

EMPLOYEE'S NOTICE OF INJURY OR OCCUPATIONAL DISEASE

Federal Employees' Compensation Act

This notice should be submitted to the immediate superior by an injured civil employee of the Federal Government, or by someone on his behalf, within 48 hours after the injury. Notice may be given either personally or by mail. It should be retained by the official superior unless the injury causes disability for work beyond the day or shift when injury occurred, or results in any charge against the Bureau for medical expense, when it should be forwarded to the U. S. DEPARTMENT OF LABOR, Bureau of Employees' Compensation, together with the official superior's report of injury, Form C. A. 2. Before compensation is paid, written claim on Form C. A. 4 must be submitted to the Bureau.

Date of this notice 27 November, 1953

1. I hereby certify that I am employed as a Supervisory Biochemist
(Occupation)

at the SO Division, OnC Biological Laboratories
(Place of employment)

and on Thursday, 27 November, 1953, at evening m.
(Day of week) (Date) (Hour, a. m. or p. m.)

I was injured in the performance of my duties at cabland, Wally Court
(Location where injury occurred)

2. Cause of injury Classified Illness
(Describe as best you can how and why injury occurred)

3. Nature of injury Classified Illness
(Name part of body affected—fractured left leg, bruised right thumb, etc.)

4. Names of witnesses to injury Lt. Col. V. L. Rowet
others

5. If this notice was not given within 48 hours after the injury, explain reason for delay and state name of person to whom notice was first given, and when Results of the injury were not apparent to H. R. Rowet until Tuesday, 24 November although he had feet, mental changes in Dr. Olson were present in morning of 23 November and probably sooner, according to her wife, who observed him on 20-21-22-23 November.

This injury was not caused by my willful misconduct, intention to bring about the injury or death of myself or of another, nor by my intoxication, and I hereby make claim for compensation and medical treatment to which I may be entitled by reason of the injury sustained by me.

Name Lt. Col. V. L. Rowet
Frank R. Olson
Address R.F.D. #5, Frederick, Maryland
(Street and number)

9 December 1953

MEMORANDUM FOR: Record

SUBJECT : Frank R. Olson

I have compiled and reviewed all the information available to the Agency relating to the death of Dr. Frank R. Olson. It is my conclusion that the death of Dr. Olson is the result of circumstances arising out of an experiment undertaken in the course of his official duties for the U. S. Government and that there is, therefore, a direct causal connection between that experiment and his death. I have been authorized by the Deputy Director of Central Intelligence to state that this is the official position of the Central Intelligence Agency.

LAWRENCE R. HOUSTON
General Counsel

OGC/LRH:imm/tkl

OBSERVATIONS ON DR. FRANK OLSON - 1951 - 1953

I have been personally acquainted with Dr. Frank Olson approximately since September of 1951. The nature of my personal contacts with him have been at the level of collaborators in research activities of mutual interest to his group and mine. This period has been characterized, among other things, by three periodic meetings in secluded areas where the group involved in the meetings lived together for two or three day periods. At these meetings the writer had an opportunity to personally observe Dr. Olson in informal surroundings and during periods of time when he was not engaged in official scientific activities. The other contacts, which averaged about one every two or three months involved official visits either by me to his research facility or vice versa. I would estimate that the total number of contacts which I had with him during the period September 1, 1951 up to November 19, 1953 totaled thirteen or fourteen. Although the principal topic of conversation at these contacts was official scientific business, a fairly close personal relationship had also developed, and a minor part of the various conversations I had with him concerned personal matters, unrelated to our scientific or official relationship.

During this period Dr. Olson seemed to me to be a very effective research scientist, in excellent command of his field of experimentation and very devoted to the successful execution of his duties. He seemed to me a stable individual, not particularly given to making snap judgments and able to get along very well among his colleagues. It was made known to me on several occasions, through incidental remarks made either by himself or his colleagues, that he had been suffering from recurring trouble with a duodenal ulcer. I had no occasion to observe any instance when this interfered with his work.

Dr. Olson appeared to me to be very impressed by the importance of the security aspects of his job. Working in an installation where extreme security measures were in effect for the entire installation, Dr. Olson conscientiously accepted the added security burdens that his group's collaboration with my group entailed. He was not at liberty to discuss these areas of research with any individuals except perhaps six to eight of his immediate associates. Occasionally, areas of effort were developed in which he was at liberty to discuss certain information with only one other person at his research facility. He seemed to me to bear these various security burdens well.

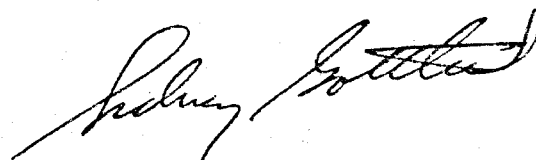
During this period (from September 1951 to November 19, 1953) I had no occasion to observe aberrant or unrational behavior in any of my contacts with Dr. Olson.

