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ORD-2776-74

1 July 1974

MEMORANDUM FOR THE RECORD

SUBJECT: Trip Report to Stanford Research Institute,
17-18 June 1974

1. Background and Summary. [redacted] visited SRI on 17 and 18 June 1974, principally for the purposes of: examining the criteria used in the selection of paranormal subjects and controls; determining precisely what arrangements had been made for examining the subjects in the "basic research" context; establishing procedures for the reporting of all relevant data to us; and discussing such other "basic" and "applied" research issues as seemed appropriate. We met for about eight hours with Mssrs. Jones, Puthoff, and Targ on 17 June and for one hour with the latter two on 18 June. Despite what appeared to be conceptual problems on the part of Puthoff and Targ, relating largely to the kinds of rigorous research disciplines which we were espousing as essential for the project, the discussions were business-like and well-focused and seemed to be useful for all concerned.

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2. Selection and Categorization of Subjects. After five months of effort SRI has selected only five of the nine subjects: the three super-stars, one of the three mid-stars, and one of the three controls. We stressed that significant and useful research could commence only after they'd made definitive selections on the basis of specific and consistent criteria. One of the problems here seems to be the fact that Puthoff and Targ have been more interested in the testing and enhancing of psychic powers than in the establishment of rigorous research procedures--with the consequence that, as they've perceived ostensible improvements in the psychic powers of their "controls", they've tended to slide them up into the psychic abilities, this could be a never-ending process. We stressed that we'd like to see all nine subjects designated by the end of July and they undertook to do so. We then spent several hours defining the three categories and specifying the pre-selection tests and criteria used in screening the subjects.

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a. Screening Tests and Criteria. All subjects will have been tested on five "paranormal" tasks. Those tasks, together with the related protocols and criteria, were defined as follows:

(1) The Random Numbers Machine (testing "clairvoyance"): The basic screening test will consist of 1000 trials (25 trials per run, 8 runs per day for 5 days) and, though many subjects have gone well beyond 1000 trials already, SRI will report to us data and "p" values on our nine subjects just on the first 1000 trials. In the context of their NASA project over 150 people have been tested on this machine; the data (copies of which will be sent to us) are now being analyzed and the criteria for selection as "psychic" performance level will soon be established on the basis of this analysis. The present guess is that criteria will be on the order of 10^{-6} .

(2) OOB or Remote Viewing (testing for telepathy and/or clairvoyance): The basic screening test will consist of six trials (lasting about one-half hour each), one per day; criteria for psychic performance level will soon be established but, in any case, it was agreed that results would have to be at least at the .01 level. It was also agreed that a pool of 20 new sites would be used for each subject; we also discussed the desirability of replacing used sites in subsequent trials for each given subject and, while no definite agreement was reached, it may be that SRI will do so. We spent considerable time discussing the judging procedures, the salient points being: the same five judges (all chosen by Mr. Cox and representing a "hostile" to "friendly" spread with respect to paranormal research) will be used on a permanent basis; each judge works independently, is given a list of the sites which were randomly selected for the subject and copies of his transcripts; he visits each site and selects the best matching transcript; at the present time a plurality vote (i.e., 2 or more) of the judges, accurately matching 4 (or 5) of the 6 sites, is considered significant--but, as noted, precise criteria will be specified by SRI in the near future.

(3) EEG-Remote Stimulus (Strobe Light) (testing for telepathy via psychophysiological indicators): The basic screening test will consist of 8 runs, 20 trials per run. A "sending" subject is exposed to randomly selected stimulus (a 16 herz light for 10 seconds) or non-stimulus, with one minute inter-trial intervals; the "test" subject is in a shielded room and, upon hearing a "blip" signal on the intercom, has to call stimulus or non-stimulus; both subjects are being EEG-monitored and (aside from his calls) they are watching for alpha reduction in the test subject during the stimulus periods. Heretofore SRI had been averaging only the "S" and "NS" alpha

production for comparison purposes but they will now also average the inter-trial alpha for use as the subject's base-line. Criteria for psychic level performance is now set at the .01 level and will be confirmed by SRI.

