**APPENDICES I-IV**

**Appendix I**

**Diverse Personal Reactions to Internal Mental Conflict**

***‘Toeing the line’; Adopting Attitudes Conveyed from abov****e*: When I interact with state agencies, I try to be transparent about aims of my investigations, and my suspicions. Those low in a hierarchy who respond to my requests often indicate their support, as much by smiles and body language as by words. I conclude that they know, partially, that their agency might bend the rules in questionable ways, and are glad to see an independent person, asking pertinent questions. They may be uncomfortable about job requirements, with little choice but to comply.

As an example, in investigating circumstances leading to the death of Samuel Fischer I found the attitude to Sam in the nurses’ notes shifted from his first two admissions (when they were generally supportive) to his third admission (when there were more pejorative comments – alleging a propensity for unprovoked violence or fire-lighting, along with largely false allegations of medication non-compliance). Prior to his third admission, he had two long interviews at the rehab/forensic facility, organised from a higher level. Reports coming from those interviews were highly confidential and would not have been seen by ward nurses. Nonetheless, I infer that, after the two interviews, word was passed informally to ward nurses, with the suggestion that Sam was probably destined for this facility. In a busy mental health ward, some degree of stereotyping of particular patients may be inevitable, to simplify the multiple demands on nursing staff. If this has unfortunate consequences, it is a systemic issue[[1]](#footnote-1), and does not reflect nurses’ shortcomings.

***‘Refusniks’*:** Early in the Cold War, the CIA under Project Bluebird devised methods of special interrogation, requiring active collaboration by medically-trained professionals, which was likely to involve breach of the Hippocratic Oath. The project was delayed, because it was hard to recruit such physicians. I infer there were ‘refusniks’ amongst American physicians. Eventually the project went ahead, using the CIA’s own complicit medical staff.

***Whistle-blowers, and Others ‘In the Know’, Striving to see Justice Prevail***:In recent years, three notable whistle-blowers in US military or intelligence circles were Chelsea Manning, Julian Assange and Edward Snowden. All paid a heavy price. In Britain, Catherine Gunn, translator at CGHQ during the Iraq invasion was a whistle blower, and also paid a price, but perhaps not so heavy: She now lives in Turkey. In the 1970s several whistle blowers– Victor Marchetti, Phillip Agee, and Frank Snepp - were prominent, all ex-CIA employees. All paid a heavy price.

In stories I have related there were two who could be classed as whistle-blowers: One person who provided vital early evidence about Lake Alice had to breach the Official Secrets Act of the time to divulge what she knew. I know nothing of her subsequent story. The other in this category, if I may include her, is Sam’s mother, who, as a nurse and nursing administrator with long experience, can be regarded as an insider. She has paid a heavy price, but is still strong in her determination to see justice prevail.

***Concerned Citizen Investigators*:** In previous chapters, I described how concerned citizens - Oliver Sutherland, Citizens Commission for Human Rights and others – learned of appalling things going on in psychiatric institutions in New Zealand, and did all they could to bring their concerns to the public. In other countries, similar lay individuals have striven to expose what they knew: A Canadian MP, whose wife had been treated at the Allan Memorial Institute; a nurse at Harry Bailey’s private clinic in New South Wales; ex-patients from Sargant’s ward at the Royal Waterloo hospital, such as the lady I corresponded with. Survivor-victims who testify in Royal Commission hearings have similar motives. Their courage is applauded.

I fall roughly into this category - not really a whistle-blower, although I have seen a little of what I write about from inside (knowledge of significant personnel; two periods visiting the Allan Memorial Institute; etc). Almost all evidence I cite is in the public domain – if only you know where to look. An important part of evidence was revealed in letters declassified lawfully on my behalf.

***Covert Whistle-Blowers, Using ‘Fictional’ Formats*:** Orwell’s futuristic dystopia ‘Nineteen eighty four’ is often held up as an allegory about totalitarian regimes ‘overseas’; but it was as much about what he knew of British administration as about fascist and communist regimes elsewhere. During the war, Orwell had worked in the Ministry of Information in London. He knew of unmentionable goings-on in wartime Britain - not least in interrogation centres – which resembled the torture scenes in later parts of his novel. Not only did he use a fictional format as cover. Even the writing was carried out in secret, in one of the most remote places in Britain, a house made available by a wealthy patron for his purposes, on an island in the Hebrides.

A more specific example of this genre is Len Deighton’s ‘*The IPCRESS files’*. Its plot is over-complex - deliberately so, I believe. It is a small research exercise to uncover its intricate details. I suspect this style was adopted to disguise the fact that the author *was* revealing secrets. Apart from unmistakable descriptions of secret rendition (Chapter 4), his story contains details of a captive so rendered, and ‘processed’ in a centre in north London, in such a way as to convince him that he had been transported to a prison in Hungary, whose methods of interrogation were notorious. The subterfuge included use of guards in Soviet-style uniforms, and voices heard at night in his cell, conversing in an eastern European language. Deighton was a BOAC cabin attendant from 1955. He was well-placed know what was going on.

Donald Hebb faced a somewhat similar conflict. He was a fine scientist with major advances to his credit and to that of others in his department at McGill. Unfortunately, in his sensory deprivation experiments he was drawn to collaborate with the Canadian Defence Research Board and the CIA. Being a scientist rather than a medical person, he would not have had to consent to a version of the Hippocratic Oath, and his student subjects *did* give informed consent and were well paid. However, good scientists have a different commitment, if implicit and unwritten - to open communication, at least with their peers, and across international borders[[2]](#footnote-2). Post-war, this unwritten rule was ditched. By reporting in secret to an intelligence agency not committed to open discourse, Hebb had breached it.

Hebb’s publication strategy is interesting. His first two reports went secretly under his own name to the Canadian Defence Research Board[[3]](#footnote-3) and the CIA. A later commentator writes:

‘*A copy of Hebb's major study was sent to the CIA, as well as forty-one copies to the U.S. Navy and forty-two copies to the U.S. Army. The CIA also directly monitored the findings via one of Hebb's student researchers, Maitland Baldwin, who, unbeknownst to Hebb, was reporting to the Agency.*’

Hebb’s *open* publications in academic journals were authored by co-workers, never under his own name (except in a conference abstract in 1953, and an acknowledgement in a 1954 paper).

Detail of word use is revealing. In Soviet show trials, what alarmed CIA staff most was the change of ‘attitude’ of defendants. ‘Change of attitude’ during sensory deprivation was most secretive for the CIA. Hebb’s co-workers scarcely used the word in their publications, yet it is prominent in titles of the reports Hebb sent to the Defence Research Board.

By 1958, Hebb acknowledged what had happened in a semi-public symposium:

*‘The work that we have done at McGill University began, actually, with the problem of brainwashing. We were not permitted to say so in the first publishing.... The chief impetus, of course, was the dismay at the kind of “confessions” being produced at the Russian Communist trials. “Brainwashing” was a term that came a little later, applied to Chinese procedures. We did not know what the Russian procedures were, but it seemed that they were producing some peculiar changes of attitude. How? One possible factor was perceptual isolation and we concentrated on that.’[[4]](#footnote-4)*

The phrase ‘we were not permitted’ makes clear that Hebb, like Orwell during the war, or Deighton in the 1950s was not at the time independent, but served his paymasters. Nonetheless, later, he cleared the air, and cleared his name, in an impressive way. Such admissions are rare.

In the last in­terview he gave before his death in 1985, Hebb said: ‘*It was clear when we made our report to the Defence Research Board that we were describing for­midable interrogation techniques*’[[5]](#footnote-5). Hebb clearly knew that his scientific intuition had been correct, with results more impressive than he had ever envisaged.

***Would-be Whistle Blowers, ‘Skating on Thin Ice’*:**

*Alexander Kennedy*: During the war, Kennedy used advanced methods of interrogation at a site near Cairo, based partly on what he learned pre-war from police in Baltimore and at Johns Hopkins hospital. British military authorities and MI5 frowned on this. Nonetheless, nearly twenty years later, as head of an academic department in a prestigious medical school, he dropped a massive hint in a public lecture, on use of such methods during the war. In months before he died, there was public disquiet. In response he strongly rejected the notion that he himself ever practiced such methods (naturally, because he was subject to the Official Secrets Act); yet his claim was refuted in subsequent investigations for a BBC documentary. The title of his lecture implied that he wanted more openness about links between wartime methods of interrogation (or post-war intelligence stations) and peacetime possibilities for psychiatry. It is irrelevant what the reader thinks of his methods, or of Kennedy as a person: He can still be seen to be doing what he could within the constraints of the Official Secrets Act to bring openness both about what happened during the war (and was still happening), and the hidden world of many aspects of psychiatry. In this context, he was a ‘would-be whistle-blower’.

