

The Hidden Tragedy of the CIA's Experiments on Children

By [H. P. Albarelli Jr.](#) and [Jeffrey S. Kaye](#)

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Bobby is seven years old, but this is not the first time he has been subjected to electroshock. It's his third time. In all, over the next year, Bobby will experience eight electroshock sessions. Placed on the examining table, he is held down by two male attendants while the physician places a solution on his temples. Bobby struggles with the two men holding him down, but his efforts are useless. He cries out and tries to pull away. One of the attendants tries to force a thick wedge of rubber into his mouth. He turns his head sharply away and cries out, "Let me go, please. I don't want to be here. Please, let me go." Bobby's physician looks irritated and she tells him, "Come on now, Bobby, try to act like a big boy and be still and relax." Bobby turns his head away from the woman and opens his mouth for the wedge that will prevent him from biting through his tongue. He begins to cry silently, his small shoulders shaking and he stiffens his body against what he knows is coming.

Mary is only five years old. She sits on a small, straight-backed chair, moving her legs back and forth, humming the same four notes over and over and over. Her head, framed in a tangled mass of golden curls, moves up and down with each note. For the first three years of her life, Mary was thought to be a mostly normal child. Then, after she began behaving oddly, she had been handed off to a foster family. Her father and mother didn't want her any longer. She had become too strange for her father, whose alcoholism clouded any awareness of his young daughter. Mary's mother had never wanted her anyway and was happy to have her placed in another home. When the LSD Mary has been given begins to have its effects, she stops moving her head and legs and sits staring at the wall. She doesn't move at all. After about ten minutes, she looks at the nearby physician observing her, and says, "God isn't coming back today. He's too busy. He won't be back here for weeks."

From early 1940 to 1953, Dr. Lauretta Bender, a highly respected child neuropsychiatrist practicing at Bellevue Hospital in New York City, experimented extensively with electroshock therapy on children who had been diagnosed with "autistic schizophrenia." In all, it has been reported that Bender administered electroconvulsive therapy to at least 100 children ranging in age from three years old to 12 years, with some reports indicating the total may be twice that number. One source reports that, inclusive of Bender's work, electroconvulsive treatment was used on more than 500 children at Bellevue Hospital from 1942 to 1956, and then at Creedmoor State Hospital Children's Service from 1956 to 1969. Bender was a confident and dogmatic woman, who bristled at criticism, oftentimes refused to acknowledge reality even when it stood starkly before her.

Despite publicly claiming good results with electroshock treatment, privately Bender said she was seriously disappointed in the aftereffects and results shown by the subject children. Indeed, the condition of some of the children appeared to have only worsened. One six-year-old boy, after being shocked several times, went from being a shy, withdrawn child to acting increasingly aggressive and violent. Another child, a seven-year-old girl, following five electroshock sessions had become nearly catatonic.

Years later, another of Bender's young patients who became overly aggressive after about 20 treatments, now grown, was convicted in court as a "multiple murderer." Others, in adulthood, reportedly were in and of trouble and prison for a battery of petty and violent crimes. A 1954 scientific study of about 50 of Bender's young electroshock patients, conducted by two psychologists, found that nearly all were worse off after the "therapy" and that some had become suicidal after treatment. One of the children studied in 1954 was the son of well-known writer Jacqueline Susann, author of the bestselling novel "Valley of the Dolls." Susann's son, Guy, was diagnosed with autism shortly after birth and, when he was three years old, Dr. Bender convinced Susann and her husband that Guy could be successfully treated with electroshock therapy. Guy returned home from Bender's care a nearly lifeless child. Susann later told people that Bender had "destroyed" her son. Guy has been confined to institutions since his treatment.

