

PART 1

TWO DOCTOR SHOCKS

RESEARCH AND DEVELOPMENT

We shall squeeze you empty, and then we shall fill you with ourselves.

—George Orwell, *Nineteen Eighty-Four*

The Industrial Revolution was merely the beginning of a revolution as extreme and radical as ever inflamed the minds of sectarians, but the problems could be resolved given an unlimited amount of material commodities.

—Karl Polanyi, *The Great Transformation*

THE TORTURE LAB

EWEN CAMERON, THE CIA AND THE MANIACAL QUEST TO ERASE AND REMAKE THE HUMAN MIND

Their minds seem like clean slates upon which we can write.

—Dr. Cyril J. C. Kennedy and Dr. David Anchel on the benefits of electroshock therapy, 1948¹

I went to the slaughterhouse to observe this so-called “electric slaughtering,” and I saw that the hogs were clamped at the temples with big metallic tongs which were hooked up to an electric current (125 volts). As soon as the hogs were clamped by the tongs, they fell unconscious, stiffened, then after a few seconds they were shaken by convulsions in the same way as our experimental dogs. During this period of unconsciousness (epileptic coma), the butcher stabbed and bled the animals without difficulty.

—Ugo Cerletti, a psychiatrist, describing how he “invented” electroshock therapy, 1954²

“I don’t talk to journalists anymore,” says the strained voice at the other end of the phone. And then a tiny window: “What do you want?”

I figure I have about twenty seconds to make my case, and it won’t be easy. How do I explain what I want from Gail Kastner, the journey that brought me to her?

The truth seems so bizarre: “I am writing a book about shock. About how countries are shocked—by wars, terror attacks, coups d’état and natural disasters. And then how they are shocked again—by corporations and politicians who exploit the fear and disorientation of this first shock to push

through economic shock therapy. And then how people who dare to resist this shock politics are, if necessary, shocked for a third time—by police, soldiers and prison interrogators. I want to talk to you because you are by my estimation among the most shocked people alive, being one of the few living survivors of the CIA's covert experiments in electroshock and other 'special interrogation techniques.' And by the way, I have reason to believe that the research that was done on you in the 1950s at McGill University is now being applied to prisoners in Guantánamo Bay and Abu Ghraib."

No, I definitely can't say that. So I say this instead: "I recently traveled to Iraq, and I am trying to understand the role torture is playing there. We are told it's about getting information, but I think it's more than that—I think it may also have had to do with trying to build a model country, about erasing people and then trying to remake them from scratch."

There is a long pause, and then a different tone of voice to the reply, still strained but . . . is it relief? "You have just spelled out exactly what the CIA and Ewen Cameron did to me. They tried to erase and remake me. But it didn't work."

In less than twenty-four hours, I am knocking on the door of Gail Kastner's apartment in a grim Montreal old-age home. "It's open," comes a barely audible voice. Gail had told me she would leave the door unlocked because standing up is difficult for her. It's the tiny fractures down her spine that grow more painful as arthritis sets in. Her back pain is just one reminder of the sixty-three times that 150 to 200 volts of electricity penetrated the frontal lobes of her brain, while her body convulsed violently on the table, causing fractures, sprains, bloody lips, broken teeth.

Gail greets me from a plush blue recliner. It has twenty positions, I later learn, and she adjusts them continuously, like a photographer trying to find focus. It is in this chair that she spends her days and nights, searching for comfort, trying to avoid sleep and what she calls "my electric dreams." That's when she sees "him": Dr. Ewen Cameron, the long-dead psychiatrist who administered those shocks, as well as other torments, so many years ago. "I had two visits from the Eminent Monster last night," she announces as soon as I walk in. "I don't want to make you feel bad, but it's because of your call coming out of the blue like that, asking all those questions."

I become aware that my presence here is very possibly unfair. This feeling deepens when I scan the apartment and realize that there is no place for me. Every single surface is crowded with towers of papers and books, precariously stacked but clearly in some kind of order, the books all marked with yellowing

flags. Gail motions me to the one clear surface in the room, a wooden chair that I had overlooked, but she goes into minor panic when I ask for a four-inch space for the recorder. The end table beside her chair is out of the question: it is home to about twenty empty boxes of cigarettes, Matinee Regular, stacked in a perfect pyramid. (Gail had warned me on the phone about the chain-smoking: "Sorry, but I smoke. And I'm a poor eater. I'm fat and I smoke. I hope that's okay.") It looks as if Gail has colored the insides of the boxes black, but looking closer, I realize it is actually extremely dense, minuscule handwriting: names, numbers, thousands of words.

Over the course of the day we spend talking, Gail often leans over to write something on a scrap of paper or a cigarette box—"a note to myself," she explains, "or I will never remember." The thickets of paper and cigarette boxes are, for Gail, something more than an unconventional filing system. They are her memory.

For her entire adult life, Gail's mind has failed her; facts evaporate instantly, memories, if they are there (and many aren't), are like snapshots scattered on the ground. Sometimes she will remember an incident perfectly—what she calls "a memory shard"—but when asked for a date, she will be as much as two decades off. "In 1968," she will say. "No, 1983." And so she makes lists and keeps everything, proof that her life actually happened. At first she apologizes for the clutter. But later she says, "He did this to me! This apartment is part of the torture!"

For many years, Gail was quite mystified by her lack of memory, as well as other idiosyncrasies. She did not know, for instance, why a small electrical shock from a garage door opener set off an uncontrollable panic attack. Or why her hands shook when she plugged in her hair dryer. Most of all, she could not understand why she could remember most events from her adult life but almost nothing from before she turned twenty. When she ran into someone who claimed to know her from childhood, she'd say, "'I know who you are but I can't quite place you.' I faked it."

Gail figured it was all part of her shaky mental health. In her twenties and thirties, she had struggled with depression and addiction to pills and would sometimes have such severe breakdowns that she would end up hospitalized and comatose. These episodes provoked her family to disown her, leaving her so alone and desperate that she survived by scavenging from the bins outside grocery stores.

There had also been hints that something even more traumatic had happened early on. Before her family cut ties, Gail and her identical twin sister

used to have arguments about a time when Gail had been much sicker and Zella had had to take care of her. “You have no idea what I went through,” Zella would say. “You would urinate on the living-room floor and suck your thumb and talk baby talk and you would demand the bottle of my baby. That’s what I had to put up with!” Gail had no idea what to make of her twin’s recriminations. Urinating on the floor? Demanding her nephew’s bottle? She had no memory of ever doing such strange things.