*William Walters Sargant*: There is ambiguity in Sargant’s story, which may not have been his choice. As a publicist for psychiatry he was not shy about sharing information on his professional activity; and he wanted to head the new British college of psychiatry, as it acquired Royal status. However, during the war, he could not publish openly in peer-reviewed journals, because of a diktat from the War Office. We can infer[[6]](#footnote-6) that, long after the war, he was linked with intelligence agencies in various ways but never openly acknowledged this. In 1973, when his ward at Royal Waterloo was suddenly closed, clinical records disappeared, and a promised follow-up study to a recently published paper never appeared. It is hard to avoid the view that higher powers still limited his publication and career advancement. Such higher powers might have been ordered removal of clinical records to prevent access by investigators. Who was the invisible hand? The answer is obvious: The War Office and - post-war - government agents controlling intelligence.

Again, I ask readers to forget professional criticism of Sargant’s practice by contemporaries. and his over-reliance on simplistic versions of Pavlov’s psychology. Beyond this, he may have resented restriction on publication in peer reviewed journals, which he saw to be holding back his professional advancement. He *did* find other ways to publish, but, as an ambitious and forceful psychiatrist, it seems that he, like Kennedy, wanted greater openness, including unrestricted freedom to publish. Throughout the 1950s his strategy may have been to provoke higher powers to be more open about wartime and cold war psychiatry. *Battle for the Mind* was indeed provocative and raised issues lying under the surface for military, intelligence, psychiatry and religious practice. Sargant, for all his faults, can be seen as another would-be whistle blower. He sailed as close to the wind as he dare, given the Official Secrets Act[[7]](#footnote-7).

*Basil James in 1960-1962*:I refer here to Dr James’ situation before arrival in New Zealand and in years immediately after this. In 1960, his attempt at sexual reorientation of a gay patient at Glenside hospital claimed to have therapeutic aims; but, given the brutality of his methods, and that homosexual acts were at the time illegal, they had hallmarks of punishment rather than therapy. Previous sources may have guided him: Kennedy - who used sensory distortion or deprivation and drugs; Sargant, and his style of aversion therapy; English translation of methods used in Prague; and use of tape-loop playback to reinforce conditioning messages, as deployed at that time by Ewen Cameron[[8]](#footnote-8). Add to this Dr James’ time in Cyprus. How much was known there of such methods? What did he learn there?

The war had put in question our most cherished notions, including ones central to medical ethics. Practitioners of the day may have been exploring other premises, including ethical ones as a basis for the Brave New World of 1960s psychiatry. Pavlovian psychology was in vogue, and change was in the air for psychiatry. It is plausible to suggest that Dr James, like others, thought he could reconcile military or intelligence methods with those of new-age psychiatry. He appears to have had no qualms about the ethics of what he was doing, nor gave any sign that he was ‘skating on thin ice’. He chose to publish in BMJ, and BMJ accepted his paper. He no doubt discussed this with his senior and mentor, Dr Donal Early. Later, the two responded in a jointly-authored letter in BMJ. By getting his paper into BMJ he succeeded where Sargant and Kennedy had not; and BMJ may have seen publication as important, on grounds of openness, if not of medical orthodoxy or ethical precepts. In New Zealand he continued with the same treatment at least until 1967. Until then, he saw no reason to admit that this betrayed his commitment as a health professional.

***Courageous Litigants who Struggle against Overwhelming Odds*:** Events I recounted in previous chapters include three persons who fall in this category. One, a barrister trained in one of the world’s most prestigious law schools, gave everything he had, working *pro bono,* to see justice prevail over Sam Fischer’s death. When he failed, he was torn apart.He soon suffered serious health problems, probably partly stress-related. The second person, a skilled and quick-witted mental health advocate, played an important role in the inquest; yet when he saw how heavily the cards were stacked against the full story ever being heard in court, he was severely affected, and subsequently abandoned this career. He is now, in another career, and, I am pleased to say, very happy. Neither of them were insiders in the sense of whistle-blowers just mentioned; but, unlike me, they ‘knew the ropes’, and were subject to professional or courtroom disciplines and procedures.

***‘Human Rights’ Barristers: Keen to see Justice Prevail; Even Keener to Make Money*:** In my adventures, I encountered one barrister, well known for his work on human rights cases, and who made money from involvement in a mediation process, yet was unwilling to carry the issue through to a high-court hearing. I felt that he chose cases not on the basis of the justice of the case, but on the impression key witnesses would make in the courtroom, and therefore on the likelihood of his winning the case, and all that implied financially. My own view, is that the only ways in which such a conflict can be resolved is for major ‘public interest’ cases to be supported entirely by legal aid, to whatever length and expense it takes; or for barristers to work *pro bono.* Neither way is satisfactory. In the first case, the depth to which a hearing might go in examining details of evidence may still, in the end, be set by limits to legal aid; and few barristers have the ability to work *pro bono,* whenever needed.

***Agonised Realization by State Servants that Independent Investigators Might Know their Secrets*:** I give no clue to the identity of the person I refer to. In one episode documented in earlier chapters, in conversation with one I regarded as a friend, I dropped a line which was taken to imply far more than I could say; but my remark was in no way a personal accusation, nor had I any evidence against my colleague. However, the reaction was a remarkable display of fear, anxiety, over-active imagination, and perhaps guilt as though I had some terrible secret allegation against him. Perhaps he indeed knew more than he could publicly admit.

***State Operatives Under Orders which Defy Professional/Personal Loyalty*:** Preceding chapter gave many examples of this:

* A nurse responsible for Sam Fischer’s care, unbeknownst to Sam, was required to negotiate his likely transfer to the forensic-rehab facility. At the inquest, he appeared by video link, rather than in person. The coroner claimed there were medical reasons for this, which were probably partly correct. A fuller account was probably that he was severely stressed by having had to play a double role and was afraid to confront the bereaved mother, who was clearly the stronger witness. The internal conflict he felt - I infer - was not entirely his own (although he may have acquiesced). It was imposed from higher levels.
* Donald Hebb, after the secret meeting in Montreal, had initially been in such a conflict. Early in the Cold War, perhaps he felt compelled to collaborate with intelligence experts. However, later to his credit, his commitment open scientific discourse prevailed.
* During the Vietnam war, military and intelligence officers were caught in similar traps, but on much larger scale. In mainland USA, the CIA ran large-scale programs of domestic surveillance, infiltration of protest groups (including disadvantaged racial groups), mail interception and phone tapping, all of which breached the CIA’s founding charter, as well as federal or state law.
* Operation Phoenix aimed to transform civilian infrastructure in Vietnam with the most brutal interrogation methods. CIA leadership launched the project, but at lower levels of the agency, there was grave disquiet: It contravened Geneva Conventions to which US military personnel pledge their allegiance. Many alarmed officers, thought that they were being asked to participate in practices similar to excesses of NAZI military during the second world war.

***Willing Perpetrators, Eventually Realise What They Did, But Far Too Late*:** Cameron’s late admission, in 1964, that he had been ‘wrong on every count’ might fall in this category. Gottlieb’s activities after leaving CIA employment seems like expiation, but could never ‘wipe the stain clean from his hand’. It is plausible, as suggested by those who followed him closely, that his death, with the possibility of a trial impending, was suicide. The same is suggested for the doctor who participated in rendition of Adolph Eichmann; and in the case of Harry Bailey, it certainly was suicide.

***Willing Participant, Need to Create Different Image, Cover-up to the* End:** Dr Basil James seemed comfortable that his professional body, in which he became a leading figure, kept the lid on secrets of its own history, and his own. This continued until his last days. Nonetheless, in one part of his story he needed to apologise to his professional body, in contradiction of his earlier practice - albeit not in public. He adjusted to changed circumstances. This was the only indication of internal conflict I have detected. There seems to have been complicity between him and RANZCP. The latter might have acted in part under instructions from higher powers[[9]](#footnote-9).

At the end of Chapter 4, I mentioned the proposed Center for Study and Reduction of Violence, related indirectly to the CIA and Operation Phoenix. There were clear similarities between what it intended to do, and what Selwyn Leeks’ *did* do at Lake Alice hospital. Both believed that delinquent behaviour in young people was a problem for neuroscientists informed by principles of conditioning, rather than for socio-political understanding. Likewise, the similarity between Basil James’ attempts at gay conversion, and what Ivar Lovaas was to do in Jolyon West’s department is noteworthy. In the personas of Basil James and - writ large – of Jolyon West, we see more similarities. Both were skilled psychiatrists with many faces; both knew more than they could admit about unseemly events in the military or intelligence areas; both continued those activities from positions of academic authority, while covering their tracks with other activity; and both received glowing obituaries, hiding their darker side from respective professional bodies. In the sequel lies another similarity: By the early 1980s the UCLA Medical Center, and the University of California at Los Angeles have attempted to remove Jolyon West from the roster of the university’s faculty[[10]](#footnote-10), just as Basil James’ role in the 1970 and 1980s appears to have been airbrushed from New Zealand history.

***Willing Perpetrator, No Remorse, Regret, or Apology, No Sign of Internal Conflict*:** In this category, I include Richard Helms. After being found guilty in a US Court, and having been sentenced, and thus found guilty of Contempt of Congress, he is reported as saying that he would ‘*wear this as a badge of honour’*. I cannot help likening this to the last words of most of those found guilty at Nuremberg trials after the second world war. As they faced the hangman’s noose, their last words, staunch to the end, were of undying loyalty to the Reich they had served.