To their credit, some of Dr. Bender's colleagues considered her use of electroshock on children "scandalous," but few colleagues spoke out against her, a situation still today common among those in the medical profession. Said Dr. Leon Eisenberg, a widely respected physician and true pioneer in the study of autistic children, "[Lauretta Bender] claimed that some of these children recovered [because of her use of shock treatment]. I once wrote a paper in which I referred to several studies by [Dr. E. R.] Clardy. He was at Rockwin State Hospital - the back up to Bellevue - and he described the arrival of these children. He considered them psychotic and perhaps worse off then before the treatment." (This writer could find no case where any of Bender's colleagues spoke out against her decidedly racist viewpoints. Bender made it quite clear that she felt that African-Americans were best characterized by their "capacity for laziness" and "ability to dance," both features, Bender claimed, of the "specific brain impulses" of African-Americans.)

About the same time Dr. Bender was conducting her electroshock experiments, she was also widely experimenting on autistic and schizophrenic children with what she termed other "treatment endeavors." These included use of a wide array of psycho-pharmaceutical agents, several provided to her by the Sandoz Chemical Co. in Basel, Switzerland, as well as Metrazol, sub-shock insulin therapy, amphetamines and anticonvulsants. Metrazol was a trade name for pentylenetetrazol, a drug used as a circulatory and respiratory stimulant. High doses cause convulsions, as discovered in 1934 by the Hungarian-American neurologist and psychiatrist Ladislav J. Meduna.

Metrazol had been used in convulsive therapy, but was never considered to be effective, and side effects such as seizures were difficult to avoid. The medical records of several patients who were confined at Vermont State Hospital, a public mental facility, reveal that Metrazol was administered to them by CIA contractor Dr. Robert Hyde on numerous occasions in order "to address overly aggressive behavior." One of these patients, Karen Wetmore, received the drug on a number of occasions for no discernible medical reason. During the same ten-year period in which Metrazol was used by the Vermont State Hospital, patient deaths skyrocketed. In 1982, the FDA revoked its approval of Metrazol.

Here it should be noted that, during the cold war years, CIA and Army Counter-Intelligence Corps (CIC) interrogators, working as part of projects Bluebird and Artichoke, sometimes injected large amounts of Metrazol into selected enemy or Communist agents for the purposes of severely frightening other suspected agents, by forcing them to observe the procedure. The almost immediate effects of Metrazol are shocking for many to witness: subjects will shake violently, twisting and turning. They typically arch, jerk and contort their bodies and grimace in pain. With Metrazol, as with electroshock, bone fractures – including broken necks and backs – and joint dislocations are not uncommon, unless strong sedatives are administered beforehand.

A November 1936 Time magazine article seriously questioned the benefits of Metrazol, citing “irreversible shock” as a “great danger.” The article described a typical Metrazol injection as such: “A patient receives no food for four or five hours. Then about five cubic centimeters of the drug [Metrazol] are injected into his veins. In about half-a-minute he coughs, casts terrified glances around the room, twitches violently, utters a horse wail, freezes into rigidity with his mouth wide open, arms and legs stiff as boards. Then he goes into convulsions. In one or two minutes the convulsions are over and he gradually passes into a coma, which lasts about an hour. After a series of shocks, his mind may be swept clean of delusions.... A patient is seldom given more than 20 injections and if no improvement is noted after ten treatments, he is usually given up as hopeless.”

The Army, the CIA and Metrazol

Army CIC interrogators working with the CIA at prisoner of war camps and safe house locations in post-war Germany on occasion used Metrazol, morphine, heroin and LSD on incarcerated subjects. According to former CIC officer Miles Hunt, several “safe houses and holding areas outside of Frankfurt near Oberursel” – a former Nazi interrogation center taken over by the US – were operated by a “special unit run by Capt. Malcolm S. Hilty, Maj. Mose Hart and Capt. Herbert Sensenig. The unit was especially notorious in its applications of interrogation methods [including the use of electroshock and Metrazol, mescaline, amphetamines and other drugs].” Said Hunt: “The unit took great pride in their nicknames, the ‘Rough Boys’ and the ‘Kraut Gauntlet,’ and didn’t hold back with any drug or technique ... you name it, they used it.” Added Hunt, “Sensenig was really disappointed when it was found that nothing had to be used on [former Reichsmarschall] Herman Goering, who was processed through the camp. Goering needed no inducement to talk.”

