

14 May 74

MEMO FOR THE RECORD

SUBJECT Questions Relating to Basic Research Effort

1. This is an attempt to put into perspective the basic research issues evolving out of a number of conversations and documents, viz: the initial contract discussions of 23-25 January 74; the first Monthly Status Report, dated 18 March 74; the discussions in Washington with Messrs Jones, Puthoff and Targ on 28 March 74; and the 2nd Monthly Status Report dated 24 April 74. The intent is to pose questions and suggestions which, once resolved or adopted, will enable both the sponsor and the contractor to have a clear view of exactly what will be performed in the basic research context, how it will be performed and by whom, and what the status of the effort is at any given time.

2. Review. A brief review of the salient points emerging from the above conversations and documents might be useful.

a. 23-25 Jan Conversations. It was agreed that the basic research would focus on three primary tasks: identification of measurable characteristics possessed by gifted subjects; identification of those neurophysiological correlates, if any, which relate to paranormal activities; and the establishment of protocols to validate and/or identify the nature of the energy involved in the ostensible paranormal activities; these tasks were to, respectively, receive approximately 20%, 20% and 10% of the total contract effort. A tentative agreement on the specific tasks to be undertaken in each category, contingent upon the contractor's ability to obtain the appropriate facilities, gear and personnel, was reached-- see the attached paper (those marked "A" were to be implemented; those marked "B" were to be considered). On the basis of a subsequent telecon, the Halstead-Reitan Battery was to be substituted for several of the Sensory and Psychological tests.

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b. First Status Report. The WAIS (PAS) was administered to three subjects and steps were taken to locate people capable of administering the Halstead-Reitan. Visual acuity tests were run on one subject, with the finding that the range of acuity was not unusual. Arrangements were completed for a computer-assisted program to monitor GSR, blood flow and EEG during paranormal experimentation. And a program to measure the effects of (monetary) motivation, with respect to guessing the state of a four-stage electronic random target generator, was begun.

c. 28 March Conversations. We stressed the need to finalize and specify all of the medical/sensory/psychological/neurophysiological testing to be employed (and by whom they are to be administered) and to provide us with a definitive statement of the basic research protocol. Contractor personnel reported that: Dr Lim of the VA Hospital would administer the Halstead-Reitan; the Palo Alto Medical Clinic would do the medical examination and lab work; Dr Ornstein of Langley Porter was being consulted on the split-brain theorizing and would also help Dr Lucas set up the polygraph monitoring mentioned in (b) above; Dr Helgard at Stanford might handle the 'suggestibility' testing; flicker-threshold testing would be performed at SRI; and that they were having difficulty (reconfirmed in a telecon in late April) finding an appropriately qualified individual to do the in-depth interviewing--i.e., a broad-gauge and respected psychologist whose findings wouldn't be restricted by the perspectives of a single 'school'. It was also agreed that the sponsor would provide a gradiometer and operator and that the contractor would try to find an appropriate instrument (perhaps the O'Leary Scale) for recording the subjects' state at the beginning and end of each testing day.

d. Second Status Report. In addition to that covered in (c) above, the report indicated that: Dr Ornstein would administer tests relating to brain-hemispheric predisposition; that EEG tests appeared to substantiate the hypothesis of right hemispheric specialization (reduced alpha) in, at least, remote

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strobe-flash experiments; that the medical-lab work would include urinalysis, blood analysis, hearing tests (frequency & intensity), eye tests (depth, color, far-, near- and peripheral-vision), pulmonary function, EKG, tonometry; and that two additional instruments (a radiation probe box and a mechanical force indicator) have been set up as remote probes, with baseline data now being collected.

3. Questions and Suggestions. The contractor has been only partially responsive with respect to our urgings in the basic research area--and then, usually, has focused on those matters already of interest to him by virtue of previous experiments or hypotheses. We still do not have any clear view of what will be done (or has been done) with respect to the non-experimental examination of the subjects or the mid-experimental measuring of neurophysiological correlates--nor do we know in what sequence or by whom or (with respect to the mid-experiment tests) by what random methods the testing will be performed. The contractor has, in a sense, been responsive in that he has pursued most of our suggestions, made several of the necessary arrangements and appears to be trying to finalize others. But the over-riding concern from our vantage point is the uncertainty and fuzziness which seems to reign--and the sense that, being much more interested in the experiments themselves, he really does not share our sense of the purpose and urgency and requisite meticulousness of the basic research tasks. Hopefully, the following questions and suggestions might help create the much-needed focus.

a. Missing Tests & Measurements. Taking into account all the arrangements that have been made, it still seems as though the following "A" category tests from our original shopping-list have not yet been accommodated:

Visual: Pseudoisochromatic plates (?)