**Appendix II**

**What Needs to be Concealed?**

**Unfolding of the ‘Engineering Model of Human Nature’**

* 1939-41: Origin of Psychosomatic medicine, in part by blending simplified insights from Freud and Pavlov. In itself this need not arouse criticism.
* 1940-45: Wartime psychiatric and interrogation practices of Sargant and Kennedy, derived in part from their pre-war experiences in USA
* 1942 to early 1950s: The Macey wartime conferences in USA, dominated by engineer’s perspectives, and early notions of digital computers. The latter were soon imposed on human mind-brain processes, as if the logic of the analogy was irrefutable. This was the origin of what I call the ‘*Engineering Model of Human Nature’*.
* 1949-54: After establishment of the CIA, Projects Bluebird, Artichoke and MKULTRA were initiated. They complemented each other, Bluebird and MKULTRA as research projects, Artichoke as operations using that research.
* 1950 up to at least 1958: Rina Moore’s version of intense ECT at Ngawhatu (Nelson), New Zealand.
* 1951-53: Hebb’s research on sensory deprivation.
* 1956-63: Ewen Cameron’s programs of psychic driving (with ‘tape-loop’ technology) and depatterning at Allan Memorial Institute (both originating earlier in post-war years).
* 1952-1960: R.G.Heath’s neurosurgical approach, implanting numerous stimulating and recording electrodes into brains of involuntary patients.
* ~1959-1963: George Scott’s regime of punitive ‘treatment’ at Kingston (Ontario) Prison for Women.
* 1960 in Britain, and then in New Zealand up to (at least) the late 1960s: Dr Basil James’ method for single-session gay conversion based on Pavlov, psychoactive drugs, tape-loop technology (and, overall, the ‘engineering model’).
* 1961: First edition of KUBARK, the CIA’s manual of methods for special interrogation (with provenance in MKULTRA research and Project Artichoke).
* 1963: MKULTRA terminated; yet parts of it continued as MKSEARCH until early July 1972. One continued objective was to investigate drugs able to incapacitate people. It may have been relevant to events occurring at Cherry Farm, New Zealand in the 1970s.
* 1964: Change in Sargant’s practice at Royal Waterloo: Longer, and more intense ECT/DST regimes were used, now with the deliberate intent of erasing memory.
* 1966: P.M.Blachly in Oregon used multiple closely-spaced ECT protocols, with seizure response gradually escalating over the series.
* 1966: Ivar Lovaas’s paper on use of electric shocks as aversive therapy for unwanted behaviour in autistic children.
* 1966-72: Operation Phoenix instigated under President Johnson, developed by the CIA for implementation in Vietnam. It continued under President Nixon and involved widespread use of electrical and other forms of torture, and (in 1968) use of electrodes implanted into brains of a few captives[[11]](#footnote-11), probably drawing on experience of RGHeath.
* 1969: Louis Jolyon West, CIA agent, appointed to head UCLA Neuropsychiatric Institute
* 1969: Jolyon West proposes setting up an institute entitled: *Center for Study and Reduction of Violence.* The proposal was discussed with police departments in various parts of USA. West included the notion of implanting stimulating/recording electrodes in brains of suspected or actual violent offenders, following similar use in Operation Phoenix, with an implausible possibility of remote control by electrical brain stimulation.
* 1971: PM Blachly in Oregon invented a stimulator to apply electrical stimuli, through the needle used by intravenous drug users, as aversion therapy for addictions.
* 1972: Jolyon West proposes using prisoners as experimental subjects, following the practice of RGHeath
* 1972: February: News of increase of psychosurgery/lobotomy reached a congressional hearing. Opposition grows in USA to Operation Phoenix, and (in California) to proposed *Center for Study and Reduction of Violence*.
* 15 or 16 May 1972: Meeting, at which initial plans for visit of Helms and party to Australia and New Zealand were probably discussed
* 17 May 1972: Professor Basil James boards a flight (BA 717) from Sydney to Tel Aviv.
* 21-26 May 1972. 4th International Congress on Social Psychiatry, Jerusalem. I assumed Professor James was going to this conference, but his name is not in the list of participants, nor on any abstract of papers presented. His reason for travel there is not clear, but may be significant.
* 25 May 1972: Earliest known date of correspondence received by Australian administrators regarding plans for forthcoming visit of Richard Helms and party.
* 6 June 1972: Ministry of Foreign Affairs informed by Director of SIS, Brigadier Gilbert of forthcoming visit of Mr Helms. Message from Helms to Gilbert must have been received shortly before this.
* 7 June 1972: New Zealand Embassy in Washington DC had heard a little about this visit, and cables Chair of JIB (Victor Jaynes) to learn more.
* 8 June 1972. Correspondence from George Laking (Secretary for External Affairs) back to Gilbert, re administration of the visit, and from Laking to Prime Minister to give him what ‘he needed to know’ about the visit (see Chapter 6).
* 8-11 July, 1972: Richard Helms (Director CIA), his wife, and three others (probably) visit New Zealand, including a 5-hour visit to Queenstown (an easy drive from Otago) and departure from Ohakea Airbase (20 minutes’ drive from Lake Alice, and a possible meeting with Dr Leeks). Detail to follow in Chapter 6.
* September 1972: Time for decisions on the *Center for Study & Reduction of Violence*: In face of increasing protests this was eventually abandoned. Helms would have reached the conclusion earlier than this date.
* 8 May 1973: CIA document indicates that the international outreach of Operation CHAOS, had been going on for some years previously. Methods included surreptitious surveillance. Another CIA document on the same day gives detail of technology for surveillance, disguise, alias documentation when traveling overseas, false credit cards, secret writing, material for mail interception, devices for phone tapping. Administrative control of these activities was especially strict for supposed ‘friendly countries’ (‘free world’)
* 1973-77 Serious abuse commences at LACAU under Selwyn Leeks, with some methods resembling those proposed for the *Center for Study & Reduction of Violence.*
* 1973, Cherry Farm Deep Sleep Therapy program starts, probably in October. Some of those subjected to DST were from prisons rather than psychiatric referrals:
* 1973 (exact date uncertain): Selwyn Leeks visits Cherry Farm.
* 1973 (June): Listening devices installed in Christchurch offices of HART (‘Halt all Racist Tours’)
* 1974: George Rekers at UCLA Neuropsychiatry Institute adapts Lovass’s methods for sex role reassignment[[12]](#footnote-12).
* 1974 Interview with Ivar Lovaas[[13]](#footnote-13) uses a phrase to describe his methods for treating autism as ‘building a person’, by adding layer upon layer of conditioned responses. This makes the ‘Engineering Model’ very explicit.
* 1976: Design of constant current ECT stimulator published by PM Blachly.
* 1977: I recall conversation with Dr James, his remark (in disagreement with my view) that ‘human behaviour *was* predictable, suggesting adherence to an ‘engineering model’, and perhaps simplistic Pavlovian psychology, predominating over other mental faculties.
* 1979: In Professor James’s lecture as out-going President to RANZCP he used the analogy from Niels Bohr’s physics of ‘complementarity’, as if to reconcile ‘biologism’ with other traditions in psychiatry.
* 1980-85: KUBARK manual and electrical torture re-applied in several Latin American countries.
* Probably early 1980s: One of Leeks’ victims, Kevin Banks, accosted him in Melbourne and asked ‘*Why did you torture us’.* The reply, significantly was ‘*In some parts of the states it is quite legal’*.This response does not refer to military, nor to normal civilian life. It is likely to refer to police practice, perhaps in LAPD (amongst other sites in USA).
* 1987: Lovaas’s major paper on Applied Behavior Analysis for treatment of autism[[14]](#footnote-14).

**Appendix III**

**Methods of Cover-up and Deception: Examples**

**Misuse of Diagnoses in Psychiatry**

* After Samuel Fischer admitted himself voluntarily to Ward 27, his status under mental health legislation was changed so that he became a committed patient.
* Criticism of his mother was often framed using psychiatric jargon, with supposed ‘diagnoses’, when the reality was that she was angry about how her son had been treated. Anger when provoked – dare I say it – is a normal reaction, not a symptom.
* However, when she was utterly distraught at the death of her son, this allegation was ***not*** made, supposedly because she was rational enough to tell her story to newspapers.
* In Sargant’s Sleep Room, the Allan Memorial Institute under Cameron, and in Cherry Farm or LACAU, ‘diagnoses’ for the youngsters therein appeared in case notes which hardly met standards of the day, and bore little relationship to treatment given.

***Limiting the number of persons ‘in the know’*:** In intelligence and interrogation facilities, front-line persons are hard to identify without inside knowledge. In earlier chapters, three persons fell in this category: Sidney Gottlieb, George Martinus, and Selwyn Leeks. Little was known about such persons at the time, so it was hardly necessary to invent cover stories (although Gottlieb had a few pseudonyms, for when he travelled). It is more difficult for front line nursing staff to hide their identity. If events on which they could testify reach a court of law (as they did in the inquest in which I was involved) they are in invidious positions and have my full sympathy.