Eventually, CIC interrogators working in Germany would be assisted in their use of interrogation drugs by several “former” Nazi scientists recruited by the CIA and US State Department as part of Project Paperclip. By early 1952, the CIC’s Rough Boys would routinely use Metrazol during interrogations, as well as LSD, mescaline and conventional electroshock units.

Metrazol-like drugs are still used in interrogations today. According to reports from several former noncommissioned Army officers, who served on rendition-related security details in Turkey, Pakistan and Romania, drugs that produce effects quite similar to Metrazol are still used in 2010 by the Pentagon and CIA on enemy combatants and rendered subjects held at the many “black sites” maintained across the globe. Observed one former officer recently, “They would twist up like a pretzel, in unbelievable shapes and jerk and shake like crazy, their eyes nearly popping out of their heads.”

In 2008, at the behest of US Sens. Carl Levin, Joe Biden and Chuck Hagel and in reaction to a

March 2008 article in The Washington Post, the Pentagon initiated an Inspector General Report on the use of “mind-altering substances by DoD [Department of Defense] Personnel during Interrogations of Detainees and/or Prisoners Captured during the War on Terror.” It is not known if the investigation has been completed. Among the more famous recent cases of the use of drugs upon prisoners concerns one-time alleged “enemy combatant” Jose Padilla, who had originally been accused of wanting to set off a “dirty bomb.” The charge was later forced, but Padilla was held in solitary confinement for many months and forced to take LSD or other powerful drugs while held in the Navy brig in Charleston, South Carolina.

The government has gone to great efforts to keep the public uninformed as regards use of drugs on prisoners. In an article by Carol Rosenberg for McClatchy News in July 2010, Rosenberg reported that, when covering the Guantanamo military commissions trials, when the question of “what psychotropic drugs were given another accused 9/11 conspirator, Ramzi bin al Shibh, the courtroom censor hits a white noise button so reporters viewing from a glass booth can’t hear the names of the drugs. Under current Navy instructions for the use of human subjects in research, the undersecretary of the Navy is described as the authority in charge of research concerning “consciousness-altering drugs or mind-control techniques,” while at the same time is also responsible for “inherently controversial topics” that might attract media interest or “challenge by interest groups.”

Dr. Bender Discovers LSD

In 1955 and 1956, Dr. Bender began hearing glowing accounts about the potential of LSD for producing remarkable results in children suffering mental disorders, including autism and schizophrenia. Bender’s earlier work with electroshock therapy had brought her into contact with several other prominent physicians who, at the time, were covert contractors with the CIA’s MK/ULTRA and Artichoke projects. Primary among these physicians were Drs. Harold A. Abramson, Paul Hoch, James B. Cattell, Joel Elkes, Max Fink, Harris Isbell and Alfred Hubbard. Some of these names may be familiar to readers. Dr. Abramson, a noted allergist who surreptitiously worked for both the US Army and CIA since the late 1940s, was the physician Frank Olson was taken to see, shortly before his murder in New York City in November 1953. About a year earlier, Drs. Hoch and Cattell were responsible for injecting unwitting New York State Psychiatric Institute patient Harold Blauer with a massive dose of mescaline that killed him. Dr. Elkes was one of the earliest physicians in Europe to experiment with LSD, having requested samples of the drug from Sandoz Chemical Co. in 1949. Elkes was a close associate of Dr. Abraham Wikler, who worked closely with Dr. Harris Isbell at the now-closed Lexington, Kentucky, prison farm, where hundreds of already drug-addicted inmates were given heroin in exchange for their participation in LSD and mescaline experiments underwritten by the CIA and Pentagon. Elkes worked closely with the CIA, Pentagon and Britain’s MI6 on drug experiments in England and the United States.

Dr. Fink, who was greatly admired by Bender, is considered the godfather of electroshock therapy in the United States. In the early 1950s and beyond, Fink was a fully cleared CIA Project Artichoke consultant. In 1951, CIA officials under the direction of Paul Gaynor and Morse Allen of the agency’s Security Research Service (SRS) that oversaw Artichoke, worked closely with Fink in New York City in efforts to thoroughly explore the merits of electroshock techniques for interrogations. The CIA was especially interested in the use of standard electroshock machines in producing amnesia, inducing subjects to talk and making subjects more prone to hypnotic control. According to one CIA document, Fink told officials “an individual could gradually be reduced through the use to electroshock treatment to the

vegetable level.”

