



# THE BLACK VAULT

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September 23, 1966

Dear Dr.

Heartiest Greetings from

I would like to take this opportunity to thank you for your interest in our proposed project. I am sorry that I was not able to return to the States this summer and discuss it with you personally. I think, has kept me well informed of developments. He suggested in his last letter to me that I write to you clarifying some of the details regarding the use of "amytal interview" Hospital Psychiatric Prison Service.

"Amytal interview" or the interview of patients while under the influence of intravenous sodium amytal has been considered a routine procedure on the prison service. It has been performed at the discretion of the ward physician in any case he felt it was indicated, in the same way that the ward physician would decide upon the administration of sedatives, tranquilizers and other medication. A shortage of time and personnel generally caused us to limit its use to cases involving serious crimes or problems of particular psychiatric interest. Although when I first began on the ward a stenographer was generally present during the interview we later used a tape recorder routinely. Since the interview serves medical rather than legal purposes, there has never been any real basis for objection on the part of either the D.A. or the defense counsel. The material, of course, like all data obtained from the patient while at is not admissible as evidence into the trial. Statements obtained from the patient during the amytal interview are also not made a part of the regular hospital chart as an additional precaution.

The procedure of "amytal interview" has long been accepted in the Court System although I can not tell you how long. at the prison service at Hospital which also serves the in a similar capacity as published an article on the results of its use in the early nineteen fifties. I might add that in my use of the technique over a period of several years there has not been any morbidity of even significant complications.

The only changes in the routine proposed in our project involve more careful documentation by the use of more adequate secretarial assistance and more careful calibration and monitoring of the administration of the drug. Such monitoring as with the use of eye movements is already in use either manually or in select cases with nystagmography or ENG. The lack of the proper apparatus on the ward prevented the more routine use of the latter, which we hope will be corrected by conditions of the proposed study.

If there are any other problems or questions don't hesitate to write or if urgent telephone. I am usually at home in the evening and telephone connections to the States have so far been excellent.

Sincerely,