(4) Cards in Envelopes (testing for clairvoyance): One run of 10 trials, with the stimulus cards (simple line drawings of ordinary objects) selected randomly and double-blind from a pool of 50; the subject draws his responses and may, if he wishes, supplement the drawing by written commentary; his responses are scored independently by two judges. The criteria for psychic level performance will be set by SRI but is now tentatively at the .01 level.

(5) Laser-Monitored Torsion Pendulum (testing for PK): The basic screening test will consist of a one-hour run, with alternating five-minute "work" and "rest" cycles; during the six "work" periods the subject is instructed, on a randomly-selected basis, to increase or decrease the amplitude (not the frequency) of the pendulum's state. Considerable time was spent discussing the protocol in terms of how one could most accurately measure states and effects--with the consensus being that it would be best to compare the last 6 cycles of the "work" period with the last 6 cycles of the preceding "rest" period. The tentative criteria for psychic level performance, to be confirmed by SRI, is two standard deviations on 4 out of the 6 "work" periods. SRI was quite impressed by the gradiometer's sensitivity and found it a sufficiently useful adjunct to the pendulum experiment to investigate the possibility of acquiring one of their own; barring that, they might try to use SRI's magnetometer. They had several anecdotes about two of their subjects' prowess with this device (one of them allegedly having sent the scale soaring off the paper by telephone) but, not wanting to be exposed to the subjects, we declined invitations to observe experiments.

(Note: With respect to all of the above testing, SRI was informed that--as far as our nine ultimate subjects were concerned--we wanted to see all the raw test scores and not merely probability statements on the results.)

b. Definition of Subject Categories. All nine subjects will be submitted to all five of the above tests. Their placement as super-stars, mid-stars, or controls will be determined on the following basis:

(1) Super-Stars: Those who "consciously" perform at high "p" values (e.g., 10^{-6}) on at least one of the five tasks.

(2) Mid-Stars: Those who are only at chance on the "conscious" level but are at high "p" value on the "unconscious" physiological

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dimension--i.e., on the EEG (and/or GSR, plethysmograph) test described in a(3), above.

(3) Controls: Those who did not exceed chance within the prescribed number of trials on any of the tasks.

(Note: We stressed, and SRI agreed, that once a subject is placed in a given category he is to remain in that category for the duration of the project--no matter what apparent increase or decline of powers they might observe.)

3. Status of Arrangements for Examining Subjects. We discussed the critical need to finalize all the arrangements and begin processing at least their "controls" through the entire battery of tests within the next month. SRI appeared to concur fully and, as a matter of fact, most of the arrangements do now seem to be well in hand; it is now a question of how assiduously they follow-up by completing the identification of their subjects and by setting up and observing sound procedures for their processing. It would appear that the will is there (they are, perhaps, even too optimistic about the significance of the evidence that might accrue from the physical and psychological examinations) but the organization and discipline might still be lacking. In any case, the status is as follows:

a. Psychological and Behavioral Examinations. Under the white tab (attached) is a chart SRI had prepared on the psychological testing to be performed--showing for each subject the status with respect to all tests. Color-coded to reflect the entity responsible for administering each test, the lower circle in each box (when filled in) signifies that the arrangements have been made--while the upper circle (when filled in) signifies that the test has already been administered to that subject. On 17 June Dr. Puthoff visited the Palo Alto Medical Clinic and came back with the report that, in the psych-behavioral field, they will also be able to administer the following: Luscher Color Test, Rorschach, MMPI, Omnibus (we confirmed that we wanted both MMPI and the Omnibus), Witkins Field Dependency, In-Depth Interviews---and that all the psych testing done at PAMC will be administered by one individual and scored blind by another. Further, SRI will administer: Suggestibility Tests, Flicker-Fusion and, possibly, a Signal Detection Test. We asked them to prepare a new Psych-Behavioral matrix sheet--showing all of the tests definitively agreed upon--and to use that format in reporting progress with each monthly report. We also confirmed for them (which they seemed not to have realized) that would not be doing the WAIS in the future--but that we would be content with the WAIS administered by PAMC. All in all, although there are a few items on our original list which have not been satisfied, this battery of tests and interviews should be adequate for our purposes--particularly since, after studying all of the evidence on all subject, there's no reason why we couldn't call for a limited number of specific