In addition to Fink, Bender also greatly admired the work of Dr. Lothar B. Kalinowsky, a psychiatrist who also consulted closely with the CIA on electroshock matters. Kalinowsky, who was part Jewish and had fled Germany in 1933, was Fink’s close friend and, like Fink, was widely recognized as an expert on electroconvulsive therapy. Kalinowsky met with the CIA’s Allen and Gaynor frequently and sometimes was accompanied by Dr. Fink at the New York State Psychiatric Institute, where he worked closely with Dr. Hoch.

While it is clear from Dr. Bender’s papers that she also considered the early LSD work of “Dr.” Alfred M. Hubbard in Vancouver, Canada, to be “very substantial and beneficial,” it is important to state here that Hubbard was not a physician nor did he have any formal medical training. Hubbard, a jovial character who sometimes worked with the FBI and CIA, was a strong proponent of the use of LSD. Despite the fact that he had no medical credentials and once served time in prison for smuggling, he hoodwinked the Sandoz Chemical Co. into supplying him such ample amounts of LSD that he dispersed so widely and abundantly that he earned the title “The Johnny Appleseed of LSD.” Hubbard’s use of LSD in allegedly curing alcoholism is still cited today. How Hubbard so easily passed as a physician is unknown. Even a 1961 paper published by New York Medical College, Department of Psychiatry, and authored by Dr. A.M. Freedman, cited Hubbard’s LSD work with “children, primarily delinquents” to have been 85% successful.”

Other physicians whom Dr. Bender consulted about the effects of LSD on children were Drs. Ronald A. Sandison, Thomas M. Ling and John Buckman. These three worked in England at both the Chelsea Clinic in London and Potwick Hospital in Worcestershire, outside of London. Sandison is credited with having been the first person to bring LSD into England, this in 1952 after he met Albert Hofmann in Basle, Switzerland, at the Sandoz Chemical laboratories. Hofmann handed Sandison a box of around 600 ampules, each containing 100 micrograms of LSD. Back in England, Sandison shared his psychedelic bounty with associates Drs. Ling and Buckman. Before the year was out, Sandison also turned Hubbard on to LSD, guiding Hubbard through his first trip. Sandison also began a new treatment program at the Gothic-looking Potwick facility that he dubbed Psycholytic Therapy. His program’s patients were mostly schizophrenics. In 1958, an LSD treatment unit was established at Potwick. Over the years, it has been reported that the CIA, MI6 and the Macy Foundation secretly helped finance the unit. Dr. Elkes helped by raising about \$75,000 for the unit’s operation. For the next ten years the unit administered over 15,000 doses of LSD to about 900 patients.

Drs. Buckman and Ling worked closely with Sandison in the Potwick unit. In 1963, Buckman and Ling wrote in a publication, describing “good examples” of the use of LSD in psycholytic psychotherapy: “The patients’ experiences under LSD have not supported Marx’s dictum that Religion is the opium of the people but rather that there is a deep basic belief in a Supreme Being, whether the religion background be Christian, Jewish or Hindu.”

Dr. Buckman also worked at London’s Chelsea Clinic, often times treating adults and sometimes children. Buckman believed strongly that “frigidity” in women could be treated successfully with LSD. In 1967, he said of LSD: “Many therapists believe that a transcendental experience – a feeling that it is a good world and one is a part of it – is a curative experience in itself.” According to several informed sources in the London, for years MI6, the British intelligence service and the CIA closely monitored the LSD work conducted by Sandison, Ling and Buckman.