In her late forties, Gail began a relationship with a man named Jacob, whom she describes as her soul mate. Jacob was a Holocaust survivor, and he was also preoccupied with questions of memory and loss. For Jacob, who died more than a decade ago, Gail’s unaccountably missing years were intensely troubling. “There has to be a reason,” he would say about the gaps in her life. “There has to be a reason.”

In 1992, Gail and Jacob happened to pass by a newsstand with a large, sensational headline: “Brainwashing Experiments: Victims to Be Compensated.” Kastner started skimming the article, and several phrases immediately leaped out: “baby talk,” “memory loss,” “incontinence.” “I said, ‘Jacob, buy this paper.’” Sitting in a nearby coffee shop, the couple read an incredible story about how, in the 1950s, the United States Central Intelligence Agency had funded a Montreal doctor to perform bizarre experiments on his psychiatric patients, keeping them asleep and in isolation for weeks, then administering huge doses of electroshock as well as experimental drug cocktails including the psychedelic LSD and the hallucinogen PCP, commonly known as angel dust. The experiments—which reduced patients to preverbal, infantile states—had been performed at McGill University’s Allan Memorial Institute under the supervision of its director, Dr. Ewen Cameron. The CIA’s funding of Cameron had been revealed in the late seventies through a Freedom of Information Act request, sparking hearings in the U.S. Senate. Nine of Cameron’s former patients got together and sued the CIA as well as the Canadian government, which had also funded Cameron’s research. Over protracted trials, the patients’ lawyers argued that the experiments had violated all standards of medical ethics. They had gone to Cameron seeking relief from minor psychiatric ailments—postpartum depression, anxiety, even for help to deal with marital difficulties—and had been used, without their knowledge or permission, as human guinea pigs to satisfy the CIA’s thirst for information about how to control the human mind. In 1988, the CIA settled, awarding a total of \$750,000 in damages to the nine plaintiffs—at the time the largest settlement ever against the agency. Four years later, the Canadian

government would agree to pay \$100,000 in compensation to each patient who was part of the experiments.³

Not only did Cameron play a central role in developing contemporary U.S. torture techniques, but his experiments also offer a unique insight into the underlying logic of disaster capitalism. Like the free-market economists who are convinced that only a large-scale disaster—a great unmaking—can prepare the ground for their “reforms,” Cameron believed that by inflicting an array of shocks to the human brain, he could unmake and erase faulty minds, then rebuild new personalities on that ever-elusive clean slate.

Gail had been dimly aware of a story involving the CIA and McGill over the years, but she hadn’t paid attention—she had never had anything to do with the Allan Memorial Institute. But now, sitting with Jacob, she focused on what the ex-patients were saying about their lives—the memory loss, the regression. “I realized then that these people must have gone through the same thing I went through. I said, ‘Jacob, this has got to be the reason.’”

In the Shock Shop

Kastner wrote to the Allan and requested her medical file. After first being told that they had no record of her, she finally got it, all 138 pages. The doctor who had admitted her was Ewen Cameron.

The letters, notes and charts in Gail’s medical file tell a heartbreaking story, one as much about the limited choices available to an eighteen-year-old girl in the fifties as about governments and doctors abusing their power. The file begins with Dr. Cameron’s assessment of Gail on her admittance: she is a McGill nursing student, excelling in her studies, whom Cameron describes as “a hitherto reasonably well balanced individual.” She is, however, suffering from anxiety, caused, Cameron plainly notes, by her abusive father, an “intensely disturbing” man who made “repeated psychological assaults” on his daughter.

In their early notes, the nurses seem to like Gail; she bonds with them about nursing, and they describe her as “cheerful,” “sociable” and “neat.” But over the months she spent in and out of their care, Gail underwent a radical personality transformation, one that is meticulously documented in the file: after a few weeks, she “showed childish behaviour, expressed bizarre ideas, and apparently was hallucinated [*sic*] and destructive.” The notes report that this intelligent young woman could now manage to count only to six; next she is “manipulative, hostile and very aggressive”; then, passive and

listless, unable to recognize her family members. Her final diagnosis is “schizophrenic . . . with marked hysterical features”—far more serious than the “anxiety” she displayed when she arrived.

The metamorphosis no doubt had something to do with the treatments that are also all listed in Kastner’s chart: huge doses of insulin, inducing multiple comas; strange combinations of uppers and downers; long periods when she was kept in a drug-induced sleep; and eight times as many electroshocks as was standard at the time.

Often the nurses remark on Kastner’s attempts to escape from her doctors: “Trying to find way out . . . claims she is being ill treated . . . refused to have her ECT after having her injection.” These complaints were invariably treated as cause for another trip to what Cameron’s junior colleagues called “the shock shop.”⁴

The Quest for Blankness

After reading over her medical file several times, Gail Kastner turned herself into a kind of archaeologist of her own life, collecting and studying everything that could potentially explain what happened to her at the hospital. She learned that Ewen Cameron, a Scottish-born American citizen, had reached the very pinnacle of his profession: he had been president of the American Psychiatric Association, president of the Canadian Psychiatric Association and president of the World Psychiatric Association. In 1945, he was one of only three American psychiatrists asked to testify to the sanity of Rudolf Hess at the war crimes trials in Nuremberg.⁵

By the time Gail began her investigation, Cameron was long dead, but he had left dozens of academic papers and published lectures behind. Several books had also been published about the CIA’s funding of mind-control experiments, works that included plenty of detail about Cameron’s relationship to the agency.* Gail read them all, marking relevant passages, making timelines and cross-referencing the dates with her own medical file. What she came to understand was that, by the early 1950s, Cameron had rejected the standard Freudian approach of using “talk therapy” to try to uncover the

*These include Anne Collins’s Governor General’s Award-winning *In the Sleep Room*, John Marks’s *The Search for the Manchurian Candidate*, Alan Schefflin and Edward Option Jr.’s *The Mind Manipulators*, Walter Bowart’s *Operation Mind Control*, Gordon Thomas’s *Journey into Madness* and Harvey Weinstein’s *A Father, a Son and the CIA*, written by the psychiatrist son of one of Cameron’s patients.

“root causes” of his patients’ mental illnesses. His ambition was not to mend or repair his patients but to re-create them using a method he invented called “psychic driving.”⁶

According to his published papers from the time, he believed that the only way to teach his patients healthy new behaviors was to get inside their minds and “break up old pathological patterns.”⁷ The first step was “depatterning,” which had a stunning goal: to return the mind to a state when it was, as Aristotle claimed, “a writing tablet on which as yet nothing actually stands written,” a tabula rasa.⁸ Cameron believed he could reach that state by attacking the brain with everything known to interfere with its normal functioning—all at once. It was “shock and awe” warfare on the mind.