The November 18 - 20 meeting between Dr. Olson's group and my own, at which 7 members of his group were present and three of mine, was concerned with routine matters of evaluating results of the past six months research and planning the next six month's work. Up to the time of the experiment, I observed nothing in Dr. Olson's behavior or actions which was different from that described above.

On November 20, the day after the experiment, I had occasion to observe Dr. Olson for about two hours in the morning, between 7 A.M. and 9 A.M. Aside from some evidence of fatigue, I observed nothing unusual in his actions, conversation, or general behavior.

My next contact with Dr. Olson was on Tuesday November 24, just prior to his departure for New York with Dr. Lashbrook and Col. Ruwet. The meeting with Dr. Olson took place in my office between approximately 1:30 and 2:00 P.M. and lasted about ten minutes. I talked briefly with Dr. Olson about various scientific and personal matters. He seemed to me to be confused in certain areas of his thinking, particularly as regarded his feelings of incompetence in relation to his job and to the futility of trying to help him.

My last contact with Dr. Olson took place on Thursday, November 26 in Dr. Lashbrook's apartment, just prior to their return to New York to see Dr. Abramson. I was with Dr. Olson and Dr. Lashbrook approximately 1 hour, spending the last 30 minutes driving Dr. Olson and Dr. Lashbrook to the airport. During this period Dr. Olson seemed more disturbed and agitated than he had been the previous Tuesday. He talked in a clear enough manner, but his thoughts were confused. He again talked about his incompetence in his work, the hopelessness of anybody helping him, and the fact that the best thing to do was to abandon him and not bother about him. It seemed to me that he was very mentally disturbed at this time.



SIDNEY GOTTLIEB

7 December 1953

TO WHOM IT MAY CONCERN

SUBJECT: Observations on Dr. Frank Olson

I first met Dr. Frank Olson the early part of 1952. Since that time I have seen him on an average of about once each month to six weeks, in connection with my official business. These contacts involved discussions of technical problems in fields of mutual interest, results of past scientific work, and planning of future activities. In general, other members of his Division were also present.

In addition, both he and I attended three 2-day conferences which were held in isolated locations to discuss the progress of his Division for the past six months, our requirements, and plans for the next six months. The conferences were attended by members of his Division and of my Division and involved living together in close proximity for the duration of the conference.

During the time I knew Dr. Olson, he has been Acting Chief of his Division, and Branch Chief. At all times he has held positions of responsibility and his importance to his Division appeared to remain at a consistently high level. Prior to the experiment, Dr. Olson was a competent scientist with an excellent command of his field. His judgement was sound and characteristically backed up by rational and carefully-considered reasons. In my observation he performed his duties in a superior manner. It was evident that Dr. Olson was highly regarded by his colleagues, both as a scientist and as a friend. He was friendly and got along well with his colleagues. From what Dr. Olson has said (and the manner in which he spoke) and from what his colleagues have said, it appeared his home life was happy. In my experience, he drank only to be sociable, and then definitely in moderation.

His work was extremely exacting and definitely hazardous in a technical sense. He operated under very severe security restrictions, under which it was necessary to conceal the true nature of his activities even from the other Divisions at his base. He was permitted to discuss much of his work only with a very limited number of specifically designated individuals.

The experiment was on Thursday, November 19th. On Tuesday, November 24th, Dr. Olson's Division Chief telephoned me and said that, in the opinion of him, Dr. Olson, and Mrs. Olson, Dr. Olson needed psychiatric attention. I suggested that he and Dr. Olson come to Washington immediately. I conferred with the Chief of my Division, and it was decided that a certain New York physician specializing in such matters should be consulted. I telephoned Dr. Olson's Division Chief and suggested they prepare for a trip to New York. The Chief

placed both himself and Dr. Olson on orders and met me and the Chief of my Division in Washington. After a short discussion, Dr. Olson, the Chief of his Division, and I boarded a plane for New York and arrived at the New York physician's office about 1645. After a short conference with the doctor, Dr. Olson was left with him until about 1800.

From the time I saw Dr. Olson in Washington until I left him at the physicians office in New York, he seemed rather depressed, somewhat confused, and convinced he would never return to his home and job. These were quite different from the attitudes I had observed prior to the experiment.

At about 1800 Dr. Olson, his Division Chief, and I checked into the Statler Hotel, had dinner, returned to our room and watched television. From about 2200 to 2300 the New York physician visited the three of us in our hotel room. During the period covered by this paragraph, Dr. Olson indicated in my presence that he felt he had failed in his job, he was a disgrace to his colleagues, friends, and family, and that his memory and mental ability had failed. However, in the course of normal conversation, it was quite apparent that both his memory and ability to discuss scientific topics were excellent. Dr. Olson also indicated he was sleeping poorly, and said we shouldn't bother with him, we should let him just "disappear".