Two Sisters, LSD and Dr. Buckman

Marion McGill, today an attorney and college professor in the western United States and her sister, Trudy, were sent in 1960 by their parents to be interviewed by Drs. Ling and Buckman at the Chelsea Clinic in London. At the time, Marion was 13 years old and her sister was 15. Marion says that both her mother and father were “quite taken with the benefits of LSD and thought that we would also benefit from the drug.” Both parents had undergone a series of ten LSD “treatments” at the Chelsea clinic. Marion goes on:

“As a 13-year old at the time, my decision-making capacity was very limited. I was, by nature, fairly compliant and docile, rather eager to please my parents. I understood nothing of what was being suggested for me and my 15 year-old sister - namely that we participate in some sort of ‘research’ that both our parents had also participated in. Whether the word ‘experiment’ was used, I don’t recall. The term ‘LSD’ was vaguely familiar, however, because my parents were ‘taking’ this drug as a form of ‘quick therapy’ - their term for it - that had been recommended by my uncle, a psychiatrist at a well known east coast medical school. Both parents needed therapy, in my view. While highly successful professionally, my father was a tightly wound, rather angry and insecure man, an accomplished academic, but an ‘industrial strength narcissist,’ as I later called him. My mother was a submissive, obedient, Catholic woman without much identity of her own, other than being a doctor’s wife.

“My sister and I, however, were about as ‘normal’ as any two teenagers could be. We were at the top of our classes in school; both of us had lots of friends, participated in extra curricular activities. We didn’t need ‘therapy.’ We were told we would get a day off from school after each overnight stay at the clinic for this LSD. It was perhaps the prospect of a day off from Catholic girls’ school that persuaded us to do it. I wasn’t aware of making a ‘decision.’ The purpose of this program was never explained. There were to be 10 sessions - once a week for 10 weeks. I believe they started in January 1960.

“The experiences at the clinic where the LSD was administered were quite strange. There was a brief ‘interview’ by Dr. John Buckman, asking banal questions about health issues (none), but providing no information about what to expect from the LSD. There was no mention, for example, of hallucinations or perceptual distortions or anything frightening. I was not informed of any persistent effects, such as nightmares. Certainly the possibility of lasting damage was not mentioned. The word ‘experiment’ was not used. There was, in other words, no informed consent whatsoever. I was not told that I could refuse to participate, that I could quit at any time (as provided in the Nuremberg Code). Since I was below the age of consent, my parents would have been the ones to agree to this. Indeed, they were the ones to suggest that we be used in these experiments. It would not otherwise have happened. But my parents would never discuss this in later years and never explained why they did it.

“During the 10 sessions, each of which involved an injection, my sister and I were kept in separate bedrooms, darkened rooms, usually with someone present in the room, but I don’t know who the person was. Occasionally, my mother was also present. At times, I was so frightened by the hallucinations that I screamed and tried to escape from the room. I remember once actually reaching the hallway and being forcibly put back into the bedroom by my mother. I saw a wild array of images - nightmarish visions, occasionally provoking hysterical laughter, followed immediately by wracking sobs. I had no idea what was happening to me. It was terrifying.

“There was no effort to counsel us during or after each of these sessions. There was no ‘debriefing,’ no explanation of what was happening or why this was being done to us. Why I did not refuse to participate after I first experienced it, I don’t know. But as an adult and later as a professional medical ethicist, I recognized this lack of resistance as a function of childhood itself. Most children who are victims of parental abuse do not know how to resist. They fear rejection by parents more than they fear the abuse, it seems. The ‘power differential’ is huge between parents and children and the dependence on parents is virtually absolute. We were also, living in London at the time, away from our friends. My sister and I had been told not to talk about what we were doing. We were Catholics, obedient to parents, etc. Our father was a doctor, after all – it was hard to grasp that he would do harm to us or that our mother would. Children just don’t think this way initially. A child’s dependency usually means trusting one’s parents or caregivers.

“Although each individual session was often terrifying, any lasting effects of the LSD unfolded gradually. In the weeks immediately following the final session, I experienced frequent nightmares – visions of crawling insects, horrible masks, etc. I couldn’t sleep. I was afraid to shut my eyes. I became afraid of the dark. My parents were dismissive and unsympathetic. Their attitude was, in some ways, more disturbing to me than the experiments themselves because it meant that my parents had known full well that the experience would very likely be frightening – and hadn’t cared.