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and more discriminating tests on all of them. Also (see the blue tab) SRI has adopted Mood Adjective & Semantic Differential Checklists for use on each testing day.

b. Medical-Physical-Sensory Examinations. The PAMC will handle virtually all of these examinations, including: in-depth medical history interviews; a thorough medical examination (of the periodic check-up type); a complete EEG and CNS work-up; full blood and urine analysis; chromosome count and analysis; protein break-down analysis; eye and ear examinations, testing to each subject's extreme capability; plotting of entire visual response field, with different colors; and they will farm-out the CNV response testing to Stanford (SRI undertook to determine for us the details on Stanford's procedures and conditions). Further, PAMC is able to perform an E.M.I. brain-scan, a low X-ray dosage examination of 6 planes of the brain, at an additional cost of \$200 per subject; we urged and they agreed that the EMI be done only if PAMC's EEG clearly indicated that it would be warranted. The estimated cost for all of PAMC's work on each subject (medical, sensory, psychological) is around \$700 to \$900. We stressed that, in the context of our project, we were responsible only for the examinations, themselves, and that any medical conditions which might be uncovered could be pursued by the subject only at his own expense. Perhaps the best news was what Dr. Puthoff reported of the PAMC interest in this work. They appear to be eager to do a thorough job, are rather excited about the prospects of working in this field, have a feel for the kinds of evidence which might be important to us and are determined to handle it all on a clean, scientific basis--i.e., insofar as practicable the interpretations will be done blind and each department (under the chairmanship and coordination of Dr. Armbruster) will not only provide the raw data but will also prepare a definitive report on each subject--calling special attention to any significant variations from the normal population, as well as watching for any variations or correlations within our group of subjects. The only thing of apparent consequence that PAMC can't handle is visual testing in IR and UV and, frankly, I do not recall whether we made any other provision for that. SRI was asked to prepare a medical matrix similar to the attached psychological one and use it in reporting future progress to us.

c. Mid-Paranormal-Experiment Testing. After obtaining baseline data on each subject, SRI will perform mid-paranormal-experimenting testing on each of them during the course of the post-selection protocols (see para 4, below, for discussion of those tasks); this testing will consist of: EEG readings (both right and left hemisphere, focusing on Alpha, Beta, and Theta waves); GSR; and Plethysmograph. As indicated above, there is also a possibility that SRI will obtain its own gradiometer or magnetometer--in which case, presumably, it will also be used to monitor the subjects during performance of their psychic tasks. Again, we asked SRI to prepare a matrix for use in reporting the status of such testing with each subject.

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4. Post-Selection Paranormal Testing. Without wanting to encroach upon OTS' "applied" research domain, there was nevertheless some discussion of the kinds of tasks which the nine subjects will be expected to do after selection (and during which they would be examined as stated in para 3.c., above). Recognizing that OTS might redefine these tasks or specify entirely different ones, it was generally agreed that they would likely fall into four broad areas.

a. Remote Viewing of Scenes/Events. Similar to the OOB experiments being run for screening purposes, to the extent that security considerations permit the later tests would hopefully be more operationally oriented--i.e., focus on specific hard-target sites. For subjects who are not cleared, the tasks might take the form, for instance, of "locating" subjects who are trying to evade detection--and we discussed several possible scenarios which might inject the proper mood/motivation/urgency for such purposes.

b. PK. Here the focus should be on perturbation of some dynamic system having at least peripheral operational application--e.g., location of some hidden device with an "on-off" relay and changing the state. SRI also mentioned that it was planning to construct tasks involving biological (single-cell nitella) and bacteriological systems/cultures whose state-changes as a consequence of PK perturbation could be precisely measured.

c. Clairvoyance-ESP. Here the focus might be on safes/locks/attache cases--with, for instance, the subject required to perceive the contents or determine the unlocking combination.

d. Remote Assessments. In which the subject would be required to ascertain the emotional and/or physical state, feeling or attitudes, of a subject remotely--either with or without stimulus objects (photographs, etc.).