By the late 1940s, electroshock was becoming increasingly popular among psychiatrists in Europe and North America. It caused less permanent damage than surgical lobotomy, and it seemed to help: hysterical patients frequently calmed down, and in some cases, the jolt of electricity appeared to make the person more lucid. But these were only observations, and even the doctors who developed the technique could not provide a scientific explanation for how it worked.

They were aware of its side effects, though. There was no question that ECT could result in amnesia; it was by far the most common complaint associated with the treatment. Closely related to memory loss, the other side effect widely reported was regression. In dozens of clinical studies, doctors noted that in the immediate aftermath of treatment, patients sucked their thumbs, curled up in the fetal position, needed to be spoon-fed, and cried for their mothers (often mistaking doctors and nurses for parents). These behaviors usually passed quickly, but in some cases, when large doses of shock were used, doctors reported that their patients had regressed completely, forgetting how to walk and talk. Marilyn Rice, an economist who, in the mid-seventies, spearheaded a patients’ rights movement against ECT, vividly described what it was like to have her memories and much of her education erased by shock treatments. “Now I know how Eve must have felt, having been created full grown out of somebody’s rib without any past history. I feel as empty as Eve.”⁹

For Rice and others, that emptiness represented an irreplaceable loss.

* Even today, when ECT, much refined and including procedures to ensure the safety and comfort of patients, has become a respectable and often effective treatment of psychosis, temporary short-term memory loss remains a side effect. Some patients still report that their long-term memories have also been impacted.

Cameron, on the other hand, looked into that same void and saw something else: the blank slate, cleared of bad habits, on which new patterns could be written. For him, “massive loss of all recollections” brought on by intensive ECT wasn’t an unfortunate side effect; it was the essential point of the treatment, the key to bringing the patient back to an earlier stage of development “long before schizophrenic thinking and behavior made their appearance.”¹⁰ Like pro-war hawks who call for the bombing of countries “back to the stone age,” Cameron saw shock therapy as a means to blast his patients back into their infancy, to regress them completely. In a 1962 paper, he described the state to which he wanted to reduce patients like Gail Kastner: “There is not only a loss of the space-time image but loss of all feeling that it should be present. During this stage the patient may show a variety of other phenomena, such as loss of a second language or all knowledge of his marital status. In more advanced forms, he may be unable to walk without support, to feed himself, and he may show double incontinence. . . . All aspects of his memorial function are severely disturbed.”¹¹

To “depattern” his patients, Cameron used a relatively new device called the Page-Russell, which administered up to six consecutive jolts instead of a single one. Frustrated that his patients still seemed to be clinging to remnants of their personalities, he further disoriented them with uppers, downers and hallucinogens: chlorpromazine, barbiturates, sodium amytal, nitrous oxide, desoxyn, Seconal, Nembutal, Veronal, Melicone, Thorazine, largactil and insulin. Cameron wrote in a 1956 paper that these drugs served to “disinhibit him [the patient] so that his defenses might be reduced.”¹²

Once “complete depatterning” had been achieved, and the earlier personality had been satisfactorily wiped out, the psychic driving could begin. It consisted of Cameron playing his patients tape-recorded messages such as “You are a good mother and wife and people enjoy your company.” As a behaviorist, he believed that if he could get his patients to absorb the messages on the tape, they would start behaving differently.*

With patients shocked and drugged into an almost vegetative state, they could do nothing but listen to the messages—for sixteen to twenty hours a day for weeks; in one case, Cameron played a message continuously for 101 days.¹³

* If Cameron had been slightly less powerful in his field, his “psychic driving” tapes would surely have been dismissed as a cheap joke. The entire idea came to him from an advertisement for the Cerebrophone, a bedside phonograph with pillow speakers that claimed to be “a revolutionary way to learn a foreign language while you sleep.”

In the mid-fifties, several researchers at the CIA became interested in Cameron’s methods. It was the start of Cold War hysteria, and the agency had just launched a covert program devoted to researching “special interrogation techniques.” A declassified CIA memorandum explained that the program “examined and investigated numerous unusual techniques of interrogation including psychological harassment and such matters as ‘total isolation’” as well as “the use of drugs and chemicals.”¹⁴ First code-named Project Bluebird, then Project Artichoke, it was finally renamed MKUltra in 1953. Over the next decade, MKUltra would spend \$25 million on research in a quest to find new ways to break prisoners suspected of being Communists and double agents. Eighty institutions were involved in the program, including forty-four universities and twelve hospitals.¹⁵

The agents involved had no shortage of creative ideas for how to extract information from people who would rather not share it—the problem was finding ways to test those ideas. Activities in the first few years of Project Bluebird and Artichoke resembled those in a tragicomic spy film in which CIA agents hypnotized each other and slipped LSD into their colleagues’ drinks to see what would happen (in at least one case, suicide)—not to mention torturing suspected Russian spies.¹⁶

The tests were more like deadly fraternity pranks than serious research, and the results didn’t provide the kind of scientific certainty the agency was looking for. For this they needed large numbers of human test subjects. Several such trials were attempted, but they were risky: if word got out that the CIA was testing dangerous drugs on American soil, the entire program could be shut down.¹⁷ Which is where the CIA’s interest in Canadian researchers came in. The relationship dates back to June 1, 1951, and a trinational meeting of intelligence agencies and academics at Montreal’s Ritz-Carlton Hotel. The subject of the meeting was growing concern in the Western intelligence community that the Communists had somehow discovered how to “brainwash” prisoners of war. The evidence was the fact that American GIs taken captive in Korea were going before cameras, seemingly willingly, and denouncing capitalism and imperialism. According to the declassified minutes from the Ritz meeting, those in attendance—Omond Solandt, chairman of Canada’s Defense Research Board; Sir Henry Tizard, chairman of the British Defense Research Policy Committee; as well as two representatives from the CIA—were convinced that Western powers urgently needed to discover how the Communists were extracting these remarkable confessions. With that in mind, the first step was to conduct “a clinical study of actual

cases” to see how brainwashing might work.¹⁸ The stated goal of this research was not for Western powers to start using mind control on prisoners; it was to prepare Western soldiers for whatever coercive techniques they might encounter if they were taken hostage.

The CIA, of course, had other interests. Yet even in closed-door meetings like the one at the Ritz, it would have been impossible, so soon after revelations of Nazi torture had provoked worldwide revulsion, for the agency to openly admit it was interested in developing alternative interrogation methods of its own.