“I discovered that my parents were dishonest and unfeeling in ways that I could not comprehend. They told my sister and me never to talk about the LSD experiences, never to disclose what had happened in London. This further ruptured our relationship with them, a relationship that was, by then, permanently damaged. I was still dependent on them, however and so was my sister.

“Two years after these experiments, during her freshman year in college, my sister suffered a nervous breakdown. I don’t know the extent to which the LSD may have precipitated this. But my parents’ response to what was probably a mild breakdown from which my sister could have recovered, was coercive and drastic. She had been asking questions about the LSD at this time. She was angry about it. We both were. We talked about it together, but I was afraid to confront our parents. My sister was not. The angrier she became, the more she was ‘diagnosed’ as a ‘psychiatric’ case and the more medication she was given. To this day, my sister is heavily medicated. She never fully recovered from that first episode.

“Our parents responded to my sister’s anger in a way that frightened me further. I also felt tremendous guilt for not being able to prevent the horrors that my sister endured. Once she was ‘classified’ as a psychiatric patient, she was lost. Everything that was done to her in the name of ‘treatment’ seemed to me to be a form of ongoing abuse and torture.

“The fact that our father was a prominent, internationally known and widely respected physician – and his brother, who had introduced us to this LSD horror, was a prominent, internationally known and widely respected psychiatrist – made it impossible to expose them or go against them. Their reputations were more important to them than the health and well being of my sister.

“My own response was simply to leave home. I never trusted my parents again after the London LSD experience. I discovered many other ways in which my father and my uncle lied, covered up, dissembled and eventually threatened me, in order to keep this story from being told.

“On a positive note, the experience informed my career choices in both human

rights and medical ethics, but it also made me alert to the ways in which academic medicine was - and is - corrupted by the drug industry itself and by the continuing abuse of human subjects to further the development of drugs as weapons - both for interrogation potential and also, more subtle behavior control on a massive scale. My own experience also sensitized me to the special vulnerability of children and teenagers in the medical environment.

“Even when I subsequently confronted my father with the evidence that LSD had been tested by the CIA for use as a military weapon in the 1950s and 1960s, he dismissed his participation by saying that it was an ‘enlightening experience, like visiting an art gallery.’ When I pointed out that this was not my experience as a child, he dismissed it, including the presumption that I must be a ‘conspiracy theorist’ to propose such a thing. At the age of 91, he finally admitted that it had perhaps not been a very good idea to subject my sister and me to LSD.

“Dr. Buckman and Ling were knowing participants in ongoing intelligence-based work with mind altering drugs. I ‘met’ Buckman in London when I was 13, but encountered him again years later at the university medical school in the United States where he was on the faculty.

“I went to see Dr. Buckman in his office. I asked him what he thought about the ethics of using children in an LSD experiment. At first, he didn’t seem to realize who I was. I identified myself as one of his ‘subjects’ and gave him my business card as a Medical Ethicist and lawyer. He was clearly shocked, stood up, refused to talk to me and told me to leave his office. Shortly thereafter, I received a phone call from my father. His brother, the psychiatrist and colleague of Dr. Buckman, had been alerted to my impromptu visit. Subsequently, both my uncle and my father threatened me, saying they would make sure I lost my university faculty position if I disclosed anything publicly about the LSD experiments in London.

“‘You will never work in bioethics again,’ they said.

“The response of all these men to the threat of disclosure indicates their lack of ethical scruples, their lack of empathy, their own pathology. I don’t know what the exact term would be, but I suspect there is a form of psychological ‘doubling’ at work - the sort of thing that was described in [Robert Jay] Lifton’s book, *The Nazi Doctors* who were able to ignore their Hippocratic oath to ‘first, do no harm,’ and to inflict unimaginable horrors on their fellow human beings.

“The loss of my sister has been a life long source of sorrow for me. I attribute it to the LSD and its cover up, whether the chemicals themselves ‘caused’ her disintegration or not. In law this is called a ‘contributing cause.’ I learned that people cover up the most awful things, not just within a family but within communities, within universities, within ‘polite society.’ There is probably no absolute barrier that will prevent these things from being done, but they have to be exposed and called out for what they are, whenever they occur.”