***Control of Information Flow*:** In the second World War, compartmentalization reach new heights in the Manhattan Project (but did not prevent Soviet penetration). Post-war, this practice was adopted in the CIA, so that information was often shared only on a ‘need to know’ basis; and similar strategies were introduced later in civilian areas[[15]](#footnote-15) (such as large industrial enterprises).

In the inquest into the death of Samuel Fischer, the coroner controlled information flow in order to prevent the court reaching inconvenient conclusions. Most evidence of advanced covert planning of Samuel’s future destiny was never heard in court, simply by the coroner imposing an arbitrary cut-off date, before which evidence was out of scope. Likewise, the Royal Commission on Abuse in Care was loath to have heard in public the disturbing evidence on which I might present.

***Creation of ‘Clean’ Images for Public Figures*:** In the inquest into Samuel Fischer’s death, *unheard* evidence could never reflect badly on administration. The coroner made his decision about this for the inquest, but the decision had been taken long before, when the DHB determined the scope of preceding investigations, thereby protected the names of their top staff.

In the 1950s, after wartime service, William Sargant became a public advocate for psychiatry, opening to the public a hitherto secretive area. Alexander Kennedy rose to become head of the Department of Psychological Medicine in a prestigious medical school. At a later date, to a lesser extent, Dr James in New Zealand, became a public advocate for psychiatry. Jolyon West, in California, tried for a while to adopt a hippie façade, before he was chosen to head the UCLA Neuropsychiatry Institute.

Sargant’s links with British intelligence agencies was not publicly acknowledged until decades later, nor were the shadowy figures who protected him. We know that he received instructions from the War Office not to publish openly some of what he was doing. Something similar continued into the 1950s and 1960s, but his collaborations were hidden. Over the years, various heads of MI5 have given bland assurances that, ‘we don’t do torture’. Yeah! Right!

Basil James’ public profile in New Zealand in the 1970s and 1980s never mentioned his time in Cyprus (which *was* public knowledge, if you knew where to look) or his attempts at reorientation of sexual preference in 1960 in Bristol and in his early years in New Zealand. His obituary from RANZCP briefly mentioned his time in Cyprus, but not the gay conversion experiments. Jolyon West’s CIA links were not known until long after he ended his time as head of UCLA Neuropsychiatry Institute. He too received a glowing obituary after his death.

In early and mid-1950s, the President of the USA never heard of MKULTRA. Between 1952 and 1958, Richard Helms was part of the Directorate of Plans within CIA. He was asked by Alan Dulles to set up MKULTRA, who appears to have told Richard Helms, in effect, to ‘get on with it’, but did not want to know - and never did know - the full extent of what his instructions led to. A similar relationship seems to have prevailed between Gottlieb and Helms.

There are other examples of this: At Cherry Farm, when George Martinus implemented the DST program, his senior Dr Basil James certainly knew about it, if not the detail; and may have been involved in its planning; yet Martinus never gave a clue about this, and seems to have disguised all knowledge of this (citing Sargant instead, who, by 1991, was deceased). Terms of Reference for the Mellsop-Radford enquiry avoided following up the chain of responsibility. Mellsop knew far more about DST than he could say. The Medical Council when asked to conduct an enquiry about DST in the early 1990s said ‘there is no case to answer’, and by 2012, claimed they had never heard of Martinus.

Selwyn Leeks disguised what he must have known, and the identity of higher authorities who, I infer, were complicit in instigating his program. When investigation was ordered by the Governor General into LACAU under Judge Mitchell, the latter failed to conduct a proper inquiry, claimed to have done things which he never did, and prevented knowledge of what happened reaching the light of day, so that litigation foundered.

After I left RANZCP committees, I had two Skype conversations with another community representative of long experience, who had been on our main committee (but, by then, had also left). He knew Dr James well at a late stage in the latter’s career in New Zealand. He assured me that ‘Basil must have known what was going on at Cherry Farm’; but on committee, he never, to my knowledge, mentioned this. Why not? Was it payment for his services rendered to the college which kept him quiet? . . or was he compromised in some other way? Long after leaving those committees, in a spirit of openness, I tried to build bridges by writing to the chair of our main committee, to let him (and the college of psychiatry) know of my activities and continuing concerns. I never received so much as acknowledgement to my letters. The attitude was ‘*Right or wrong; it’s my college, my professional organisation’*.

For Richard Helms, the situation was more tricky. Of all CIA Directors, he was the only one to have worked his way up from lower levels, rather than being appointed as an outsider, after a prestigious career elsewhere. As a result, he *did* know detail of Projects MKULTRA and Artichoke, although not as much as Gottlieb. After his dismissal by President Nixon, and his being repeatedly called to face questioning in congressional committees, his strategy was to tell almost entirely what was verifiably true, while revealing no secrets. He never volunteered anything beyond the strict meaning of questions, nor did he provide context to clarify his answers. His answers were minimalist to an extreme degree. Nonetheless under sharp cross-examination, ‘plausible deniability’ became impossible, his denials increasingly *im*plausible. This may be part of the reason why Richard Helms was the only Director of the CIA to have been publicly censured, and found guilty of Contempt of Congress.

***Securing Positions: Recruitment, Co-Option, Exclusion, Promotion*:**

* The advice given to the Governor General later in 1976 to appoint William Mitchell in 1977 for the inquiry into LACAU.
* Advice of (or to) Minister of Health Helen Clark to appoint Graham Mellsop as a co-investigator into Deep Sleep Therapy at Cherry Farm.
* In preparation for the inquest into the death of Samuel Fischer, it became known that Mrs Copland and myself were potent critics of DHBs involved, and also of HDC’s investigations. There was then a long delay, and towards the end of that delay we heard that there would be a shift in the assigned coroner from the quite sympathetic coroner Michael Robb (who we had met) to coroner JP Ryan (who was far more remote, and never met Mrs Copland and myself except in formal on-line or court-room settings). The processes by which this shift occurred do not seem good.
* A curious appointment, on which I comment and provide evidence in a later chapter, is the choice of Sir George Laking to succeed Sir Guy Powles as Chief Ombudsman.
* For major events overseas, I have already mentioned how the CIA initially had difficulty recruiting physicians for Project Bluebird, until it changed its regulations to allow its own medical personnel to take these roles.
* Processes for selection of judges are especially important, and vary widely across jurisdictions. I discuss this in Chapter 9.
* Careful selection of personnel for important roles may be questionable even for enquiries at the highest levels. After the assassination of J F Kennedy, membership of the Warren Commission of Inquiry included Allen Dulles former Director of CIA, and recently dismissed from that role by the late JFK. The Chair of the commission, Earl Warren held the position of Chief Justice, and initially refused to take on the role, as breaching the doctrine of separation of power between executive and judiciary. Some commentators say that in fact the commission was run by Dulles
* Of all CIA Directors, Richard Helms was the only one to have worked his way up from lower levels, rather than being appointed as an outsider, after a prestigious career elsewhere.

*Attempts to exclude from employment*: An instance was mentioned in Chapter 3, an attempt to exclude from a training program a would-be psychiatrist whose attitudes to asylums in the early 1980s was too critical. The other, was a young woman, I know, training to be a social worker. It was suggested that she was just too sympathetic to her clients. The reality, I understand, is that, as a relative novice in her chosen profession, she was seeking to develop a style of interaction with clients based on careful listening to their problems, rather than cutting corners by a bullying approach.

***Outsourcing ‘Risky’ Research or Operations*:**

***In 1954,*** after MKULTRA emerged from Projects Bluebird and Artichoke, research was outsourced to academic institutions or commercial enterprises big enough to have a research capacity. Recipients of CIA funds included prestigious research centres, others more obscure. Many contracts were signed with American universities; others were negotiated in other countries. Often researchers, and their institutions had little idea of the ultimate source of the funds. In England, Hans Eysenck was supported by funds from the CIA, and in much smaller measure, the curious project on ESP in Oxford in which I was briefly a research subject can be included. To be fair, much funding from the CIA was genuinely basic, not for specified military or intelligence goals. However, some *was* intelligence-focused. In Canada, this included the McGill Department of Psychology under Donald Hebb, and the Alan Memorial Institute under Cameron. During the Vietnam war, numerous small contracts were negotiated between New Zealand universities and industries and US military. It is hard to say if any were intelligence-related or had links to MKULTRA since military and intelligence administrations were closely interwoven in both countries. The rationale for such outsourcing seems to have been that the CIA now had access to very large funds. During the war, Vannevar Bush, chief science adviser to the US government, saw expansion of scientific research quite generally to be important for both national security and economic strength. In this sense, apart from intelligence-related projects, the CIA became an important, if hidden research-funding body. In addition it was more difficult in those days to hold these prestigious institutions to account for grievous ethical breaches, than had they occurred within military or intelligence agencies.