5. Reporting. It was pointed out that, though we are approaching the end of the fifth month of effort, we've seen only two monthly reports. SRI stated that the third was in preparation. We told them that we'd like to see in the next report (i.e., the fourth one, by the end of July) at least the following data:

a. Status on the screening of (hopefully) all nine subjects and the pre-selection test data on each;

b. definitive statements on the pre-selection protocols and the psychic level criteria employed;

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c. definitive statements on the criteria employed for placing subjects in the super-star, mid-star, and control categories;

d. matrices on the status of (1) psychological-behavioral, (2) medical-sensory, and (3) mid-experiment testing; and

e. somewhat more precise statements on the nature of the psychic tasks to be used in the post-selection testing phase.

6. Other Matters. Puthoff and Targ will be going to New York for a conference about mid-August and it was agreed that they would stop for meetings with us on the way. Their "internal" Blue Ribbon panel has not really been used on our project; as they explained it, the panel is invoked only in the event of major policy decisions or when there is some significant problem or crisis. They are, however, in the process of identifying and recruiting an "external" panel of cross-discipline experts and they would be used to pass on research design and procedures used in our project. It was agreed, once and for all, that URI would not be included in our project--although, if they do test him on their own (e.g., with OTS' S/W cards), they'll provide us with the data separately. We looked at PP's transcripts on his experiment with [redacted] (it looked pretty useless [redacted] has since confirmed this impression).

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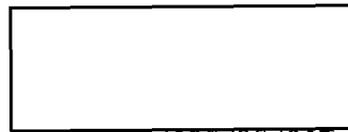
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ADDENDUM TO MEMORANDUM FOR THE RECORD,
ORD-2776-74, Trip Report to SRI

1. It appears as if Targ and Puthoff may at long last understand that we are interested in good documentation of the methodology backed by data rather than anecdotes. Nonetheless it must also be noted that the criteria we finally got from them emerged only after persistent pressuring and even then were couched in anecdotes and were tentative.

2. Mr. Earl Jones was told privately that I felt the effort thus far represented ad hoc experimental "scientific piddling around" rather than science and that unless there was a clear cut change for the better I would have to seriously consider recommending to my management that the project be terminated.

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28 June 1974

MEMORANDUM FOR THE RECORD

SUBJECT: Trip Report

2. Stanford Research Institute -- Puthoff & Targ
(General)

Dr. Luke and I transported the Develco Gradiometer from LLL to SRI on Monday evening as prearranged. Although neither Puthoff nor Targ were available, their Office Director, Bart Cox, was able to assist us in securing the equipment. On

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Tuesday, we spent several hours reviewing progress on the basic science aspects of the project. The progress was disappointing. After six months the battery of sensory, psychological and physical examinations had not been completely established and arrangements had not been made for conducting many of the tests. I urged them to expedite completion of these arrangements, prepare a matrix of subjects vs. tests and start running subjects through the battery. The second major shortcoming was an apparent complete absence of any overall experimental design and protocol. It appears that a potpourri of small experiments were to have been conducted on an ad hoc basis on whatever subjects were around. I actually had to remind them that they were supposed to include a control group; that they were not to be subjects in the experiments; that Uri Geller was not to be one of the subjects; that we did not wish to socialize with any of their superstar subjects and that any measurement of recordings from experiments should be made in the blind. Many examples of experimental flaws (e.g., lack of adequate control runs, failure to provide for blind evaluation of results, and photographing features of sites described in OOB studies after reviewing their descriptions) were apparent. I tried to indicate some of these to the investigators, pointing out that their results would only be meaningful and acceptable scientifically if done carefully, under well-controlled experimental conditions. Throughout the discussions, the implication was made that much of the work to date had been addressed to the OTS applied research task and that the laser pendulum experiment in progress was part of that work. indicates that this is not the case.)

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4. Stanford Research Institute -- Puthoff & Targ
(Instrumentation)

We reviewed the instrumentation to be used in monitoring subjects during paranormal activity. One EEG lead will be monitored from each hemisphere and the outputs will be run through narrow band filters, digitized and printed for each (5 seconds?) epoch. Skin galvanic response will also be monitored on two separate channels -- one AC-coupled with high gain (to record small short-term changes in conductance) and one DC-coupled with low gain (to preserve information related to the absolute level of skin conductance). A photoelectric finger plethysmograph will also be employed.

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