

12 September 1951

TO : Chief of [REDACTED]  
FROM : [REDACTED]  
SUBJECT: Conversation with Dr. [REDACTED]

On 11 September at 1015 hours, Dr. [REDACTED] and myself visited the [REDACTED] Hospital in [REDACTED] for the purpose of conferring with the senior medical officer, Dr. [REDACTED] in regard to a statement received through channels that a member of the Translation Section had conveyed certain information to Dr. [REDACTED] Co-Director of [REDACTED] Hospital. Upon our arrival, Dr. [REDACTED] escorted Dr. [REDACTED] and myself to a small private room in the basement of the [REDACTED] Hospital. From the outset his manner was particularly cooperative and friendly. After a few incidental remarks, Dr. [REDACTED] stated the reason for our visit. Dr. [REDACTED] said that since contracting with the [REDACTED] Hospital to take care of Translation Section personnel, it had come to his attention that perhaps certain members of the section had possibly conveyed their personal troubles in relation to their medical difficulties to the doctors at the hospital. Dr. [REDACTED] added that if this were the case, he would appreciate Dr. [REDACTED] or any other doctor who handled the people from [REDACTED] advising Dr. [REDACTED] of any special problems that might arise. Even before Dr. [REDACTED] had stated politely words to this effect, Dr. [REDACTED] gave indication of knowing the subject about which Dr. [REDACTED] was speaking. Dr. [REDACTED] stated that he could perhaps clarify the issue that was confronting Dr. [REDACTED]. He said the issue concerned [REDACTED] that this individual had formerly been a close acquaintance of Dr. [REDACTED] in [REDACTED] and that this friendship had been over a period of about ten years. Dr. [REDACTED] added that Dr. [REDACTED] was elderly, a bachelor and greatly interested in helping younger men achieve their ambitions, and as such, over a period of years had "adopted" various young men and sponsored their education or provided for their wellbeing. This was the case with [REDACTED]. As a matter of fact, Dr. [REDACTED] regarded [REDACTED] as more or less a foster son. He has been in regular communication with [REDACTED] since he last saw him two or three years ago in [REDACTED] and, at [REDACTED] request, supplied [REDACTED] with funds on a fairly regular basis to the amount of \$150 or \$200 every two or three months.

A week or two ago Dr. [REDACTED] received a letter addressed to him in care of [REDACTED] Medical Section. Although he has been retired from the [REDACTED] for several months, the letter was none the less forwarded to him at the [REDACTED] Hospital. This letter, which Dr. [REDACTED] actually showed

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to Dr. [REDACTED] stated in essence as follows:

"Dear Dr. [REDACTED]

I am in a desperate situation, and it is imperative that I see you at once. I need your help. Please get in touch with me at a designated spot at a certain time."

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or words to that effect. Dr. [REDACTED] immediately sent his car to pick up [REDACTED] and bring him to his home. [REDACTED] then revealed to [REDACTED] that he was being held a virtual prisoner by an American organization and that he had been subjected to Polygraph tests, Sodium Amatoxol "truth serum" injections and severe interrogation by the office with which he worked. [REDACTED] stated further that he had worked for the U.S. Government, doing extremely important and valuable work for them, for a period of seven or eight years and that he could not understand this terrible treatment to which he was being subjected; and, furthermore, it was unfair, humiliating and degrading, or words to that effect. He begged Dr. [REDACTED] to help him out of this terrible situation. Dr. [REDACTED] added at this point that Dr. [REDACTED] was greatly upset about the situation and confided the entire matter to him shortly after it transpired. He added that Dr. [REDACTED] was an elderly man and, although a [REDACTED] and a good one and a loyal U.S. citizen, was probably not fully aware of many fields of U.S. activity outside of the field of medicine. Dr. [REDACTED] stated that, although he was not familiar with the particulars of the case at all, he himself was familiar with various clandestine activities of the U.S. Government, having handled all [REDACTED] medical cases for a period of five or six years. He stated to Dr. [REDACTED] that this was rather unusual because the policy of the U.S. Government was, as far as he knew, always to compensate these people well and provide them with every advantage possible. He implied to Dr. [REDACTED] that [REDACTED] may have been stretching a point, and that, in any event, it was a matter that was probably outside Dr. [REDACTED] jurisdiction. However, he noted that Dr. [REDACTED] did not take kindly to his suggestion probably because of the fact of the close relationship between [REDACTED] and [REDACTED]. Dr. [REDACTED] added that Dr. [REDACTED] and [REDACTED] had met three or four times at a secret rendezvous since the original meeting and that [REDACTED] had had dinner with Dr. [REDACTED] on two or three occasions. Dr. [REDACTED] then said that his first indication that Dr. [REDACTED] had confided in anyone but himself was a few days earlier when he had noted the receptionist at the telephone desk of the [REDACTED] Hospital dialing a confidential phone number of [REDACTED]. Since the number was supposed to be only in the possession of Dr. [REDACTED] he immediately questioned the receptionist as to how and why she was telephoning this number. She said that Dr. [REDACTED] had requested her to get in touch with the individual whose phone number she was dialing. Dr. [REDACTED] then called on Dr. [REDACTED] and asked him why he was calling this number. Dr. [REDACTED] stated that he thought the [REDACTED] matter should be investigated, and, as a result, felt it his duty to contact [REDACTED]. Dr. [REDACTED] then added that the relationship