One of those at the Ritz meeting was Dr. Donald Hebb, director of psychology at McGill University. According to the declassified minutes, Hebb, trying to unlock the mystery of the GI confessions, speculated that the Communists might be manipulating prisoners by placing them in intensive isolation and blocking input to their senses. The intelligence chiefs were impressed, and three months later Hebb had a research grant from Canada’s Department of National Defense to conduct a series of classified sensory-deprivation experiments. Hebb paid a group of sixty-three McGill students \$20 a day to be isolated in a room wearing dark goggles, headphones playing white noise and cardboard tubes covering their arms and hands so as to interfere with their sense of touch. For days, the students floated in a sea of nothingness, their eyes, ears and hands unable to orient them, living inside their increasingly vivid imaginations. To see whether this deprivation made them more susceptible to “brainwashing,” Hebb then began playing recordings of voices talking about the existence of ghosts or the dishonesty of science—ideas the students had said they found objectionable before the experiment began.¹⁹

In a confidential report on Hebb’s findings, the Defense Research Board concluded that sensory deprivation clearly caused extreme confusion as well as hallucinations among the student test subjects and that “a significant temporary lowering of intellectual efficiency occurred during and immediately after the period of perceptual deprivation.”²⁰ Furthermore, the students’ hunger for stimulation made them surprisingly receptive to the ideas expressed on the tapes, and indeed several developed an interest in the occult that lasted weeks after the experiment had come to an end. It was as if the confusion from sensory deprivation partially erased their minds, and then the sensory stimuli rewrote their patterns.

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.²¹ 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.²² This keen interest was hardly surprising: at the very least, Hebb was proving that intensive isolation interfered with the ability to think clearly and made people more open to suggestion—priceless ideas for any interrogator. Hebb eventually realized that there was enormous potential for his research to be used not just to protect captured soldiers from getting “brainwashed” but also as a kind of how-to manual for psychological torture. In the last interview he gave before his death in 1985, Hebb said, “It was clear when we made our report to the Defense Research Board that we were describing formidable interrogation techniques.”²³

Hebb’s report noted that four of the subjects “remarked spontaneously that being in the apparatus was a form of torture,” which meant that forcing them to stay past their threshold—two or three days—would clearly violate medical ethics. Aware of the limitations this placed on the experiment, Hebb wrote that more “clearcut results” were not available because “it is not possible to force subjects to spend 30 to 60 days in conditions of perceptual isolation.”²⁴

Not possible for Hebb, but it was perfectly possible for his McGill colleague and academic archrival, Dr. Ewen Cameron. (In a suspension of academic niceties, Hebb would later describe Cameron as “criminally stupid.”)²⁵ Cameron had already convinced himself that violent destruction of the minds of his patients was the necessary first step on their journey to mental health and therefore not a violation of the Hippocratic oath. As for consent, his patients were at his mercy; the standard consent form endowed Cameron with absolute power to treat, up to and including performing full frontal lobotomies.

Although he had been in contact with the agency for years, in 1957 Cameron got his first grant from the CIA, laundered through a front organization called the Society for the Investigation of Human Ecology.²⁶ And, as the CIA dollars poured in, the Allan Memorial Institute seemed less like a hospital and more like a macabre prison.

The first changes were the dramatically increased dosages of electroshock. The two psychiatrists who invented the controversial Page-Russell electroshock machine had recommended four treatments per patient, totaling twenty-four individual shocks.²⁷ Cameron started using the machine on his patients twice a day for thirty days, a terrifying 360 individual shocks to each patient—far more than his earlier patients, like Gail, had received.²⁸ To

the already dizzying array of drugs he was giving his patients, he added more experimental, mind-altering ones that were of particular interest to the CIA: LSD and PCP.

He also added other weapons to his mind-blanking arsenal: sensory deprivation and extended sleep, a twin process he claimed would further “reduce the defensiveness of the individual,” making the patient more receptive to his taped messages.²⁹ When the CIA dollars arrived, Cameron used the grant money to convert the old horse stables behind the hospital into isolation boxes. He also elaborately renovated the basement so that it contained a room he called the Isolation Chamber.³⁰ He soundproofed the room, piped in white noise, turned off the lights and put dark goggles and “rubber eardrums” on each patient, as well as cardboard tubing on the hands and arms, “preventing him from touching his body—thus interfering with his self image,” as Cameron put it in a 1956 paper.³¹ But, where Hebb’s students fled less intense sensory deprivation after only a couple of days, Cameron kept his patients in for weeks, with one of them trapped in the isolation box for thirty-five days.³²

Cameron further starved his patients’ senses in the so-called Sleep Room, where they were kept in drug-induced reverie for twenty to twenty-two hours a day, turned by nurses every two hours to prevent bed sores and wakened only for meals and to go to the toilet.³³ Patients were kept in this state for fifteen to thirty days, though Cameron reported that “some patients have been treated up to 65 days of continuous sleep.”³⁴ Hospital staffers were instructed not to allow patients to talk and not to give out any information about how long they would have to spend in the room. To make sure no one successfully escaped from this nightmare, Cameron gave one group of patients small doses of the drug Curare, which induces paralysis, making them literal prisoners in their own bodies.³⁵

In a 1960 paper, Cameron said there are “two major factors” that allow us to “maintain a time and space image”—that allow us, in other words, to know where we are and who we are. Those two forces are “(a) our continued sensory input, and (b) our memory.” With electroshock, Cameron annihilated memory; with his isolation boxes, he annihilated sensory input. He was determined to force his patients to completely lose their sense of where they were in time and space. Realizing that some patients were keeping track of time of day based on their meals, Cameron ordered the kitchen to mix it all up, changing meal times and serving soup for breakfast and porridge for dinner. “By varying these intervals and by changing the menu from the expected time we were able to break up this structuring,” Cameron reported

with satisfaction. Even so, he discovered that despite his best efforts, one patient had maintained a connection with the outside world by noting “the very faint rumble” of a plane that flew over the hospital every morning at nine.³⁶

To anyone familiar with the testimonies of torture survivors, this detail is a harrowing one. When prisoners are asked how they survived months or years of isolation and brutality, they often speak about hearing the ring of distant church bells, or the Muslim call to prayer, or children playing in a park nearby. When life is shrunk to the four walls of the prison cell, the rhythm of these outside sounds becomes a kind of lifeline, proof that the prisoner is still human, that there is a world beyond torture. “Four times I heard the birds outside chirping with the rising sun—that’s how I know it was four days,” said one survivor of Uruguay’s last dictatorship, recalling a particularly brutal stretch of torture.³⁷ The unidentified woman in the basement of the Allan Memorial Institute, straining to hear the engine of an airplane through a haze of darkness, drugs and electroshock, was not a patient in the care of a doctor; she was, for all intents and purposes, a prisoner undergoing torture.