***In 1964,*** Cameron’s program at the Alan Memorial Institute ended. In the same year, methods and objectives in Sargant’s Deep Sleep practice at Royal Waterloo hospital changed, with longer periods of narcosis, more intense and more frequent use of ECT, carried out with a different objective, namely to erase memory, as had been Cameron’s objective. There is an interesting story related to this from the preceding year. In November 1963, Colonel James Monroe, the person who transmitted funds to Cameron’s outfit at AMI (via the Human Ecology Fund, a CIA front company) was visiting AMI. There was a news flash about assassination of President Kennedy in Dallas. Monroe made an urgent phone call to his masters, presumably at CIA HQ, in Langley. On return, he told Cameron that his funding was to end. What relation this story (if true) has to Cameron’s admission of failure the following year is unclear. There is much detail to fill in here. However the hypothesis is suggested that in 1964 when Sargant’s practice shifted to a treatment regime more akin to Cameron’s, the latter’s methods were ‘outsourced’ to Sargant’s ward at Royal Waterloo in London. In addition, Harry Bailey’s practice at Chelmsford, New South Wales seems to have taken on its more malevolent form from July 1963. Similar suspicions of ‘outsourcing’ are raised.

In the late 1960s, Operation Phoenix was in full swing in Vietnam. General William Colby played a major part in this.

On June 1971 Daniel Ellsberg released the Pentagon papers on the history and pursuit of operations in the Vietnam war, in the period up to 1968.

On 9 January 1972, Parade Magazine published an article including the line: *‘Operation Phoenix, run by the CIA established a new high for US political assassinations in Vietnam’* General Colby (11 January) responded with:

*Since I have held responsible positions in CIA for many years and was also (during detached service from CIA responsible for US support to Operation Phoenix, I believe I am uniquely' qualified to testify (as I have in public session under oath to Senate and House Committees) that:*

*a. CIA does net and has not used political assassinations as a weapon.*

*b. Operation Phoenix was run not by the CIA but by the Government of Vietnam, with the support of the CORDS element of the U. S. Military Assistance Command in coordination with several US. agencies including CIA.*

Colby ended his message with:

*In order to clarify this important question to the millions of concerned Americana who read Parade, I should appreciate your publishing this letter.*

In fine-print detail, there may be no reason to question General Colby’s assertion. Nonetheless, the CIA certainly played a decisive role in instigating Operation Phoenix. To claim then that it was run by the Government of Vietnam is sophistry, intended to cover the fact that the program initiated by the CIA had been outsourced. Whatever the truth of thus, to use this argument does not absolve the CIA from responsibility. However, Colby was not entirely sure of his ground, because, on 10 January, before mailing his response, he checked it with Houston at General Council, Col LK White (Exec Director Comptroller), and Mr George Garver (special assistant on Vietnamese affairs to Director Helms).

Between **early 1972 and August 1973**, many things changed, affecting several countries.

* Early in 1972, the planned UCLA Center for Study and Reduction of Violence, proposed a secure location in California, not remote from UCLA, and this became public knowledge. Opposition started to build up.
* ~15 May 1972: I infer that planning started for the visit of Helms and party to Australia and New Zealand (evidence to be discussed in Chapter 6)
* 25 May 1972: Earliest evidence I have of correspondence of Richard Helms’ plans to visit Australia and New Zealand
* Early June 1972: After correspondence from Helms to Brigadier Gilbert, and then between Gilbert and George Laking at the Department of External Affairs, planning for the visit of helms and entourage is under way.
* In early July 1972, MKSEARCH (which had a focus on research on incapacitating agents), was ended.
* 8-11 July 1972: Mr Helms and party paid a three-day visit to New Zealand.
* By September 1972, it became unlikely that the Centre for Study & Reduction of Violence would go ahead in California. Mr Helms would have known this at an earlier date.
* By early 1973, Mr Helms was dismissed as Director of CIA. He ordered a program of destruction of documents about MKULTRA, Operation Chaos, and other unseemly adventures of CIA.
* By May 1973, plans for the Centre for Study & Reduction of Violence in California were definitely abandoned. New Director of CIA issued his memorandum to all staff, asking then to report on all present or recent-past activities of CIA, which, to their knowledge, may have infringed US laws.
* August 1973: Sargant’s Sleep Room at Royal Waterloo hospital was closed down, and the clinical records disappeared.
* 1973: the year when the worst of Selwyn Leek’s practices at LACAU began. These bore some similarity to what was proposed for the California Center for Study & Reduction of Violence. By comparing the first and second admissions of victim-witness Tyrone Marks to LACAU, I infer that these practices probably began around mid-September 1973.
* About the same time, a version of Deep Sleep Therapy started at Cherry Farm hospital in New Zealand, under George Martinus. (The earliest evidence of DST found in Mellsop-Radford affidavits was October 1973.) Versions of DST also started to appear in more remote parts of British Isles (Dundee; Dublin), although I have no detail on dates.

***Financial Outsourcing of CIA Activities*:** The special equipment and medications used at Cherry Farm narcosis units to deal with anticipated physical emergencies required financial backing. If there were evidence for this in orthodox financial records of the time, I assume it would have been discovered long ago, but there have been no such revelations.

A pointed remark of QC Frances Joychild made in one of the Royal Commission hearings suggested the some inducement - perhaps covert remuneration – was made to Selwyn Leeks, to enable his relocation in 1978, as one of many strategies by which he forever escaped trial.

Some years after George Martinus relocated to New South Wales in 1979, he started a company (on 17 June 1986) - HDG Martinus Pty Ltd. It was an odd Company, whose function was obscure, whose shareholders or finances were not revealed to the Australian Securities & Investment Commission, and which filed no annual reports. The ASIC file on this includes the line ‘Previous state of registration: New South Wales’, which suggests there was a precursor company, on which I have no detail. By 10 July 1992 the company was closed, as defunct. The suspicion is raised that the real function of the company, or any precursor, was to receive payouts to Dr Martinus, which enabled or enticed him to relocate. To identify the source of payments to this company, or any earlier form it took would be important information. Even to know the currency in which payments were made would indicate the country of origin of the payments. The fact that the history of this company is untraceable reveals another protective strategy.

***State Operatives Tasked with Conflicting Roles Move Offshore*:** A clinical mental health nurse manager in a DHB left New Zealand shortly after Samuel and Mrs Copland alerted the District Inspector for Mental Health sufficient for an inquiry into his treatment there to be ordered by the Director of Mental Health. The nurse-manager re-emerged as a mental health worker in a remote part of Western Australia.

Within ten days of Samuel’s death, his Responsible Clinician left New Zealand for Australia. We were informed later, by the head of the DHB’s mental health service, that this was planned long in advance, and he had given the required three months’ notice. We never saw evidence to verify this, and nothing in the clinical notes indicated that he told Samuel in his last weeks, that he would soon be leaving (which would be normal practice). In the ten days after his death when he *was* in the country the psychiatrist never met the bereaved mother to explain circumstances of her son’s death. This was normal practice, as specified in that DHBs regulations. We learned later that a policy decision had been taken soon after the death, such that the RC should ***not*** meet the mother of the deceased, and he never did, in breach of the DHBs regulations. A few years later, the clinician returned to New Zealand, testified at the inquest, and now works as a psychiatrist in private practice. Here are unmistakable sign of an invisible hand controlling events, to prevent questioning a potential witness, and perhaps to reveal more incriminating evidence.

Regarding the notorious All-Staff E-mail, the Chief Executive of the DHB under whose signature the email was dispatched was found by the Privacy Commission to have breached four items in the Privacy Code. In due course she was censured by the Board, but nonetheless, served the remaining six months of her five-year contract, without which further employment might have been jeopardized. After that, she relocated to a similar position in Adelaide, South Australia, while retaining her home in a good Wellington suburb. Further details are interesting. She was not the one to finalize wording of the email. Those responsible were never publicly identified (although I know their names). Correspondence after Samuel’s death showed that she was willing to meet Mrs Copland to discuss her son’s death but was instructed not to do so. She claimed she was advised by clinical staff ‘whom she trusted’.

An obvious inference from the last two cases is that an ‘invisible hand’ took a policy decision that the RC should not meet the bereaved mother; and the same hand directed the CEO not to meet her either. I guess it was the same hand which orchestrated the ‘covert planning’ for Samuel’s relocation to the Rehab/forensic facility after his discharge, the wording of the All-staff email, and various other shifts occurring during Samuel’s last admission. If so, their behavior was highly rational: They had a lot to hide. Who were they? Apart from administrators I can identify, my guess is that the power taking those decisions were top members of the DHBs legal team. Considering that some of the decisions were clinical ones, and that legal personnel have no clinical training or expertise, there are hard questions to ask, were those shadowy legal figures ever to be accessible for questioning.

When Health & Disability Commission started to investigate Samuel’s death, and produced its first draft report, Mrs Copland and I responded with vigorous criticism, including criticism of HDC itself. Days later, the case manager with whom Mrs Copland was dealing resigned his job. I do not know where he resurfaced. I found no subsequent trace in New Zealand.

During the inquest, several nurses or nurse managers gave evidence. The one most closely involved with Samuel - who discovered him hanging in the doorway of his room – was questioned by video link. By then, she had moved to Darwin, north Australia. Another was questioned online from a location in Ireland. There may have been innocuous reasons for their testifying on-line rather than in person (since trained nursing staff are in demand around the world). Nonetheless, this less-than-direct testimony avoided their being subject to further scrutiny. For them, relocation may have been a significant and unwanted change, perhaps an unforeseen shift of their developing careers.