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F between [redacted] and [redacted] had been very casual up until that time. In actual fact, he, himself, had known [redacted] for many years, but [redacted] relationship had only been because of the relatively long friendship between [redacted] and [redacted]. Dr. [redacted] then stated that although no names of the individuals who were to come under his care were ever supplied him, he did not think that [redacted] was in that group. However, from the nature of the conversation and from certain things that Dr. [redacted] had said, he was inclined to believe that [redacted] in some way fell into the jurisdiction of the same office. Dr. [redacted] added that, as he had told us previously, he had investigated Dr. [redacted] on his own initiative prior to accepting the agreement with [redacted] with regard to the Translation Staff, and that although he was not aware of the specific type of work in which we were engaged, he knew in a general way the work we were doing as a result of his conversations with [redacted] and [redacted].

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A Dr. [redacted] and I thanked Dr. [redacted] for his frankness in explaining the situation and tended to concur with his earlier observation that Dr. [redacted] may have been the victim of unfortunate circumstances. We implied that [redacted] had been both well paid and fairly treated, as it was the policy of our office to always treat people who worked for us in this manner. Dr. [redacted] felt that in view of the close relationship existing between [redacted] and Dr. [redacted] it would not be advisable to inform Dr. [redacted] of the fact that he may have been victimized. He stated that he, [redacted] was perhaps the best friend that Dr. [redacted] had, and that Dr. [redacted] always confided his personal problems to Dr. [redacted]. He suggested that the best way to handle the situation was for him to pass on information which he gained from Dr. [redacted] to us. Dr. [redacted] stated at this point that the best procedure would probably be a direct liaison basis between Dr. [redacted] A and [redacted]. Dr. [redacted] however, stated that he did not think this A was advisable since there were regular liaison channels which our office went through in dealings with [redacted]. Dr. [redacted] said that he felt that, at the very least, an informal liaison would do much to mitigate any possible differences that might arise between [redacted] and Dr. A [redacted] office. He said that he would like to arrange an informal cocktail A and lunch with Dr. [redacted] and [redacted] sometime at Dr. [redacted] convenience. A Dr. [redacted] was not too enthusiastic about the idea and stated that although he was agreeable to meeting [redacted] socially, any contact would have to be approved by his superior. Dr. [redacted] then said that he was aware of the past differences of opinion between various U.S. intelligence organizations in the [redacted] and knew that there had been continual friction between CIA [redacted] and [redacted] and [redacted] and other units. He said that he had known [redacted] F/I [redacted] for a long time, and that while [redacted] was remarkable able in many respects, he was also psychoneurotic in other respects. In any event, he A felt that if a personal relationship existed between Dr. [redacted] and [redacted] there was much less of a likelihood that a misunderstanding would result. We stated that we appreciated Dr. [redacted] good offices and let the matter drop.

I stated that I hoped if any cases of this kind ever did come to Dr. [redacted] attention while treating personnel which were sent to the

[REDACTED]

F/I A Hospital by us I would appreciate him letting us know about it. Dr. [REDACTED] said that all our cases treated so far had been routine in nature and nothing like that had arisen, but that if it ever did he would contact either myself or Dr. [REDACTED]. He then took Dr. [REDACTED] telephone number and my phone number so that he could contact us in an emergency. The conversation then changed to general medical subjects, weather, etc. Dr. [REDACTED] stated, in the course of the conversation, that he had a large cottage at [REDACTED] and that Dr. [REDACTED] and I were welcome to use it at any time. We all exchanged invitations to join each other for luncheon at some future date, and we again thanked Dr. [REDACTED].

F/I As we were leaving the hospital, we encountered Dr. [REDACTED] who was just entering. He appeared a little surprised to see Dr. [REDACTED] and myself together, but nevertheless exchanged greetings with us. It seemed to me that he may have sensed that the reason for our visit may have been in regard to the question of [REDACTED]. For one thing, Dr. [REDACTED] does not usually come to the hospital on Tuesdays until the afternoon; and, for another thing, Dr. [REDACTED] suspects that Dr. [REDACTED] is associated with the office for which [REDACTED] works. A

F/I I would estimate that our entire conversation lasted about one hour. It was characterized by cordiality and apparent frankness on the part of Dr. [REDACTED]. There were absolutely no indications of ill feeling or misunderstanding.

[REDACTED]

# BY HANDBUCK SLIP

classification

FROM:

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initials

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TO:

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[REDACTED]

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Translation

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REMARKS:

Pls show this old  
memo to A [REDACTED]  
& then include in u  
J [REDACTED] file x

BY HAND

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