There are several strong indications that Cameron was well aware he was simulating torture conditions and that, as a staunch anti-Communist, he relished the idea that his patients were part of a Cold War effort. In an interview with a popular magazine in 1955, he openly compared his patients to POWs facing interrogation, saying that they, “like prisoners of the Communists, tended to resist [treatment] and had to be broken down.”³⁸ A year later, he wrote that the purpose of depatterning was “the actual ‘wearing down’ of defenses” and noted that “analogous to this is the breakdown of the individual under continuous interrogation.”³⁹ By 1960, Cameron was giving lectures on his sensory deprivation research not just to other psychiatrists but also to military audiences. In a talk delivered in Texas at the Brooks Air Force Base, he made no claim that he was curing schizophrenia and in fact admitted that sensory deprivation “produces the primary symptoms of schizophrenia”—hallucinations, intense anxiety, loss of touch with reality.⁴⁰ In notes for the lecture, he mentions following sensory deprivation with “input-overload,” a reference to his use of electroshock and endlessly repeated tape loops—and a foreshadowing of interrogation tactics to come.⁴¹

Cameron’s work was funded by the CIA until 1961, and for many years it wasn’t clear what, if anything, the U.S. government did with his research. In the late seventies and eighties, when proof of the CIA’s funding for the experiments finally came out in Senate hearings and then in the patients’

groundbreaking class-action lawsuit against the agency, journalists and legislators tended to accept the CIA's version of events—that it was conducting research into brainwashing techniques in order to protect captured U.S. soldiers. Most of the press attention focused on the sensational detail that the government had been funding acid trips. In fact, a large part of the scandal, when it finally broke, was that the CIA and Ewen Cameron had recklessly shattered lives with their experiments for no good reason—the research appeared useless: everyone knew by then that brainwashing was a Cold War myth. The CIA, for its part, actively encouraged this narrative, much preferring to be mocked as bumbling sci-fi buffoons than for having funded a torture laboratory at a respected university—and an effective one at that. When John Gittinger, the CIA psychologist who first reached out to Cameron, was forced to testify before a joint Senate hearing, he called the support for Cameron “a foolish mistake. . . . A terrible mistake.”⁴² When the hearings asked Sidney Gottlieb, former director of MKUltra, to explain why he had ordered all the files destroyed from the \$25 million program, he replied that “the project MKUltra had not yielded any results of real positive value to the Agency.”⁴³ In the exposés of MKUltra from the eighties, both in investigative accounts in the mainstream press and in books, the experiments are consistently described as “mind control” and “brainwashing.” The word “torture” is almost never used.

The Science of Fear

In 1988, *The New York Times* ran a groundbreaking investigation into U.S. involvement in torture and assassinations in Honduras. Florencio Caballero, an interrogator with Honduras's notoriously brutal Battalion 3-16, told the *Times* that he and twenty-four of his colleagues were taken to Texas and trained by the CIA. “They taught us psychological methods—to study the fears and weaknesses of a prisoner. Make him stand up, don't let him sleep, keep him naked and isolated, put rats and cockroaches in his cell, give him bad food, serve him dead animals, throw cold water on him, change the temperature.” There was one technique he failed to mention: electroshock. Inés Murillo, a twenty-four-year-old prisoner who was “interrogated” by Caballero and his colleagues, told the *Times* that she was electrocuted so many times that she “screamed and fell down from the shock. The screams just escape you,” she said. “I smelled smoke and realized I was burning from the singes of the shocks. They said they would torture me until I went mad. I didn't believe them. But then they spread

my legs and stuck the wires on my genitals.”⁴⁴ Murillo also said that there was someone else in the room: an American passing questions to her interrogators whom the others called “Mr. Mike.”⁴⁵

The revelations led to hearings of the Senate's Select Committee on Intelligence, where the CIA's deputy director, Richard Stolz, confirmed that “Caballero did indeed attend a CIA human resources exploitation or interrogation course.”⁴⁶ *The Baltimore Sun* filed a Freedom of Information Act request for the course material used to train people like Caballero. For many years the CIA refused to comply; finally, under threat of a lawsuit, and nine years after the original story was published, the CIA produced a handbook called *Kubark Counterintelligence Interrogation*. The title was in code: “Kubark” is, according to *The New York Times*, “a cryptonym, KU a random diptych and BARK the agency's code word for itself at that time.” More recent reports have speculated that the “ku” referred to “a country or a specific clandestine or covert activity.”⁴⁷ The handbook is a 128-page secret manual on the “interrogation of resistant sources” that is heavily based on the research commissioned by MKUltra—and Ewen Cameron's and Donald Hebb's experiments have left their marks all over it. Methods range from sensory deprivation to stress positions, from hooding to pain. (The manual acknowledges early on that many of these tactics are illegal and instructs interrogators to seek “prior Headquarters approval . . . under any of the following circumstances: 1. If bodily harm is to be inflicted. 2. If medical, chemical, or electrical methods or materials are to be used to induce acquiescence.”)⁴⁸

The manual is dated 1963, the final year of the MKUltra program and two years after Cameron's CIA-funded experiments came to a close. The handbook claims that if the techniques are used properly, they will take a resistant source and “destroy his capacity for resistance.” This, it turns out, was the true purpose of MKUltra: not to research brainwashing (that was a mere side project), but to design a scientifically based system for extracting information from “resistant sources.”⁴⁹ In other words, torture.

The manual states on its first page that it is about to describe interrogation methods based on “extensive research, including scientific inquiries conducted by specialists in closely related subjects.” It represents a new age of precise, refined torture—not the gory, inexact torment that had been the standard since the Spanish Inquisition. In a kind of preface, the manual states: “The intelligence service which is able to bring pertinent, modern knowledge to bear upon its problems enjoys huge advantages over a service which conducts its clandestine business in eighteenth century fashion . . . it

is no longer possible to discuss interrogation significantly without reference to the psychological research conducted in the past decade.”⁵⁰ What follows is a how-to guide on dismantling personalities.