The following day (Wednesday) Dr. Olson again had a private session with the New York doctor (about 1600 to 1700). At the conclusion of this, the physician talked to the three of us, indicating Dr. Olson could go home for Thanksgiving (Thursday) if he desired, or he could accept his (the physician's) invitation to spend Thanksgiving and the week-end with the physician's family at his home at Cold Spring Harbor. Dr. Olson preferred to go home, and an appointment was made for Dr. Olson to see the physician the following Tuesday. Dr. Olson, his Division Chief, and I returned to the hotel, had dinner, then went to a play. At the intermission Dr. Olson became rather agitated, and said he wanted to leave. He and his Division Chief returned to the hotel.

The following morning (Thursday) when Dr. Olson's Division Chief and I awakened (about 0530), Dr. Olson was gone. We found him in the hotel lobby. He said he had left the hotel about 0400 for a walk, and indicated several things that had transpired. He felt his Division Chief had been talking to him. He said he had torn up his money, thrown it and several uncashed checks away (because he wouldn't need them anymore), and had thrown his wallet away, down a chute someplace. He said he felt his Division Chief was telling him to do these things. We then returned to Washington. However, we probably would not have returned had it not been that Dr. Olson never seemed to really believe that we would return home, and we had made it a point of honor that we would return if he wanted to (this was done after we had obtained the physicians' approval). We were met at the Washington Airport by a member of Dr. Olson's Division, and Dr. Olson and his Division Chief set off for their home town.

Shortly afterwards I received a call from the Division Chief, now on the outskirts of Washington. He said Dr. Olson had changed his mind, was quite agitated, and that he (the Division Chief) now felt Dr. Olson should be hospitalized and definitely should not return home. I told him to come to my apartment at once, meanwhile I contacted my Division Chief, who also set out for my apartment. When he arrived at my apartment, Dr. Olson appeared depressed and restless. He repeated his firm decision that he could not face going home. Dr. Olson's Division Chief then returned to his home town to explain to Mrs. Olson, and my Division Chief drove Dr. Olson and me to the airport, where Dr. Olson and I boarded a plane for New York. We met the New York physician at his Huntington, Long Island, office about 1600, and Dr. Olson was alone with him about one hour, followed by about 20 minutes with Dr. Olson and me. The physician obtained local lodgings for us, and Dr. Olson and I then went to a restaurant for a Thanksgiving dinner, after which we went to bed. During the period covered by this paragraph, Dr. Olson told me he felt he had cheated the Government in connection with his retirement from the Army, and that he should be punished for this. (I am not familiar with the details of what he was referring to, but both Dr. Olson's Division Chief and the New York physician had indicated to me that they could see nothing dishonest or morally questionable in connection with his retirement.) Dr. Olson said everyone, including me, was in a plot to "get" him; he said I and the others knew the master plan for the plot, and he wanted to know what it was. He said he had failed in his job, that he was so disgraced he could not face returning to his family. He said he felt he was guilty of security violations because he felt he on occasions had exceeded his interpretation of the need-to-know principle. Except in certain well defined areas he spoke intelligently and rationally, and he acted in a socially acceptable manner.

The following morning (Friday) we drove with the physician to his New York office. There we had a conference during which the physician told Dr. Olson that hospitalization would be in his best interests. After a while Dr. Olson agreed. Dr. Olson preferred some place near his home and friends, so after discussion and a telephone conference with my Division Chief, a private hospital near Washington was selected. The physician made arrangements with the hospital, but they had to prepare his room and could not take Dr. Olson until the following day (Saturday). Dr. Olson agreed he would be a voluntary patient (it was agreed he would not be formally committed).

We could obtain no reservations for a return to Washington that day, so we made reservations for Saturday morning and checked into the Statler Hotel. At this time and for the remainder of the evening, Dr. Olson appeared no longer particularly depressed, and almost the Dr. Olson I knew prior to the experiment, although he still maintained the various misconceptions I have mentioned before. He washed out his dirty clothing, and when I called his Division Chief to clear our proposed course of action with him, Dr. Olson talked to him in a

cheerful manner and happily anticipated meeting him at the Washington Airport upon our arrival there. On his own volition he telephoned his wife (this was the first time he felt he dared speak to her). At about 1830 we went to the hotel's main cocktail lounge and each had two martinis. At 2000 we entered the main dining room and had dinner, leaving for our room at 2200. At both the cocktail lounge and the dining room he was cheerful and appeared to enjoy the entertainment. He spoke freely of the hospitalization the following day, and indicated he wanted books from home to study, and other things he wanted to do while hospitalized. (The physician had assured him he could do this, and had said he would help outline some activities of mutual scientific interest Dr. Olson could work on.)

After returning to our room, we watched television for a while, then Dr. Olson suggested bed, saying he felt more relaxed and contented than he had since we came to New York. He asked the hotel telephone operator to call us at a specified time in the morning (so we could make our plane).. I would guess it was a little after 2300 when we retired.