Dr Selwyn Leeks’ practice was described in Chapter 1. After the visit of Mr Helms and company to New Zealand, but before Leeks became seriously involved in atrocities at Lake Alice, he apparently tried to find employment in Australia, which would have removed him from the Lake Alice situation. I infer that, during the Helms visit, he may have been put under immense pressure to engage in gross violations of everything he learned during training as a child psychiatrist; and he tried to escape from this impossible situation. In 1977/78, there were concerted efforts to have Leeks brought to trial, but this was forestalled, partly because he relocated to Victoria. In the remaining fifty years of his life, he was never brought to trial.

Dr HDG Martinus’s role in Deep Sleep therapy at Cherry Farm was described in Chapter 2. On 25 May 1978, after the DST program ended, he took out New Zealand citizenship. Even so, within a year, he had relocated to a position in a mental hospital in the Sydney region. This is odd behaviour suggesting some form of inducement for him to relocate.

Mr RJC Lee was the specialist who, in late 1976, carried out investigation into LACAU on behalf of the Chief Ombudsman, Sir Guy Powles: I give more detail on him in a later chapter. That pertains to the year 1978, when he was still in the Ombudsman’s Office. After that, I can find no trace of him in New Zealand. He may still be alive with important information to relay. I have no reason to suspect wrongdoing on his part. On the contrary, he may have had access to important evidence on such wrongdoing and its cover-up.

Dr Basil James is the last person whose cross-border movement I consider. He relocated twice: The context for his first relocation, to New Zealand in 1963 was as follows: In Cyprus, in years 1956-58, occurrence of torture was widely known locally, but not reported in British newspapers. Basil James was there as a military physician in the Royal Army Medical Corp, which had an intelligence section. When torture occurred, it was required that it be monitored by medical personnel, despite its contravening the Geneva convention. I have no evidence that Dr James played any such a role, although it is possible. It is likely that he knew about it, and probably about methods used, whether they be regular military brutality, or special methods used by intelligence/research personnel. If he *did* witness torture and failed to report it, this breached international conventions. This would have been good enough reason for him to keep quiet about his time in military service.

In various engagements of British forces in the twilight of empire - including Cyprus - special methods of interrogation were developed. The methods described by Alexander Kennedy were in use in Cyprus, the objective being like the CIA’s attempts, namely, to undermine - even erase and rebuild - the sense of personhood in captives. They included deliberate ways to disorient prisoners, regarding time of day, and where they were held. Deliberate imposition of physical and psychological stresses were important aspects of breaking down resistance of captives. By the time Dr James had completed specialist training as a psychiatrist, he had examples from senior colleagues - Sargant and probably Alexander Kennedy - that methods of interrogation in military or intelligence context could be adapted as treatment in civilian psychiatry. He must have assumed that this was acceptable and had no qualms about open publication of the method he devised for gay conversion, which included partial sensory deprivation and use of drugs and alcohol. It was more brutal than other aversion therapy used at the time and was more akin to punishment or ‘special interrogation’ than regular treatment. On publication, a letter to BMJ was highly critical on ethical grounds. Within six months, the same method led indirectly to the death of a soldier who was also a Viscount of the realm. Thereafter Dr James found himself in what he might have seen as a dead-end job in Leeds. He decided to apply for a position in Otago University, in a jurisdiction further than UK from legalizing male same-sex acts. His application was successful, even though, at the time, he had acquired neither a specialist qualification, nor a specialist registration. Then as now in New Zealand it was hard to fill positions in psychiatry, whether academic or clinical. On relocation, Dr James continued with the same method, and in 1967 published at length about it in New Zealand Medical Journal; and yet, in the early 1970s he apparently offered an apology to RANZCP.

What could have been his motives for this first relocation?

* He was ambitious but saw little hope for career advancement in UK.
* Having seen the controversy over Kennedy’s lecture, he relocated to avoid stigma from his BMJ publication, its quasi-military methods, and the death of Clegg-Hill. *In favour:* He subsequently tried to conceal references to his time in Cyprus, although it was public knowledge if you knew where to look. *Against:* After immigration, he continued his quasi-military method of gay conversion,
* He was a ‘plant’ by overseas intelligence agencies, who perhaps wanted him to continue his ‘research’ in a distant and safer location, and who might have had means to coerce him, based on what they knew of him. *In favour:* He was appointed when he did not have obvious qualifications for the position; he continued to practice and publish a method with military/intelligence provenance; his subsequent complicity in a program of DST which was hardly therapeutic, while concealing what he knew. *Against*: He was politically active on arrival in NZ against physical punishment in schools.

I cannot decide between these alternatives.

The context for Dr James’s ***second*** relocation, to Queensland in 1990 was as follows: In the years after 1972, he *did* know about the program of DST at Cherry Farm and may have been actively involved in setting it up. In mid-1989, DST was first mentioned in the New Zealand parliament. Within six months, he decided to resign the Directorship of Mental Health and relocate again, to take up a position in Queensland. In 1991 the Mellsop-Radford was released, whose ToR avoided examining the chain of responsibility, and any mention of Dr James. Mellsop had an ambiguous relationship to the task and knew more than he could say. After relocation to Australia Dr James disappeared from public view in New Zealand, and when he died in 2017, there was no obituary in New Zealand.

Hypotheses about second relocation:

* He relocated to avoid public exposure of his role in DST.
* He was aided and abetted by powers within New Zealand, so that *their* role stayed hidden.
* He was enticed or bribed to relocate to make it hard for him to be called as witness.

The second relocation was probably to avoid being held to account, but this motive does not exclude the other two. His behaviour in relation to both relocations was ambiguous, suggesting serious conflicts of interest.

**Appendix IV**

***Methods of ‘Damage Control’*.**

***Closing Down Investigations*:** Forty years the shabby Mitchell enquiry, little had changed.

* After Samuel’s death:
	+ the Serious Adverse Events Review (SAER) failed to incorporate important evidence which had been supplied to them by Samuel’s advocate.
	+ In the period before the inquest was set up, I was not able to accompany Mrs Copland at HDC interview.
	+ Shortly after this, Mrs Copland and myself had two interviews with police, who heard our story with care. We certainly provided enough evidence to raise suspicions of wrongdoing by state agencies, which should have been investigated further; but it never happened.
	+ In the second interview, we were finally told in explicit terms that police don’t follow things up unless there is certainty of a successful prosecution. Of course this is nonsense: The role of investigation should be to discover the truth or falsehood of suspicions, not to substantiate a conclusion already made.
	+ In the inquest itself, the coroner certainly had a basis in evidence and law to call for further investigation by police; but he never did.

***Documentation*:**

*Failure to Keep Records*

*Lack of (or inadequate) record keeping*: Practice of Martinus at Cherry Farm, and Leeks at Lake Alice. In the case of Martinus, it is hard to say for certain that records were never made; they may have been selectively removed. Record keeping of Samuel Fischer’s time in hospital in nurses notes in his last year had many inadequacies, often by failure of inclusion of relevant fact from sources other than the nurses’ own practice. In his last admission, this included six well-documented ‘incidents’, for which I state that there was suppression of inconvenient evidence. Reporting of William Sargant’s practice was less than candid, minimising the number of deaths and probable suicides*.*

*Destruction of documents*:

* In the meltdown of Richard Helm’s Directorship of the CIA, it *was* proved that he ordered Sidney Gottlieb to destroy much incriminating documentation - a federal crime. Helms was found guilty, but his punishment was trivial; Gottlieb never faced trial*.*
* Reports from the RAND corporation about Operation Phoenix, were either destroyed or consigned to currently inaccessible archives.
* In the story of Samuel Fischer’s last year, there were vigorous attempts by him and his advocate to obtain the complete set (17 volumes) of his clinical files. This was eventually successful, but there is a verbatim report that, as the administrator handed over some of the volumes, she said to Sam ‘*it would probably be better to burn all 17 volumes’*. Clearly the temptation to destroy records was strong, but in this instance was resisted.
* The motive in these cases is obvious: In law courts around the world, ‘*if there is no evidence, it didn’t happen’*. In this context, I quote a line from Richard Nixon: ‘*If it’s secret, its legal’*[[16]](#footnote-16). In other words, if judges never hear about it, it can never be declared illegal. The downside is also obvious. If there is evidence of destruction of documentary evidence, this is worse than the original offence. Law courts around the world also say ‘*The cover-up is worse than the crime’*.

*Falsification of Documents*: In Samuel’s last year, there was credible evidence of this. A community mental health nurse appeared to use underhand tactics to get Sam’s signature onto a document, supposedly showing that he renounced the role of his energetic and devoted advocate. The evidence was complicated, but, to my mind, after careful study, was compelling; but it was never subjected to proper investigation by the authorities. My guess is that this devious act was authorised at a higher levels in that DHB.