The manual includes a lengthy section on sensory deprivation that refers to “a number of experiments at McGill University.”⁵¹ It describes how to build isolation chambers and notes that “the deprivation of stimuli induces regression by depriving the subject’s mind of contact with an outer world and thus forcing it in upon itself. At the same time, the calculated provision of stimuli during interrogation tends to make the regressed subject view the interrogator as a father-figure.”⁵² The Freedom of Information Act request also produced an updated version of the manual, first published in 1983 for use in Latin America. “Window should be set high in the wall with the capability of blocking out light,” it states.⁵³

It is precisely what Hebb feared: the use of his sensory deprivation methods as “formidable interrogation techniques.” But it is the work of Cameron, and his recipe for disturbing “the time-space-image,” that forms the core of the *Kubark* formula. The manual describes several of the techniques that were honed to depattern patients in the basement of the Allan Memorial Institute: “The principle is that sessions should be so planned as to disrupt the source’s sense of chronological order. . . . Some interrogatees can be regressed by persistent manipulation of time, by retarding and advancing clocks and serving meals at odd times—ten minutes or ten hours after the last food was given. Day and night are jumbled.”⁵⁴

What most captured the imagination of *Kubark*’s authors, more than any individual technique, was Cameron’s focus on regression—the idea that by depriving people of their sense of who they are and where they are in time and space, adults can be converted into dependent children whose minds are a blank slate of suggestibility. Again and again, the authors return to the theme. “All of the techniques employed to break through an interrogation roadblock, the entire spectrum from simple isolation to hypnosis and narcosis, are essentially ways of speeding up the process of regression. As the interrogatee slips back from maturity toward a more infantile state, his learned or structured personality traits fall away.” That is when the prisoner goes into the state of “psychological shock” or “suspended animation” referred to earlier—that torturer’s sweet spot when “the source is far more open to suggestion, far likelier to comply.”⁵⁵

*The 1983 version is clearly geared to classroom use, complete with pop quizzes and friendly reminders (“Always start each session with fresh batteries”).

Alfred W. McCoy, a historian at the University of Wisconsin who documented the evolution of torture techniques since the Inquisition in his book *A Question of Torture: CIA Interrogation from the Cold War to the War on Terror*, describes the *Kubark* manual’s shock-inducing formula of sensory deprivation followed by sensory overload as “the first real revolution in the cruel science of pain in more than three centuries.”⁵⁶ And according to McCoy, it couldn’t have happened without the McGill experiments in the 1950s. “Stripped of its bizarre excesses, Dr. Cameron’s experiments, building upon Dr. Hebb’s earlier breakthrough, laid the scientific foundation for the CIA’s two-stage psychological torture method.”⁵⁷

Wherever the *Kubark* method has been taught, certain clear patterns—all designed to induce, deepen and sustain shock—have emerged: prisoners are captured in the most jarring and disorienting way possible, late at night or in early-morning raids, as the manual instructs. They are immediately hooded or blindfolded, stripped and beaten, then subjected to some form of sensory deprivation. And from Guatemala to Honduras, Vietnam to Iran, the Philippines to Chile, the use of electroshock is ubiquitous.

This was not, of course, all the influence of Cameron or MKUltra. Torture is always an improvisation, a combination of learned technique and the human instinct for brutality that is unleashed wherever impunity reigns. By the mid-fifties, electroshock was being routinely used against liberation fighters by French soldiers in Algeria, often with the help of psychiatrists.⁵⁸ In this period, French military leaders conducted seminars at a U.S. military “counterinsurgency” school in Fort Bragg, North Carolina, in which they trained students in the Algeria techniques.⁵⁹ It is also clear, however, that Cameron’s particular model of using massive doses of shock not just to inflict pain but for the specific goal of erasing structured personalities made an impression on the CIA. In 1966, the CIA sent three psychiatrists to Saigon, armed with a Page-Russell, the same kind of electroshock machine favored by Cameron; it was used so aggressively that it killed several prisoners. According to McCoy, “In effect, they were testing, under field conditions, whether Ewen Cameron’s McGill ‘de-patterning’ techniques could actually alter human behavior.”⁶⁰

For U.S. intelligence officials, that kind of hands-on approach was rare. From the seventies on, the role favored by American agents was that of mentor or trainer—not direct interrogator. Testimony from Central American torture survivors in the seventies and eighties is littered with references to

mysterious English-speaking men walking in and out of cells, proposing questions or offering tips. Dianna Ortiz, an American nun who was abducted and jailed in Guatemala in 1989, has testified that the men who raped and burned her with cigarettes deferred to a man who spoke Spanish with a heavy American accent, whom they referred to as their “boss.”⁶¹ Jennifer Harbury, whose husband was tortured and killed by a Guatemalan officer on the CIA payroll, has documented many of these cases in her important book, *Truth, Torture and the American Way*.⁶²

Though sanctioned by successive administrations in Washington, the U.S. role in these dirty wars had to be covert, for obvious reasons. Torture, whether physical or psychological, clearly violates the Geneva Conventions’ blanket ban on “any form of torture or cruelty,” as well as the U.S. Army’s own Uniform Code of Military Justice barring “cruelty” and “oppression” of prisoners.⁶³ The *Kubark* manual warns readers on page 2 that its techniques carry “the grave risk of later lawsuits,” and the 1983 version is even more blunt: “Use of force, mental torture, threats, insults, or exposure to unpleasant and inhumane treatment of any kind as an aid to interrogation is prohibited by law, both international and domestic.”⁶⁴ Simply put, what they were teaching was illegal, covert by its very nature. If anyone asked, U.S. agents were tutoring their developing-world students in modern, professional policing methods—they couldn’t be responsible for “excesses” that happened outside their classes.

On September 11, 2001, that longtime insistence on plausible deniability went out the window. The terrorist attack on the Twin Towers and the Pentagon was a different kind of shock from the ones imagined in the pages of the *Kubark* manual, but its effects were remarkably similar: profound disorientation, extreme fear and anxiety, and collective regression. Like the *Kubark* interrogator posing as a “father figure,” the Bush administration promptly used that fear to play the role of the all-protective parent, ready to defend “the homeland” and its vulnerable people by any means necessary. The shift in U.S. policy encapsulated by Vice President Dick Cheney’s infamous statement about working “the dark side” did not mark an embrace by this administration of tactics that would have repelled its more humane predecessors (as too many Democrats have claimed, invoking what the historian Garry Wills calls the particular American myth of “original sinlessness”⁶⁵). Rather, the significant shift was that what had previously been performed by proxy, with enough distance to deny knowledge, would now be performed directly and openly defended.