Somewhere around 0230 Saturday morning I was awakened by a loud noise. Dr. Olson had crashed through the closed window blind and the closed window and he fell to his death from the window of our room on the tenth floor of the Statler Hotel. Later in the day I officially identified the body for the New York authorities.



ROBERT V. LASHBROOK

7 December 1953

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Security Information

4 December 1953

Memorandum for: General Counsel

Subject: Observations on Mr. Frank Olson from 24 November through 27 November 1953

1. I understand that in connection with the submission of a claim to the Bureau of Employees Compensation, you wish a report on the events prior to the death of Mr. Olson from me. The following is submitted for your records.
2. I saw Mr. Olson in the company of Dr. Lashbrook and Colonel Ruwet in my office in New York City, 133 East 58th Street. I understood that he had been agitated for some time and that he had been making statements which appeared to be confused. I was asked to make further observations so that proper treatment for Mr. Olson could be instituted for Mr. Olson if any treatment was considered necessary.
3. On Tuesday, 24 November 1953, conversations were begun which centered mainly on our earlier meetings during the war in 1944 and 1945. Many older interests were recalled. We discussed construction of gas masks, filtration problems, our attitudes towards mutual friends, and many things which were most pertinent at that time. Our conversation at this point was on a social level in which the patient had, contrary to his later attitudes, an excellent feeling and memory for people, events and realistic aspects of these people and events. He did show that he was under strain by his mannerisms but at no time during his primary conversation did he appear to be definitely out of touch with reality. Dr. Lashbrook and Colonel Ruwet left the office and I spent about one hour alone with Mr. Olson. As soon as these gentlemen left, he showed greater anxiety about his sense of inadequacy with particular reference to the scientific performance of his duties. He was obsessed with the idea that his memory was poor, that his work was inadequate, and that he was failing to live up to expectations of his family and friends. He mentioned that he was dishonest because he had been retired from the Army for an ulcer and showed a certain amount of unrealistic but nevertheless anticipated guilty feelings about taking retirement pay. I attempted to confirm what I had heard that an experimenta had been performed especially to trap him the preceding week but

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he emphasized that his present problem did not lay in that area and that his problem was his own ability to live up to his own concept of what his performance of his duties should be and his inability to attain the perfections necessitated by the needs of his work. He, himself, pointed out that when he was asked to take over more responsibility and head up a division he refused and went into a state of panic feeling that he could hardly, with his own growing feelings of inadequacy in his work, take over more responsibility.

4. That evening, in order to keep in contact with him and to accumulate more data, I went to the hotel and spent from 10:30 to 11:30 with Mr. Olson, Dr. Lashbrook and Colonel Ruwet. Again, Mr. Olson appeared to maintain an excellent relationship with all of us. Although apprehensive he apparently was much calmer and after a strictly social discussion said as I left, "You know, I feel a lot better. This is what I have been needing."

5. The next day Mr. Olson spent an hour with me in which he again appeared agitated. There was repeated discussion of his concern with the quality of his work, his guilt on being retired from the Army for an ulcer, and his release of classified information. He said that he had had these feelings for a very long time and that they had not started the week before when he participated in an experiment and that, indeed, in March of 1953 his wife thought that he was so depressed and agitated that she thought that he should see a doctor. He said that he had been sleeping poorly since March of 1953 and amplified his difficulties with regard to poor memory and poor work. However, I could not harmonize what he said about his job performance with the attitude of his superiors since he had been offered a division. Nor did this check with repeated questioning of past events. I again attempted to get further information in regard to his feelings of persecution but at no time did he speak of anyone but with the highest regard for both friends and family. He stated explicitly that he wished to go back home and that arrangements had been made. I saw no way in which this could be prevented but plans were made for his return and further discussion.

6. I understand that on his way home he became agitated, very confused, and insisted on coming back to see me. He arrived in my Huntington office about four o'clock and this time the pent-up feelings which he had successfully hidden burst out in the greatest detail. The patient explicitly stated that he had long felt that his inability to sleep was connected with his belief that the CIA group had been putting something

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like benzedrine in his coffee at night to keep him awake; that he had heard voices the night before telling him to throw away his wallet. His history now crystallized into a definite form if we accept what he said that he had been delusional at least for weeks, probably months, but that he had been able to operate fairly well except in certain crises such as being offered more responsibility in taking over the division.

7. The diagnosis was quite clear of a psychotic state which seemed to have been crystallized by an experiment in which Mr. Olson participated the preceding week, apparently on a Thursday. He felt that his feelings during the experiment were like those of being overwhelmed by a mountain very much the same as he felt when he had to take over a new responsibility. Since the experiment he felt that he was not able to deal with his work as well as he had before and although he personally considered the experiment to be unrelated to his basic problem he has nevertheless felt worse since, and that the experiment might have intensified many of his problems.