*Modifying Documents*:

* According to a recent book of Tom O’Neill on events in the 1960s and 1970s in USA, extant documents from the CIA were selectively ‘pruned’ before release to the Church Commission. Release of any referring to MKULTRA was done in a way to draw attention away from those on Project Artichoke, which were more damning. This was not known until much later.
* When a death occurs in hospital in circumstances leaving questions unanswered, the rule is that medical records are inviolable, essentially a sealed unalterable record; yet after Samuel’s death, there certainly were credible allegations of ‘selective pruning’ of the most compromising parts. It was likely to have occurred under authority of high levels of mental health management (who had records in ‘safe keeping’), and perhaps under the overriding authority of DHB itself.
* What I saw for myself, in pre-inquest teleconferences, was a small irregularity recorded in the transcript (*ex parte* messaging: communication between one party and the coroner, which should have been open to all parties). I pointed it out to the Chief Coroner. She informed our coroner who ordered a slight rephrasing of words so that the error could no longer be noticed. A tiny matter of substance; a huge breach of principle.

*Selective Release/Redaction for Wrong Purposes*:

* When Health and Disability Commission released its report (to which we mounted a potent critique) on Samuel Fischer’s death, that commission proposed to release the report on its own website ‘for educational purposes’, with our names redacted ‘to avoid further trauma to Mrs Copland’. Complex correspondence followed, the gist of this was that we made it clear that we did not want our names redacted (because we wanted to contest the report in public); but if they insisted on redacting our names, we withdrew permission for it to be used for the proposed purpose. There were two points here:
* Unwittingly, based on our instincts about justice, we were challenging legislation by which HDC should operate.
* The HDC official with whom we argued the point surely knew this, but dared not admit to us that this was the underlying issue.
* Second, the CEO of the DHB received a letter from HDC, passing on the report and the supposed rationale (which was false) for redacting our names. In the end this version was never corrected when we reached the inquest. However, I gave it my best shot - and this may be the reason why the coroner, in his majesty, deemed me no longer an ‘interested party’ to the inquest, when I had pointed this out in communication between parties.

*Making Public Documents Virtually Inaccessible*:

* When Samuel Fischer was alive, District Inspector Annette Grey produced a very thorough report on the shortcomings in care of Sam in the acute mental health ward of one of the DHB. It was never made public. More than that: After Samuel died, and preparations were made for high court litigation (which never eventuated) and then the inquest lawyers had no way to access this document (except in a few cases through my carefully archived collection).
* Much the same comment can be made about the HDC report into circumstances of his death.
* Later, long after the inquest was finished, my investigations burrowed into the deeper reaches of state culpability, especially for decisions in past years in the Directorate of Mental Health. I tried to access documents which were probably housed in the national repository - Archives New Zealand. It is an astonishing story which I recount in one of my later chapters. For now I state simply that every obstacle was put in my way. Some later obstacles contradicted earlier ones. Perhaps the key to this wild goose chase was that, from the outset I had explained what were my suspicions about the former decisions within that directorate. Given that, it is not hard to infer the rationale for such reluctance – that my suspicions were close to the truth.
* The widest sense in which access to public documents is hindered, throughout our judicial system is that transcripts of courtroom proceedings - tedious and nit-picking as they often are - are virtually impossible to access. Even legal scholars and researchers, who have serious public interest reasons to access such transcripts and probably time and skill to make sense of them, complain they cannot get access to transcripts. No wonder that our judicial processes are in a bit of a mess: The documentary basis for mounting a challenge is inaccessible.

In the UK, I hear that, in principle, the situation bout accessing documents is better. In practice, it is probably little different, because legal challenge over withholding of documents is too expensive for average citizens, working in a private capacity (such as myself). In Germany, with a very different judicial system, I hear that it is much the same. As I understand it, laws about access to documents are strict and clear. In most cases, the documentation about criminal prosecution cannot be accessed, except by those personally involved in a case. This restriction may reflect Germany’s history. After the second world war, with reconstruction of the (west) German state, careful consideration had to be given to judicial processes, because the number of persons with ‘scores to settle’ would have overwhelmed the courts.

Many state agencies and professional groups have somehow been implicated in the tragic events documented in Royal Commission hearings. My investigations have given me some impressions of which are helpful, and open to the truth; and which prefer to remain secretive, blocking sincere enquiries, suggesting that they contribute to continuing cover-up. I do not want to generalise, but I want to record that my best experiences have been from Ministry of Foreign Affairs and Trade, library staff at the Wigram air force museum, the National Library, Archives New Zealand (at lower levels), libraries in several other countries, the social workers’ professional body (although, as individuals their professional attitudes may vary), retired administrators and finance people aware of the history of fifty years ago. Late in the day Otago university administration has also been very helpful. My worst experiences are in the profession of psychiatry, in the Directorate of Mental Health and the Ministries of Health the Ministry of Internal Affairs has not been not very helpful, giving perfunctory responses. Lawyers are seldom helpful, but sometimes give away useful information by accident. The Office of Prime Minister and Cabinet (part of the bureaucracy rather than the political process) is less than helpful. Judges are rather varied, sometimes fair, sometimes biased or unhelpful. Their way of thinking pervades other agencies - HDC, the Privacy Commission, and at present the SIS. The police are in a very difficult position – massively under-resourced to do proper investigative work in complex areas. The same is true of their higher authority, the Independent Police Conduct Authority). Neither body comes over well in their investigative roles.

**Appendix V**

**Legal Immunity and Protection of State Servants and Their Agencies**

***The (Im)-Possibility of Corporate Crime*:**

In Canada, as mentioned in the previous chapter, litigation over the experimental psychiatry of Ewen Cameron is still active, sixty years after the events in question. Only a fraction of individuals and families harmed by Cameron’s practice have so far received compensation. For others – around 300 individuals and families - the battle continues. A report on 30 March 2022[[17]](#footnote-17), describes how these families have sought compensation - from the CIA, the Canadian government, the Royal Victoria Hospital, and the McGill University Health Centre. At that time, a Superior Court in Quebec had just cleared a major hurdle for families by rejecting motions from hospitals and government attempting to dismiss legal challenges, paving the way for the lawsuit launched by the survivors' families to proceed. However, on 30 March 2023, we also read[[18]](#footnote-18) that the Superior Court ruled in favour of the U.S. government. Their argument was they had immunity from being sued in Canada, because Canadian laws during the time of the experiments protected them. The case was therefore dismissed. As I write, plaintiffs, are pursuing the issue at a Court of Appeal. The point at issue[[19]](#footnote-19) is whether new legislation removing immunity from prosecution can act retrospectively. It will be interesting to see how this plays out. It is highly relevant to the Royal Commission in New Zealand, and for how Terms of Reference for the commission were changed, while the commission was in progress, apparently to protect current office holders from litigation.

***Courtroom Strategies*:**

***Open Communication:***

* In the two enquiries in the early 1970s into conduct of military police in Northern Ireland (Compton and Parker enquiries) proceedings were decidedly unfair. Lawyers for the plaintiffs were never allowed to see much of the documentation.
* In 1977, in New Zealand, the Mitchell enquiry into events in LACAU was also decidedly unfair, and it was never made public.
* When Samuel Fischer was alive, the scathing report on his care produced by the District Inspector ever made public, not even to parties to the inquest.
* In late stages of the inquest, the transcript of a teleconference was not shared between parties to the inquest, possibly to avoid me getting my eyes on it (although by then I was not an ‘interested party’).

***‘Complexification’: Proliferation of Paperwork, Released with Minimal Time to Digest the Detail*:** I encountered this strategy at the first teleconference prior to the Sam Fischer inquest. A few days before this teleconference, the coroner release a vast trove of documents - about 2000 pages. It included our carefully assembled evidence about covert planning of Sam’s destiny after discharge. For lawyers form the DHB, this allegation was quite new, until I raised the issue during the teleconference itself, and one of those lawyers expressed some surprise. Given this, and the coroner’s obvious intention to avoid the issue, those lawyers, were ill-prepared - even if they had been willing - to follow up the issue.

***‘Simplification’: Suppression/Attenuation Of Evidence*:**

* In the Samuel Fischer inquest, the coroner may have realised my skills in analysis of complex information. By imposing the cut-off date before which evidence could not be considered, the process was reversed: It was suddenly over-simplified. The only explanation offered was ‘*You have to draw the line somewhere’.*
* Evidence on ‘six incidents’, well documented, but not included in the nurses’ progress notes, revealed a lot about Samuel’s care in his last admission. It was never heard.
* Technical details on psychopharmacology, on which I had significant knowledge to share, was never heard.
* Evidence from the progress notes suggesting that the covert plan for Sam’s destiny was discussed in case conferences, but ‘by chance’ only if neither Sam, his advocates or any family member was present. members were present. This evidence was never mentioned.
* In the USA, the Church commission hearings in 1975 into CIA wrongdoings may have heard an approximation to ‘the truth’, but evidence that was heard was by no means the Whole Truth.

