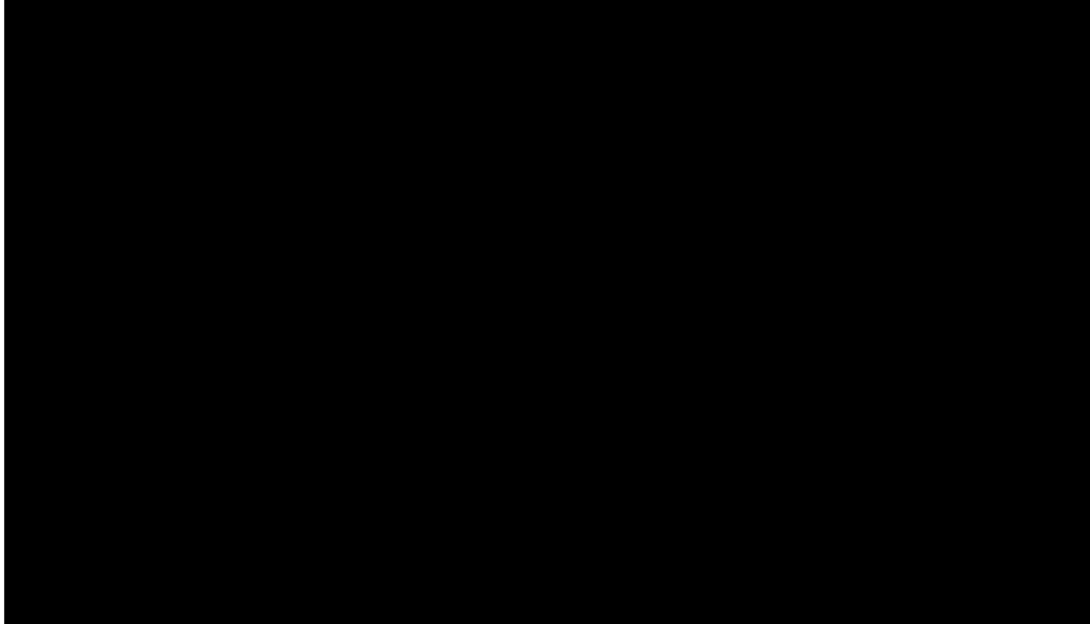
25X1C



Approved For Release 2000/08/30 : CIA-RDP78-06180A000300230001-9

Approved For Release 2000/08/30 : CIA-RDP78-06180A000300230001-9

25X1C



is not considered evil if it is done for an insurance company, or for the preparation of a paper, or for a lawyer. Despite the unwarranted criticisms, which in our opinion have always been on the basis of misunderstanding or ignorance or unfamiliarity with the novel and the esoteric, the Operations Division prospered, developed close working ties with CS components, and provided competent and highly professional medical advice, assistance, and cooperation for its customers. Even though OD has developed such a close relationship with other components, either because of inability to understand or failure to want to understand the workings and purposes of the Division, OD is like a step-child insofar as the Office of Medical Services is concerned.

In addition to the difficulties posed by criticisms, in the need to sell a new concept of the use of medical knowledge and

Approved For Release 2000/08/30 : CIA-RDP78-06180A000300230001-9

intelligence, there were and are other problems and frustrations. Perhaps the greatest of these is finding personnel with the proper philosophy and motivation to work in operational medicine. By virtue of his training a physician would appear to be ideally suited for work in the intelligence field. He has learned or has been taught to take several bits of information and assorted findings, put them together, analyze them, and make a diagnosis. This is essentially the same process used in converting information into intelligence. Once the doctor has made his diagnosis, he then proceeds to determine the treatment; and, under some circumstances, in order to provide the proper form of treatment, especially in an emergency, it is necessary for him to improvise; and usually he does quite well. Despite all these factors in a physician's favor, only about one in one thousand is able to appreciate the aspects of intelligence and to apply his medical knowledge in an operational sense, that is, in a way other than attempting to assist the body in healing. Added to this weakness in the perception of intelligence functions there is the almost obsessive compulsion for the "laying on of the hands" or patient contact. In several instances wherein it was felt that physicians had the make-up to fit into operational medicine with the aid of agency training, there was a parting of the ways when the candidates were made aware that almost all of the patient dealings were by indirect methods rather than doctor to patient direct contact.