8. With this information I recommended hospitalization at once and on Friday morning, November 27, Mr. Olson, Dr. Lashbrook, and I discussed in some detail the choice of hospital. Mr. Olson thought that he would like to be near home and for this reason a mental institution near Washington was chosen and a room was reserved. The hospital could not take Mr. Olson that day and arrangements were made for hospitalization the next morning.

CONCLUSION

Mr. Olson was in a psychotic state when hospitalization was decided upon with delusions of persecution. There are two aspects in regard to the relationship to the work in which he was engaged. It is well known that it is an occupational hazard to mental stability to be doing the type of work connected with his duties. Guilt feelings are well known to occur to a greater or less extent. Superimposed on these guilt feelings which are certainly an occupational hazard is his participation in an experiment wherein he felt that many of his feelings became overwhelming. It is well known that many drugs produce this effect. For example, I have had a patient of mine recently attempt suicide after taking one capsule of Nembutal. A capsule of Nembutal contains one and one-half grains. This is a therapeutic dose which is taken by thousands

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of people daily yet this patient's personality structure was so oriented that one dose of this material taken by thousands of people daily was sufficient to have her reach for the box which she did. Fortunately, her husband was present and caused her to vomit up the capsules. It is certainly conceivable and certainly cannot be excluded that Mr. Olson's participation in an experiment in which a drug was administered could in just the same way precipitate a crisis which would upset the mental processes so that disorientation and the lack of mental functioning might be produced with the results readily observed. In this connection it has been my experience that certain individuals who, in an experimental situation may be given no drug whatsoever, yet show great symptoms of anxiety and confusion.

Harold A. Abramson

Harold A. Abramson, M. D.

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Manhattan Field Office
4 December 1953

MEMORANDUM TO: Chief, Investigative Division

SUBJECT : OLSON, Frank
No. 73317 - S.I.

1. Reference is made to our telephonic conversations on 2 and 3 December 1953 concerning Dr. HAROLD A. ABRAMSON.

2. Reference is also made to MFO/RUC Report dated 1 June 1953, Case No. 74150. It will be noted that this report indicates that Dr. ABRAMSON was interviewed by Agent ILIFF of this office on 22 May 1953. A certificate in Dr. ABRAMSON's office indicated that he was an allergist. The report further indicated that Dr. ABRAMSON was engaged in psychiatric research testing the efficacy of a new drug under a grant by some foundation in Washington, D.C. This report further indicates that Dr. MARGARET W. FERGUSON, a psychiatrist, had been hired by Dr. ABRAMSON for work on this research product. Dr. FERGUSON advised Agent ILIFF that Dr. ABRAMSON is an allergist who is in charge of a series of psychiatric experiments.

3. Reference is made to our OOC report in Subject Case dated 3 December 1953. On pages 7 and 8 of this report there appears extensive information concerning Dr. ABRAMSON's professional qualifications. This information indicates that Dr. ABRAMSON limits his practice to allergy and immunology. It is to be noted that Dr. ABRAMSON is a member of the American Psychosomatic Society and a member of the Editorial Board of "Psychosomatic Medicine." The above information was taken from "Who's Important in Medicine," Second Edition, 1952. Two reputable physicians consulted by the undersigned advised that this is an unofficial publication and that information contained therein is supplied by the doctor listed in much the same manner as "Who's Who." To this extent, it may therefore be considered as in the nature of a self-serving declaration. In this connection, it was pointed out by the two physicians consulted by the undersigned that if the doctor in question had formal or substantial psychiatric training, he would

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have listed it. There is no indication that Dr. ABRAMSON has ever held himself out as a psychiatrist.

4. On 3 December 1953, ALBERT A. BUCHHOLZ, New York State Education Department, Division of Professional Laws Enforcement, advised that any licensed physician may practice psychiatry without additional licensing. He stated, however, that it is usual for physicians who practice psychiatry to have some extra formal training in the field and to be certified by some organization such as the American Psychiatric Association or the American Board of Medical Specialists.

5. On 3 December 1953, two reputable physicians consulted by the undersigned advised that psychosomatic medicine relates to that medical theory which holds that some illnesses may be of psychogenic origin. They indicated that psychosomatic medicine is not a medical specialty in itself such as cardiology, immunology and allergy, etc. They indicated that to some extent the psychosomatic approach is used by all physicians in the treatment of their patients.

6. On 3 December 1953, a telephone call under suitable pretext was made to the American Psychosomatic Society, ELdorado 5-2799, 551 Madison Avenue, New York, N. Y. A woman who did not identify herself advised that formal psychiatric training was not a prerequisite for membership in the American Psychosomatic Society. She indicated that the membership represented all branches of medicine with a good proportion of psychiatrists and internists.