Dr. Bender’s LSD Experiments on Children

Shortly after deciding to initiate her own LSD experiments on children, Bender attended a conference sponsored by a CIA front group, the Josiah Macy Foundation. The conference focused on LSD research and featured Dr. Harold A. Abramson as a presenter. In 1960, Abramson conducted his own LSD experiments on a group of six children ranging in age from five to 14 years of age. A few short months after the Macy Foundation conference, Dr. Bender was notified that her planned LSD experiments would be partially and surreptitiously funded by the Society for the Investigation of Human Ecology (SIHE), another CIA front

group then located in Forest Hills, New York. The Society, headed by James L. Monroe, a former US Air Force officer who had worked on top-secret psychological warfare and propaganda projects, oversaw about 55 top-secret experiments underwritten by the CIA. These projects involved LSD, ESP, black magic, astrology, psychological warfare, media manipulation, and other CIA subjects. Apparently, Bender's work with children and LSD raised some concerns at the CIA's Technical Services Division (TSD). A 1961 TSD memo written to Monroe questioned the "operational benefits of Dr. Bender's work as related to children and LSD," and requested to be kept "closely appraised of the possible links between Dr. Bender's project and those being conducted under separate MK/ULTRA funding at designated prisons in New York and elsewhere."

In 1960, Dr. Bender launched her first experiments with LSD and children. They were conducted within the Children's Unit, Creedmoor State Hospital in Queens, New York. The LSD she used was supplied by Dr. Rudolph P. Bircher of the Sandoz Pharmaceutical Company. (Dr. Bircher also provided Bender with UML-491, also a Sandoz-produced product, very much like LSD but sometimes "dreamier" in effect and longer lasting.) Her initial group of young subjects consisted of 14 children diagnosed schizophrenic, all under the age of 11. (Because diagnostic criteria for schizophrenia, autism, and other disorders have changed over the decades, one cannot assess what actual conditions these children really had.) There were 11 boys and three girls, ranging in age from six to ten years old.

Jean Marie is almost seven years old. She came here nearly a year ago after her parents abandoned her to the care of an aunt who had no interest in raising her. Marie, who prefers to be called Jean, is shy, withdrawn, and distrustful of most adults she encounters. There are reports she may have been sexually molested by her uncle ... Despite her withdrawn nature she smiles easily, and enjoys the company of other children. After receiving LSD on three occasions earlier this month, Marie ceased smiling at all and lost any interest in others her age ... In the past week, she seems to have become easily agitated and has lost any interest in reading, something she seemed to very much enjoy before treatment.

In a published report on her 196 LSD experiments with 14 "autistic schizophrenic" children, Bender states she initially gave each of the children 25 mcg. of LSD "intramuscularly while under continuous observation." She writes: "The two oldest boys, over ten years, near or in early puberty, reacted with disturbed anxious behavior. The oldest and most disturbed received Amytal sodium 150 mg. intramuscularly and returned to his usual behavior." Both boys were then excluded from the experiment.

The 12 remaining children were then given injections of 25 mcg. of LSD and then days later were each given 100 mcg. of LSD once a week. Bender's report states: "Then it was increased gradually to twice and three times a week as no untoward side-effects were noticed.... Finally, it was given daily and this continued for six weeks until the time of this report."

Bender's findings and conclusions concerning her LSD experiments indicated she found the use of the drug promising. Bender reported: "In general, they [the children] were happier; their mood was 'high' in the hours following the ingestion of the drug ... they have become more spontaneously playful with balls and balloons ... their color is rosy rather than blue or pale and they have gained weight." Bender concluded: "The use of these drugs [LSD, UML-401, UML-491] ... will give us more knowledge about both the basic schizophrenic process and the defensive autism in children and also about the reaction of these dilysergic acid derivatives as central and autonomic nervous system stimulants and serotonin

antagonists. Hopefully these drugs will also contribute to our efforts to find better therapeutic agents for early childhood schizophrenia.”