Approved For Release 2000/08/30 : CIA-RDP78-06180A000300230001-9

The feeling among these physicians was that without direct patient contact their knowledge of medicine and their ability to perform medically would suffer. We, on the other hand, have found that in dealing with people in an indirect fashion our knowledge of medicine and perception of symptomatic complexes denoting specific syndromes have increased, and we have become more aware of the little things that are of significance. With respect to the medical service officers, we have not experienced, on the whole, the same difficulty in the matter of motivation and comprehension of operational techniques. We have not been able to determine why it is this way, but we feel that it is probably the result of the parochial and intense training that a physician receives - so much so that he is totally immersed, at least from the professional viewpoint, in the diseases of man. We refer to this as gun-barrel vision. There have been several physicians who applied to the Agency specifically in order to become involved in the intelligence profession rather than in clinical medicine. Almost all of these, it eventuated, had romantic ideas of the intelligence process and did not realize that there would be the aforementioned giving up of the "laying on of the hands." We have noticed that the more hobbies a physician has the more apt will he be to appreciate operational medicine. Ideally, for operational and intelligence purposes, a physician, in addition to his degree in medicine, should have a background or interest in

Approved For Release 2000/08/30 : CIA-RDP78-06180A000300230001-9

Approved For Release 2000/08/30 : CIA-RDP78-06180A000300230001-9

some other field such as engineering, chemistry, physics, or electronics; have hobbies that are not related to medicine; and have a foreign language in addition to good English. He should be a man who is not satisfied with the ordinary, but has a thirst for additional knowledge and experience. Although it is not necessary, a military background is an asset.

Another source of minor difficulty has been, and continues to be, the location of the Operations Division within the Deputy Directorate for Support. The chauvinism of the DDP has been such that there is a distrust of components outside of the DDP. This has resulted in hesitancy on the part of operators to approach the Operations Division and failure to consider that a component within another directorate could be of assistance to the Clandestine Service. Personnel in the Operations Division have overcome this difficulty to a degree through personal contacts and a bit of subtle proselytizing. Wherever possible, an effort is made to inform Clandestine Service personnel of the assistance that can be provided them by OD personnel. However, we do not see the day when this difficulty will cease to exist since the reassignment rate within the Clandestine Service is such that there will be need for continuous propagandizing.

Despite the seeming disadvantage of being located in the Support Directorate, from the professional and the pragmatic

Approved For Release 2000/08/30 : CIA-RDP78-06180A000300230001-9

viewpoint, it is felt that the Division should remain in the Deputy Directorate for Support within the Office of Medical Services as OD personnel contribute to the medical functions. The proximity to other physicians with expertise in varying fields is an advantage for quick consultation and assistance in arranging consultations. Further, since many requests have to do with the procurement or the provision of drugs and medical supplies and equipment, day to day association with the medical supply office enhances the assistance that can be given the requester. Finally, if an operator is confronted with what appears to be a medical problem, he or she would automatically think in terms of the Medical Staff to seek assistance.

In the category of frustrations, one has to place near the top of the list the matter of duplication of effort when such duplication of effort results in conflicting opinion. This was most highly manifested when Life Sciences Division of the Office of Scientific Intelligence began to publish its assessments of the health of people of interest, its so-called VIP Program. As is obvious, its program was copied from Operations Division and occurred shortly after a physician and a medical service officer had been assigned to the Life Sciences Division from the Office of Medical Services. Inasmuch as the Operations Division does not publish its findings and opinions but provides these directly

to the customer, there is a broader range of more sensitive material on which to base judgments. LSD/OSI, on the other hand, since it publishes, is limited to those reports that can be disseminated within the intelligence community. The discrepancy posed by this different grouping of reports has at times resulted in divergent opinions, with the result that it was necessary for the OD physicians to refute the opinions set forth in the LSD/OSI publications. This has at times necessitated return to Headquarters after work hours and on week-ends to assist the Clandestine Service with a proper judgment.

25X1B3a

25X1B3a

It has become obvious over the years that in order to provide an accurate assessment a physician should be a clinician who had had experience in treating patients and has had training within the Agency in order to understand the intelligence, political, and operational implications of what is or is not reported, how it is reported, and by whom it is reported.

When it comes to speaking of achievements, perhaps the greatest achievement of all is that Operations Division was developed. From experience and desire on the part of the personnel associated with it, the Division has been developed to the point where it is capable of giving a rapid response in operational matters in all categories and pertaining to any geographical area. The Division has developed and managed successful proprietaries which have never been compromised and has developed a high level of accuracy in providing medical

25X1A

25X1B3a

25X1A

Operations Division has not reached that point where it can be said that it has total capability and that everything has been learned. Much of OD's actions continue to be the result of taking advantage of targets of opportunity. With increasing technology and sophistication throughout the world, Operations Division, in turn, must develop new techniques and ideas to continue to be able to assist the operators.