(b)(6)

FRANCIS R. FAVORINI
Special Agent in Charge

SECURITY INFORMATION

CLASS:

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SECURITY INFORMATION
REPORT OF INVESTIGATION

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(CATEGORY OF REPORT)

MANHATTAN

(FIELD OFFICE)

CASE NO. 73317 F. O.	DATE 3 December 1953
PERIOD OF INVESTIGATION 28 November, 2 December 1953	
OFFICE OF ORIGIN MANHATTAN FIELD OFFICE	
REPORT MADE BY FAVORINI, Francis R.	
CHARACTER OF CASE SPECIAL INQUIRY	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>FINAL</p> </div>
<p>APPROVED: (b)(6)</p> <p style="text-align: center;">FRANCIS R. FAVORINI (SPECIAL AGENT IN CHARGE)</p>	

12/2/53

FORM NO. 38-109
MAR 1951

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CLASS: SECURITY INFORMATION

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Case No. 73317

3 December 1953

GENERAL:At New York, New York

On 28 November 1953, at 7:50 a.m., ROBERT V. LASHBROOK was interviewed in Room 488, Statler Hotel, 33rd Street and Seventh Avenue.

Mr. LASHBROOK advised that the SUBJECT was a biochemist and Agency employee assigned to a project at Camp Dietrick, Frederick, Maryland. He stated that a Colonel VINCENT RUWET is Commanding Officer of the SUBJECT's group. LASHBROOK indicated that he has known the SUBJECT for about one year. He stated that the SUBJECT had been suffering from "persecution delusions and guilt feelings." He indicated that these delusions and guilt feelings were not in areas related to the SUBJECT's work. LASHBROOK stated that the SUBJECT had received a medical discharge from the military service because of ulcers and was drawing disability pay. It was the SUBJECT's feeling that he actually had no ulcers and that he therefore believed that he was cheating the government. In this connection, LASHBROOK stated that the SUBJECT would listen to no reasonable solution to his problem. He stated that Colonel RUWET had become aware of SUBJECT's condition and suggested that something be done about it. As a result, on 24 November 1953, Colonel RUWET, LASHBROOK and the SUBJECT came to New York to consult with Dr. HAROLD A. ABRAMSON who has offices at 133 East 58th Street, New York City, and who resides at 47 New Street, Cold Spring Harbor, Long Island, New York. The three consulted with Dr. ABRAMSON on 24 and 25 November 1953 and on the night of 25 November all three went to the Hotel Statler with the intention of departing for Washington, D.C., at about 7:30 a.m., 26 November. At about 5:30 a.m., Colonel RUWET and LASHBROOK arose and were unable to find the SUBJECT. They proceeded to the lobby of the hotel and found SUBJECT there. The SUBJECT told them that he had been "wandering around for a while."

This data is property of the Security Office and should be returned when it has served its purpose. Its existence or contents must not be disclosed except to CIA Staff Officers directly concerned.

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3 December 1953

He also told them that he had torn up what paper money he had and various papers in his wallet. He also indicated that he then threw the wallet away. He was unable to indicate where he had discarded the above articles. Colonel RUWET, Mr. LASHBROOK and the SUBJECT returned to Washington, D.C., on the morning of the 26th. The SUBJECT's condition was such that it was considered advisable that they return to New York immediately for further consultation with Dr. ABRAMSON. Colonel RUWET remained in Washington and LASHBROOK and the SUBJECT returned to New York, arriving at La Guardia Airport at about 2:00 p.m. They proceeded by taxi to Dr. ABRAMSON's residence, 47 New Street, Huntington, Long Island, arriving there at about 4:00 p.m. After about a one-hour consultation, LASHBROOK and the SUBJECT went to the Anchorage Guest House at Cold Spring Harbor where they remained overnight. At about 8:15 a.m. on 27 November 1953, Dr. ABRAMSON met LASHBROOK and the SUBJECT at the Anchorage Guest House and drove them to Dr. ABRAMSON's New York office at 133 East 58th Street. There was a further conference in which all three participated and it was Dr. ABRAMSON's suggestion that the SUBJECT go to a hospital for treatment. LASHBROOK stated that SUBJECT indicated that this was agreeable to him. Dr. ABRAMSON then contacted the Chestnut Lodge at Rockville, Maryland, and made arrangements for the SUBJECT, accompanied by LASHBROOK, to be there at noon on 28 November 1953. The Chestnut Lodge was decided upon after telephonic discussion between Dr. ABRAMSON and Dr. GOTTLIEB. LASHBROOK identified Dr. GOTTLIEB as Dr. SID GOTTLIEB, his (LASHBROOK's) supervisor. After the conference and on the afternoon of 27 November 1953, LASHBROOK and the SUBJECT returned to the Hotel Statler and checked in. They watched television for a while and then went to the hotel cocktail lounge where each had two martinis. They later had dinner in the hotel's main dining room. LASHBROOK stated that no other alcoholic beverages were consumed by either of them. LASHBROOK stated that at this time, the SUBJECT appeared cheerful and in a considerably better mood. Shortly before 10:00 p.m., the SUBJECT telephoned his wife. He stated that the SUBJECT appeared reluctant to discuss his condition with his wife. LASHBROOK added that the SUBJECT's wife had had psychiatric care early this year. At about 10:00 p.m., the SUBJECT and LASHBROOK returned to their room. They had Room #1018 which contained twin beds. LASHBROOK stated that shortly after 10:00 p.m. he called Colonel RUWET who agreed to meet them at the plane arrival at Washington at about 9:30 a.m., 28 November 1953. LASHBROOK and the SUBJECT watched television in their room until about 11:00 p.m.