Psychological: Projective Tests

Luscher Color Tests

Embedded Figure or Raven's Matrix/Field Dependency

Aptitude and Values Tests (Strong & Allport/Vernon)

Suggestibility Tests (unless Helgard is doing them(?))

Behavioral: Time Estimates	}	Unless covered by the Reitan (?)
Tachistoscope		

Both the desirability and feasibility of including the above should be nailed down as soon as possible.

b. In Depth Interviews. In the medical context, there is no explicit mention of detailed interviews (medical history statements) being performed at the Palo Alto Medical Clinic; this may be an oversight in the reporting but it should be checked out and who ever does it should be given a feel for the kinds of focus and insights we're seeking. With respect to the in-depth psychological interviews, while we share their concern that they get the right kind of interviewer, we simply can't wait much longer for the ideal since this plays a major integrative role in the basic research effort and since any insights coming out of it should be available early enough to be plowed back into the experimentation. While we don't want a 'poor' interviewer, even a 'fair' one will be much better than none.

c. Have they found a subject-state instrument to be used at the start and end of each testing day? Again, a fair one would be better than none at all.

d. The Definitive Protocol. As soon as the above issues are decided (or even without them, if they can't be resolved by the time of the next Status Report) we need a precise statement of the basic research protocol which: lists each discrete test or instrument (whether medical, psychological, behavioral, neurophysiological) to be used with each subject; for each, prescribes who (or what institution) will administer it; provides the, at least, ideal sequence or phases in which they will be given to the subjects; and describes what they will do with the resulting data-- i.e., in addition to reporting the results to us, how do they intend to administer, record, review, integrate and exploit the data?

e. Status of Testing. We need to be able to tell quite precisely where they are with such testing at any given time. Suggest that, once all the tests are

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known and listed in sequence, they prepare a matrix table as an attachment to each Status Report: across the top list the tests/instruments by category; and down the side list the at least nine subjects--S-S 1, 2 and 3 (Super-Sensitives), S-1, 2 and 3 (Sensitives) and C-1, 2 and 3 (Controls); they can then merely 'X' in the appropriate boxes to show us the status. This should also include the mid-experiment testing for neurophysiological correlates, together with an explanation of the basis on which the testing sequences were selected. And the first report should also tell us precisely how the tests are administered (e.g., with what 'set' or instructions or explanations for the subjects, if any); subsequent reports should focus only on any significant deviations from that procedure with respect to a given subject (with an explanation of why the deviation was necessary).

f. Responsibility. I have the feeling that much of the fuzziness thus far may be due to the fact that they have not laid specific responsibility for this area on any one individual; if that is in fact the case, I suggest that they do so immediately and that he understand from their management that he will be accountable for the ^Eperformance. In this context, we've heard no more about their 'review' or 'control' panel and it might be that the panel, if it is in fact operative, should levy this responsibility.

g. Other Possible Measurements of Positive (PK) and Passive (OOB) Energy. As I understand it, modern science recognizes four (or, possibly, five) basic sources of energy: Electromagnetic; Gravitational; Nuclear (pi-meson); Weak Interaction; and the postulated Tachyon. With the gradiometer we will have accounted for a substantial part of the Electromagnetic. In conversations with Dr LUKE, the following possibilities for broadening our scope emerged and may be worth discussing with the contractor.

- (1) Use of an electrometer (mono-, di- and quardopole) to measure any static electric field being projected by the subjects;

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- (2) Use of a super-conducting-shielded radioactive source to measure whether paranormal activity by the subjects affects the rate of decay;
and (3) Use of a Light-Lever device to measure whether paranormal activity by the subjects creates any gravitational perturbation.

(NOTE: Following space provided for comments by

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T. W. Lebriefing

- 1. came away not feeling good about SRI*
- 2. some tests have been put together*
- 3. control, intermediate and experimental group
not well formulated.*