Despite all the talk of outsourced torture, the Bush administration’s real innovation has been its in-sourcing, with prisoners being tortured by U.S. citizens in U.S.-run prisons or directly transported, through “extraordinary rendition,” to third countries on U.S. planes. That is what makes the Bush regime different: after the attacks of September 11, it dared to demand the right to torture without shame. That left the administration subject to criminal prosecution—a problem it dealt with by changing the laws. The chain of events is well known: then–secretary of defense Donald Rumsfeld, empowered by George W. Bush, decreed that prisoners captured in Afghanistan were not covered by the Geneva Conventions because they were “enemy combatants,” not POWs, a view confirmed by the White House legal counsel at the time, Alberto Gonzales (subsequently U.S. attorney general).⁶⁶ Next, Rumsfeld approved a series of special interrogation practices for use in the War on Terror. These included the methods laid out in the CIA manuals: “use of isolation facility for up to 30 days,” “deprivation of light and auditory stimuli,” “the detainee may also have a hood placed over his head during transportation and questioning,” “removal of clothing” and “using detainees’ individual phobias (such as fear of dogs) to induce stress.”⁶⁷ According to the White House, torture was still banned—but now to qualify as torture, the pain inflicted had to “be equivalent in intensity to the pain accompanying serious physical injury, such as organ failure.”⁶⁸ According to these new rules, the U.S. government was free to use the methods it had developed in the 1950s under layers of secrecy and deniability—only now it was out in the open, without fear of prosecution. . . . According to these new rules, the U.S. government was free to use the methods it had developed in the 1950s under layers of secrecy and deniability—only now it was out in the open, without fear of prosecution. So in February 2006, the Intelligence Sciences Board, an advisory arm of the CIA, published a report written by a veteran Defense Department interrogator. It stated openly that “a careful reading of the *Kubark* manual is essential for anyone involved in interrogation.”⁶⁹

* Under pressure from lawmakers in Congress and the Senate, as well as the Supreme Court, the Bush administration was forced to moderate its position somewhat when Congress approved the Military Commissions Act of 2006. But although the White House used the new bill to claim that it had renounced all use of torture, it left huge holes allowing CIA agents and contractors to continue to use *Kubark*-style sensory deprivation and overload, as well as other “creative” techniques including simulated drowning (“water-boarding”). Before signing the act, Bush attached a “signing statement” asserting his right “to interpret the meaning and application of the Geneva Conventions” as he sees fit. *The New York Times* described this as the “unilateral rewriting of more than 200 years of tradition and law.”

One of the first people to come face-to-face with the new order was the U.S. citizen and former gang member José Padilla. Arrested in May 2002 at Chicago's O'Hare airport, he was accused of intending to build a "dirty bomb." Rather than being charged and taken through the court system, Padilla was classified as an enemy combatant, which stripped him of all rights. Taken to a U.S. Navy prison in Charleston, South Carolina, Padilla says he was injected with a drug that he believes was either LSD or PCP and subjected to intense sensory deprivation: he was kept in a tiny cell with the windows blacked out and forbidden to have a clock or a calendar. Whenever he left the cell he was shackled, his eyes were covered with blackout goggles and sound was blocked with heavy headphones. Padilla was kept under these conditions for 1,307 days and forbidden contact with anyone but his interrogators, who, when they questioned him, blasted his starved senses with lights and pounding sounds.⁷⁰

Padilla was granted a court hearing in December 2006, although the dirty-bomb allegations for which he had been arrested were dropped. He was accused of having terrorist contacts, but there was little he could do to defend himself: according to expert testimony, the Cameron-style regression techniques had completely succeeded in destroying the adult he once was, which is precisely what they were designed to do. "The extended torture visited upon Mr. Padilla has left him damaged, both mentally and physically," his lawyer told the court. "The government's treatment of Mr. Padilla has robbed him of his personhood." A psychiatrist who assessed him concluded that he "lacks the capacity to assist in his own defense."⁷¹ The Bush-appointed judge insisted that Padilla was fit to stand trial, however. The fact that he even had a public trial makes Padilla's case extraordinary. Thousands of other prisoners being held in U.S.-run prisons—who, unlike Padilla, are not U.S. citizens—have been put through a similar torture regimen, with none of the public accountability of a civilian trial.

Many languish in Guantánamo. Mamdouh Habib, an Australian who was incarcerated there, has said that "Guantánamo Bay is an experiment . . . and what they experiment in is brainwashing."⁷² Indeed, in the testimonies, reports and photographs that have come out of Guantánamo, it is as if the Allan Memorial Institute of the 1950s had been transported to Cuba. When first detained, prisoners are put into intense sensory deprivation, with hoods, blackout goggles and heavy headphones to block out all sound. They are left in isolation cells for months, taken out only to have their senses bombarded with barking dogs, strobe lights and endless tape loops of babies crying, music blaring and cats meowing.

For many prisoners, the effects of these techniques have been much the same as they were at the Allan in the fifties: total regression. One released prisoner, a British citizen, told his lawyers that there is now an entire section of the prison, Delta Block, reserved for "at least fifty" detainees who are in permanently delusional states.⁷³ A declassified letter from the FBI to the Pentagon described one high-value prisoner who had been "subjected to intense isolation for over three months" and "was evidencing behavior consistent with extreme psychological trauma (talking to nonexistent people, reporting hearing voices, crouching in a cell covered with a sheet for hours on end)."⁷⁴ James Yee, a former U.S. Army Muslim chaplain who worked at Guantánamo, has described the prisoners on Delta Block as exhibiting the classic symptoms of extreme regression. "I'd stop to talk to them, and they would respond to me in a childlike voice, talking complete nonsense. Many of them would loudly sing childish songs, repeating the song over and over. Some would stand on top of their steel bed frames and act out childishly, reminding me of the King of the Mountain game I played with my brothers when we were young." The situation worsened markedly in January 2007, when 165 prisoners were moved into a new wing of the prison, known as Camp Six, where the steel isolation cells allowed for no human contact. Sabin Willett, a lawyer who represents several Guantánamo prisoners, warned that if the situation continued, "You're going to have an insane asylum."⁷⁵

Human rights groups point out that Guantánamo, horrifying as it is, is actually the best of the U.S.-run offshore interrogation operations, since it is open to limited monitoring by the Red Cross and lawyers. Unknown numbers of prisoners have disappeared into the network of so-called black sites around the world or been shipped by U.S. agents to foreign-run jails through extraordinary rendition. Prisoners who have emerged from these nightmares testify to having faced the full arsenal of Cameron-style shock tactics.