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LASHBROOK stated that the SUBJECT remarked that he felt more relaxed than he had for a long time. Both then went to bed and LASHBROOK fell asleep. LASHBROOK stated that recalling that the SUBJECT had "disappeared" the day before, he, LASHBROOK, took the bed nearest the door. LASHBROOK stated that he was unable to fix the time definitely but that about 2:30 a.m. he heard a loud crash of glass. He said that the SUBJECT had jumped through the window shade and the glass and landed on the sidewalk of Seventh Avenue, across the street from Pennsylvania Station. He repeated that his estimate of the time was not accurate and that "that time may be way off." He stated that he immediately, and before reporting to anyone else, telephonically contacted his superior, Dr. GOTTLIEB, at his home, telephone VIENNA (Virginia) 15W4, and told him what had happened. He then reported the incident to the hotel telephone operator. LASHBROOK said that immediately afterward he called Dr. ABRAMSON who "wanted to be kept out of the thing completely." Shortly afterward, some uniformed police officers and hotel employees came to his room. LASHBROOK stated that he did not obtain their names. He told the police at that time that he did not know why the SUBJECT had jumped and indicated to them that he knew the SUBJECT suffered from ulcers. The uniformed police made a search of the room and found no papers belonging to the SUBJECT, with one exception. LASHBROOK said that this was a letter to the SUBJECT from the Veterans Administration concerning a lapsed insurance policy. This was in LASHBROOK's suitcase. He explained that on Thursday night, the 26th, the SUBJECT had thrown the letter into a waste paper basket and LASHBROOK had retrieved it. While the police were in the room, Dr. ABRAMSON called back and indicated that he had changed his mind about wanting to be "left out completely," and would assist. LASHBROOK stated that no one exhibited any curiosity about this call. He stated that he observed that during the first call to Dr. ABRAMSON the doctor's voice was loud and clear. During the second call, he could not hear the doctor very well and speculated on the possibility of a tapped wire. Following a search of the room by the police, LASHBROOK was requested to go to the police station house at 138 West 30th Street to identify the body. At the station house, he was interviewed by Detectives WARD and MULLEE of the 11th Detective Squad. The detective asked him to turn out his pockets. LASHBROOK stated that among his papers there were airline tickets for the trips that he and the SUBJECT had taken within the past few days and a receipt on plain white paper for \$115.00 dated 25 November 1953 and signed by JOHN MULHOLLAND. The receipt indicated "Advance for Travel to Chicago." There was also a post card with Colonel RUWET's address appearing as follows: "Vince Ruwet, 1004 Rosemont Avenue, phone Monument 3-469." LASHBROOK said that his papers included some hotel bills and also a paper with the

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address of the Chestnut Lodge in Rockville, Maryland. This latter paper was retained by Detectives WARD and MULLEE. Among LASHBROOK's papers examined by the detectives, there was one which contained Dr. ABRAMSON's office and home addresses and telephone numbers. This paper also contained the following:

G.W.
59 West 12th St.
Apt. 6E
Chelsea 3-7176

M.H.
81 Bedford St.
Oregon 5-0257

J.M.
600 West 115th St.
Mo2-8763

LASHBROOK stated that this information was copied by Detectives WARD and MULLEE and they asked him who G.W., M.H. and J.M. were. He indicated that he preferred not to identify them because of security reasons and the matter was pressed no further by the detectives. LASHBROOK identified G.W. to the reporting agent as GEORGE WHITE, Chief of the Boston Office of the U. S. Bureau of Narcotics. He said that M.H. stood for MORGAN HALL, an undercover name for GEORGE WHITE. LASHBROOK identified J.M. as JOHN MULHOLLAND, an Agency employee. During the interview by the detectives, LASHBROOK stated that he told them he was employed by the Department of Defense and exhibited his AGO card for identification. He said that the police requested no details concerning his superior or office location and that he volunteered none. He gave the detectives his California home address, 1115 Montrose, South Pasadena, which is where his parents reside, and his Washington, D.C., address, Apt. 109, 1833 New Hampshire N.W. LASHBROOK stated that he told the detectives that the SUBJECT was employed at Camp Dietrick, Frederick, Maryland, that Colonel VINCENT RUWET was the person there to be notified and that the SUBJECT came to New York with the knowledge of Colonel RUWET and SUBJECT's wife. LASHBROOK stated that he gave no details of SUBJECT's employment at Camp Dietrick. He indicated to the police that he, LASHBROOK, was stationed in Washington, D.C. LASHBROOK stated that the detectives indicated that he had been somewhat uncooperative when questioned by the police in his room at the hotel. LASHBROOK said that he explained to the detectives that because of the nature of SUBJECT's illness he