In an [article](#) published in 1970, Dr. Bender reported on the results of LSD dosing upon “two adolescent boys who were mildly schizophrenic.” She reported that the boys experienced perceptual distortions. They thought the researchers were making faces at them, that their pencils were becoming “rubbery,” and one boy reported the other boy’s face had turned green. The boys began to complain that they were being experimented upon. Even so, Bender and her associate continued the two male adolescents on a regimen of 150 mcg. per day, in divided doses, of LSD. While one of the boys supposedly “benefited very much,” Bender reported that he later returned to the hospital as “a disturbed adult schizophrenic.” The other boy kept complaining that he was being experimented upon and they stopped giving him LSD, not because of the drug’s effects itself, Bender explained, but “because of the boy’s attitude towards it,” which she attributed to “his own psychopathology.”

Dr. Bender’s LSD experiments continued into the late 1960s and, during that time, continued to include multiple experiments on children with UML-401, a little known LSD-type drug provided to her by the Sandoz Company, as well as UML-491, also a Sandoz product. Bender’s reports on her LSD experiments give no indication of whether the parents or legal guardians of the subject children were aware of, or consented to, the experiments. Without doubt, parents or guardians were never informed that the CIA underwrote Bender’s work. Over the years, there have been multiple reports that many of Bender’s subject children were either “wards of the State” or orphans, but the available literature on the experiments reveals nothing on this. The same literature makes it obvious that the children had been confined to the Creedmoor State Hospital for long periods of time and that many, if discharged, needed “suitable homes or placements in the community.” There is also no evidence that any follow-up studies were conducted on any of the children experimented upon by Dr. Bender. Today, Dr. Bender is best known and highly regarded in some circles as the creator of the Bender-Gestalt Test, which measures motor skills in children.

On Bender’s use of LSD on children, Dr. Leon Eisenberg said years later: “She did all sorts of things. Lauretta Bender reached success in her career long before randomized controlled trials had even been heard of. She didn’t see the need for trials of drugs because she was convinced she knew what worked.” (See: “A History of Autism: Conversations with the Pioneers” by Adam Feinstein, Wiley-Blanchard, 2010.) Many other physicians speaking privately were far less diplomatic in condemning Bender’s LSD work, but, still today, many are reluctant to criticize her, and, remarkably, many of the aging stalwarts of the arguable “virtues” and “potential” of LSD continue to cite her work with children as groundbreaking science.

Today, nearly 60 years beyond the horrors of Dr. Bender’s CIA-sponsored experiments on children, few people are aware that they were conducted. For most people, regardless of their awareness of the experiments, it is difficult to fathom how intelligent, highly educated physicians and scientists could partake in such brutal, uncaring, unethical and illegal experiments on children. What was the basis of their motivation? Was it the quest for some sort of elusive medical grail? Was it for economic gain? Or was it simply the result of a misguided search for knowledge that appeared so infinitely important that any sense of compassion and respect for human rights and dignity was cast aside in the name of a higher goal or good – a search at times so exhilarating with the sense that one is at the precipice of a momentous discovery that any semblance of respect for humankind was thrown aside?

One can easily come to any and all these conclusions simply by reading the professional papers of such scientists and researchers. Not once do any of these papers express concern for the subjects at hand or denote any pangs of conscience at violating any oaths, codes and statutes regarding patient rights, human rights or human dignity. That America's most shameful period of human experimentation, the years 1950 through to about 1979, came on the heels of the making and adoption of the Nuremberg Codes only adds to the shame and hypocrisy. Today, human experimentation is still aggressively conducted by US government-sponsored and employed physicians and scientists regardless of those codes, which came directly out of the shocking madness of the Nazi era. That government-sponsored experimentation still occurs makes a mockery of any governmental efforts, however valid, to protect people from science run amok - and a nation that uses its young, its children, for such pursuits is a nation whose commitment to human rights and democratic principles should be seriously questioned and challenged.

(The names Marion McGill and that of her sister Trudy, are pseudonyms. Marion is a highly respected attorney and college professor, who asked that her real name not be used in this article. All other names in this article are real.)

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