The Italian cleric Hassan Mustafa Osama Nasr was kidnapped off the streets of Milan by a group of CIA agents and Italian secret police. "I didn't understand anything about what was going on," he later wrote. "They began to punch me in the stomach and all over my body. They wrapped my entire head and face with wide tape, and cut holes over my nose and face so I could breathe." They rushed him to Egypt, where he lived in a cell with no light, where "roaches and rats walked across my body" for fourteen months. Nasr remained in jail in Egypt until February 2007 but managed to smuggle out an eleven-page handwritten letter detailing his abuse.⁷⁶

He wrote that he repeatedly faced torture by electroshock. According to the *Washington Post* account, he was “strapped to an iron rack nicknamed ‘the Bride’ and zapped with electric stun guns” as well as “tied to a wet mattress on the floor. While one interrogator sat on a wooden chair perched on the prisoner’s shoulders, another interrogator would flip a switch, sending jolts of electricity into the mattress coils.”⁷⁷ He also had electroshock applied to his testicles, according to Amnesty International.⁷⁸

There is reason to believe that this use of electrical torture on U.S.-captured prisoners is not isolated, a fact overlooked in almost all the discussions about whether the U.S. is actually practicing torture or merely “creative interrogation.” Jumah al-Dossari, a Guantánamo prisoner who has tried to commit suicide more than a dozen times, gave written testimony to his lawyer that while he was in U.S. custody in Kandahar, “the investigator brought a small device like a mobile phone but it was an electric shock device. He started shocking my face, my back, my limbs and my genitals.”⁷⁹ And Murat Kur-naz, originally from Germany, faced similar treatment in a U.S.-run prison in Kandahar. “It was the beginning, so there were absolutely no rules. They had the right to do anything. They used to beat us every time. They did use electroshocks. They dived my head in the water.”⁸⁰

The Failure to Reconstruct

Near the end of our first meeting, I asked Gail Kastner to tell me more about her “electric dreams.” She told me that she often dreams of rows of patients slipping in and out of drug-induced sleep. “I hear people screaming, moaning, groaning, people saying no, no, no. I remember what it was like to wake up in that room, I was covered in sweat, nauseated, vomiting—and I had a very peculiar feeling in the head. Like I had a blob, not a head.” Describing this, Gail seemed suddenly far away, slumped in her blue chair, her breath turning into a wheeze. She lowered her eyelids, and beneath them I could see her eyes fluttering rapidly. She put her hand to her right temple and said in a voice that sounded thick and drugged, “I’m having a flashback. You have to distract me. Tell me about Iraq—tell me how bad it was.”

I racked my brain for a suitable war story for this strange circumstance and came up with something relatively benign about life in the Green Zone. Gail’s face slowly relaxed, and her breathing deepened. Her blue eyes once again fixed on mine. “Thank you,” she said. “I was having a flashback.”

“I know.”

“How do you know?”

“Because you told me.”

She leaned over and wrote something down on a scrap of paper.

After leaving Gail that evening, I kept thinking about what I hadn’t said when she’d asked me to tell her about Iraq. What I had wanted to tell her but couldn’t was that she reminded me of Iraq; that I couldn’t help feeling that what happened to her, a shocked person, and what happened to it, a shocked country, were somehow connected, different manifestations of the same terrifying logic.

Cameron’s theories were based on the idea that shocking his patients into a chaotic regressed state would create the preconditions for him to “rebirth” healthy model citizens. It’s little comfort to Gail, with her fractured spine and shattered memories, but in his own writings Cameron envisioned his acts of destruction as creation, a gift to his fortunate patients who were, under his relentless repatterning, going to be born again.

On this front Cameron was a spectacular failure. No matter how fully he regressed his patients, they never absorbed or accepted the endlessly repeated messages on his tapes. Though he was a genius at destroying people, he could not remake them. A follow-up study conducted after Cameron left the Allan Memorial Institute found that 75 percent of his former patients were worse off after treatment than before they were admitted. Of his patients who held down full-time jobs before hospitalization, more than half were no longer able to, and many, like Gail, suffered from a host of new physical and psychological ailments. “Psychic driving” did not work, not even a little, and the Allan Memorial Institute eventually banned the practice.⁸¹

The problem, obvious in retrospect, was the premise on which his entire theory rested: the idea that before healing can happen, everything that existed before needs to be wiped out. Cameron was sure that if he blasted away at the habits, patterns and memories of his patients, he would eventually arrive at that pristine blank slate. But no matter how doggedly he shocked, drugged and disoriented, he never got there. The opposite proved true: the more he blasted, the more shattered his patients became. Their minds weren’t “clean”; rather, they were a mess, their memories fractured, their trust betrayed.

Disaster capitalists share this same inability to distinguish between destruction and creation, between hurting and healing. It’s a feeling I had frequently when I was in Iraq, nervously scanning the scarred landscape for the

next explosion. Fervent believers in the redemptive powers of shock, the architects of the American-British invasion imagined that their use of force would be so stunning, so overwhelming, that Iraqis would go into a kind of suspended animation, much like the one described in the *Kubark* manual. In that window of opportunity, Iraq's invaders would slip in another set of shocks—these ones economic—which would create a model free-market democracy on the blank slate that was post-invasion Iraq.

But there was no blank slate, only rubble and shattered, angry people—who, when they resisted, were blasted with more shocks, some of them based on those experiments performed on Gail Kastner all those years ago. “We’re really good at going out and breaking things. But the day I get to spend more time here working on construction rather than combat, that will be a very good day,” General Peter W. Chiarelli, commander of the U.S. Army’s First Cavalry Division, observed a year and half after the official end of the war.⁸² That day never came. Like Cameron, Iraq’s shock doctors can destroy, but they can’t seem to rebuild.

THE OTHER DOCTOR SHOCK

MILTON FRIEDMAN AND THE SEARCH FOR A LAISSEZ-FAIRE LABORATORY

Economic technocrats may be able to structure a tax reform here, a new social security law there, or a modified exchange rate regime somewhere else, but they really never have the luxury of a clean state on which to set up, in full flower as it were, their complete preferred economic policy framework.

—Arnold Harberger, University of Chicago economics professor, 1998¹

There are few academic environments as heavily mythologized as the University of Chicago’s Economics Department in the 1950s, a place intensely conscious of itself not just as a school but as a School of Thought. It was not just training students; it was building and strengthening the Chicago School of economics, the brainchild of a coterie of conservative academics whose ideas represented a revolutionary bulwark against the dominant “statist” thinking of the day. To step through the doors of the Social Science Building, under the sign reading “Science Is Measurement,” and into the legendary lunchroom, where students tested their intellectual mettle by daring to challenge their titanic professors, was to seek nothing so prosaic as a degree. It was to enlist in battle. As Gary Becker, the conservative economist and Nobel Prize winner, put it, “We were warriors in combat with most of the rest of the profession.”²

Like Ewen Cameron’s psychiatric department at McGill in the same period, the University of Chicago’s Economics Department was in the thrall of an ambitious and charismatic man on a mission to fundamentally revolutionize his