***Procedural Sophistry*:** In the inquest into Sam Fischer’s death, in my lay perception the coroner used many manoeuvres to defeat the proper purpose of the inquest including:

* the cut-off date before which evidence was ‘out of scope’, , along with the inadequate rationale provided for the decision.
* Suggesting ‘*we will deal with that later’* but never doing so.
* ‘Watering down’ the Coroners Act 2006, by the coroner stating that he had no power to blame any party involved (whereas under the Act, he did have power to draw attention to matters not clarified, for further investigation by police)
* Sluggishness in using his powers to call for production of further documents (leading to delays such that these documents were never examine din court
* Inconsistency in application of his own ruling
* *Ex parte* communication

***Power Politics: Might Makes Right*:**

* ‘Pulling rank’. When allegations about Lake Alice were first raised by a social worker, the Superintendent of Lake Alice, Dr Pugmire, having more clout, could easily maintain there was nothing in the allegations.
* Early complaints about Selwyn Leeks (and also one about Martinus) fell on deaf ears, as did allegations made by CCHR to Judge Mitchell.
* In the Sam Fischer inquest, Coroner Ryan bulldozed his way through much of the evidence I and Mrs Copland had collected, as if it counted for nothing.
* DHB lawyers appeared to know they could rely on the coroner to protect them from suggestions I made that they were lying;
* with a few procedural niceties, the coroner could shrug off my long document calling on him to recuse himself.
* In the CIA. Helms thought his clout, as Director, was enough to set up the supposedly scientific MKULTRA, but it was outside the directorate responsible for scientific matters.
* Similar disregard of proper scientific scrutiny can be said for Sargant in the same period.

***Last Resorts: Lying, Pleading ‘Victim Status’*:**

* The notorious ‘All-Staff email’
* The rationale provided by the Mental Health Commissioner within HDC for wishing to redact names of Mrs Copland and myself from the HDC report.
* Eventually, even Richard Helms was found to have lied to Congress.
* The last gasp, for Selwyn Leeks, was for it to be determined that he was unfit to stand trial because of dementia. I can well believe that the personal impact of such prolonged cover-up and denial in the face of mounting pressure, can contribute significantly to dementia – but, as far as I am concerned, it matters little.

***Confirmation Bias?*** *Rina Moore’s Practice*: In Chapter 2, I mentioned the practice of Dr Rina Moore at Ngawhatu hospital near Nelson in the South Island of New Zealand in the 1950s. Rina Moore was the first Maori medical graduate to take up psychiatry as a specialty. In the 1950s she was making very intensive use of ECT, in ways that might have been similar to Cameron’s practice at that time at AMI, or Sargant’s practice after 1964. The details of her practice were described in a paper in New Zealand Medical Journal in 1958[[20]](#footnote-20). Study of that paper leads me to conclude that what Rina Moore was doing was ***not*** linked directly to either Sargant, or to Ewen Cameron at the AMI, for the following reasons:

* The procedure DID use intensive and extensive ECT, but unlike Sargant after 1964, or Cameron before that date, ‘prolonged narcosis’ *with barbiturates* was not part of the method.
* Rina Moore’s procedures started in 1950, before MKULTRA had begun, and before Cameron was brought on board by the CIA
* Neither Cameron nor Sargant were cited, although a paper by a local practitioner was mentioned.
* There was none of Cameron’s distinctive terminology  - ‘depatterning’ for instance - although some of the effects of repeated ECT were similar.  Such detail would have been known anyway by 1950, regardless of Cameron.

*Possible Links Between Kennedy and James?*: There are similarities in methods used by James and Kennedy (partial sensory deprivation, a degree of sleep deprivation, use of Pavlovian principles, requirement that the treatment be completed quickly). However, many features in Kennedy’s methods could have been incorporated in James’ experiment to achieve a state of disorientation (which might have been relevant) but were not used. Instead he induced a state of drunkenness in the unfortunate soldier. The conclusion is that James may have been encouraged by publicity over Kennedy’s lecture, but gained little if anything on details of methods from that lecture. Details owed more to Sargant than to Kennedy.

1. The coroner’s report mentioned me in this context (although I was no longer an ‘interested party’) suggesting than his opinion differed from mine, and implying that I was critical of nursing staff. In this he mis-represented me. I had put my caveat about stereotyping to him, in writing. This might have been deliberate misrepresentation. [↑](#footnote-ref-1)
2. Pavlov had such a commitment, so also in the same period in Soviet Russia did the world class physicist, Piotr Kapitsa (at least outside the context of the world war). [↑](#footnote-ref-2)
3. Hebb D.O, Heron W, Bexton WH. (1952). The effect of isolation upon attitude, motivation, and thought. In *Fourth Symposium, Military Medicine I,* in cooperation with McGill University, Ottawa: Defence Research Board; Hebb DO, Heron W. (1955). Effects of radical isolation upon intellectual function and the manipulation of attitudes. In: *Terminal report on conditions of attitude change in individuals*. Ottawa: Defence Research Board [↑](#footnote-ref-3)
4. Solomon P, Kubzansky PE, Leiderman PH, Mendelson JH, Trumbull R, Wexler D. (Eds)(1961). Sensory Deprivation: A Symposium Held at Harvard Medical School. Cambridge, MA, Harvard University Press. [↑](#footnote-ref-4)
5. Naomi Klein (2007) *The Shock Doctrine: The Rise of Disaster Capitalism.* Random House of Canada. pp. 34-5; http://infoshop.org/amp/NaomiKlein-TheShockDoctrine.pdf; p. 34-35 [↑](#footnote-ref-5)
6. Inferred from: His knowledge of advanced methods of interrogation; deep sleep therapy at Royal Waterloo; possible trials of LSD on conscripts. [↑](#footnote-ref-6)
7. It was unlikely that he would have faced trial for fear that dark secrets of the British state would be revealed. [↑](#footnote-ref-7)
8. It has been suggested that Sargant used tape-loop playback to patients in his sleep room although the evidence is insufficient to prove this. It might have been another source for Dr James use of this practice. If not there, the only other source for the tape-loop strategy might have been Sargant [↑](#footnote-ref-8)
9. In this and preceding chapters there have been many instance of RANZCP covering up matters it was unwilling to share. A small anecdote is worth recalling here. While I was on RANZCP committees, a moment arose when a collective decision of a committee was needed. I forget what the issue was, but I remember that the decision was not by voting but by a process called the Delphi method. This arrives at a group opinion from a panel with diverse experience and skills. Experts respond anonymously to several rounds of questionnaires. Responses are aggregated and shared with the group after each round; and panel members can adjust their answers each round, based on how they interpret the ‘group response’ provided to them. The ultimate result is meant to be a true consensus of what the group thinks. I had never heard of the Delphi method before. Where did it originate? Actually in the RAND corporation, the lavishly-funded intelligence think-tank, associated with the US Air Force, which arose in early days of the Cold war, and always including the interface between intelligence and psychiatry in its agenda. [↑](#footnote-ref-9)
10. <https://www.freedommag.org/english/la/issue02/page12.htm> [↑](#footnote-ref-10)
11. Facts about torture under Project Phoenix came from Anthony Russo, a whistle blower who was an employee of the RAND corporation and described exactly what he saw in Vietnam. Reports from the RAND corporation were either destroyed or consigned to currently inaccessible archives. [↑](#footnote-ref-11)
12. Rekers, George A., and Lovaas, O. Ivar. 1974. Behavioral treatment of deviant sex-role behaviors in a male child. *Journal of Applied Behavior Analysis* 7 (2): 173–190. [↑](#footnote-ref-12)
13. Chance, Paul. 1974. After you hit a child, you can’t just get up and leave him; you are hooked to that kid: A conversation with O. Ivar Lovaas about self-mutilating children and why their parents make it worse.*Psychology Today*, 7:76–84. [↑](#footnote-ref-13)
14. Lovaas, O. Ivar. 1987. Behavioral treatment and normal educational and intellectual functioning in young autistic children. Journal of Consulting and Clinical Psychology 55 (1): 3–9. [↑](#footnote-ref-14)
15. The spread from military or intelligence agencies to civilian life has many examples: In the 1950s LSD was of interest to the CIA for use on the battlefield or in interrogation. Soon is use spread to psychiatric therapy, and in the 1960s to the party scene, as did very loud noises, and stroboscopic lights (both also part of the CIA’s enhanced interrogation research). Likewise, much of today’s information technology, and the internet itself were initially military projects. In administrative practice, structures designed to permit plausible deniability of wrongdoing, started in intelligence agencies, but now seems to be widely used in public service and commercial agencies. [↑](#footnote-ref-15)
16. Quoted by Tim Weiner, *Legacy of Ashes: The History of the CIA,* (2007). [↑](#footnote-ref-16)
17. https://montreal.ctvnews.ca/court-allows-lawsuit-to-proceed-for-families-of-montreal-brainwashing-experiments-victims-1.5803248 [↑](#footnote-ref-17)
18. https://montreal.ctvnews.ca/court-allows-lawsuit-to-proceed-for-families-of-montreal-brainwashing-experiments-victims-1.5803248 [↑](#footnote-ref-18)
19. <https://www.thetribune.ca/news/mcgill-hit-with-class-action-lawsuit-for-alleged-mind-control-brainwashing-human-experiments-from-1943-to-1964-12042023/> [↑](#footnote-ref-19)
20. The control for delivery of electric stimuli was in voltage and duration, not current. [↑](#footnote-ref-20)