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was reluctant to discuss it before so many people. He indicated to the detectives that he came to New York with the SUBJECT to see Dr. ABRAMSON and that the SUBJECT was seeing Dr. ABRAMSON because of mental illness. LASHBROOK told the detectives that he was to accompany the SUBJECT to Chestnut Lodge at Rockville, Maryland. LASHBROOK stated that the detectives then examined his wallet. The wallet contained his AGO pass, #495652, and an Army Chemical Center pass, #C750. The wallet also contained a small slip of paper with about thirty unrelated letters of the alphabet. LASHBROOK explained to the reporting agent that this was a coded safe combination. He stated that the police passed right over these papers and did not copy them. The wallet also contained Agency pass [redacted] This pass indicated "If found return to Box 1925, Washington, D.C." This pass was not questioned by the detectives and not identified or explained by LASHBROOK. He indicated also that he advised the Police Department that he, LASHBROOK, shared his apartment in Washington, D.C., with EDWIN SPOEHEL. At the conclusion of the interview by the detectives, all papers were returned to LASHBROOK and they assured him that there would be no publicity emanating from the Police Department regarding the incident. They requested that between the hours of 9:00 a.m. and 12:00 noon on 28 November 1953, LASHBROOK identify SUBJECT's body at the Morgue, Bellevue Hospital, 29th Street and First Avenue, New York City. They further indicated that there would not be any further need to question him.

(b)(3)

The interview was concluded at about 9:30 a.m. and reporting agent advised LASHBROOK that he would contact him at the Statler Hotel when LASHBROOK returned from the Bellevue Morgue.

At about 12:30 p.m., reporting agent and LASHBROOK met at the Hotel Statler. LASHBROOK advised that he had made the official identification of SUBJECT's body and that funeral arrangements would be made by Colonel RUWET or the SUBJECT's wife. Reporting agent remained with LASHBROOK until 5:00 p.m. LASHBROOK made a number of phone calls during the afternoon and other than exhibiting fatigue, appeared completely composed. He advised that pursuant to instructions received from Dr. GOTTLIEB he was to meet with Dr. ABRAMSON at 9:15 p.m. on the 28th to obtain a report from Dr. ABRAMSON which he was to take to Washington.

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At 5:00 p.m., Agent WALTER P.T., Jr., met reporting agent and ROBERT LASHBROOK at Pennsylvania Station at New York City. Pursuant to instructions, Agent WALTER P.T. accompanied LASHBROOK throughout the evening and reporting agent departed. LASHBROOK indicated that he would like to take a walk and go to a movie until his 9:15 p.m. appointment. After seeing "Cease Fire" at the Criterion (14th Street and Broadway) and dinner at Mc Ginnis's Restaurant (48th Street and Broadway), LASHBROOK and Agent WALTER P.T. walked to 133 East 158th Street, New York, N. Y., arriving there at about 9:15 p.m. Upon arriving there, they proceeded to Room 310. LASHBROOK indicated that he preferred to have the agent wait in the reception room while he spoke to Dr. ABRAMSON. LASHBROOK introduced the agent to Dr. ABRAMSON without the use of the agent's name and indicated that he was a friend accompanying him in an advisory capacity. While remaining in the outer office, Agent WALTER P.T. overheard a portion of the conversation between LASHBROOK and Dr. ABRAMSON. This conversation is summarized as follows:

Upon closing the door, Dr. ABRAMSON and LASHBROOK started a discussion relating to security. Dr. ABRAMSON was heard to comment to LASHBROOK that he was worried about him. LASHBROOK then stated that he thought it would be best if he dictated to Dr. ABRAMSON. Prior to his dictation, they listened to portions of a conversation which had been recorded. Although names were not mentioned, it is believed that the recording represented an interview between a physician or psychiatrist and the SUBJECT. Following this, LASHBROOK started to dictate to Dr. ABRAMSON concerning the SUBJECT. This related to LASHBROOK's observations of SUBJECT's behaviour prior to SUBJECT's demise. LASHBROOK told Dr. ABRAMSON that SUBJECT had told him that as far back as March 1953 SUBJECT's wife had suggested that SUBJECT see a doctor because of his depressed condition. LASHBROOK further stated that it was his impression that SUBJECT had delusions and was suffering from guilt and persecution complexes. LASHBROOK mentioned that SUBJECT thought he was stealing money from the government. LASHBROOK also indicated to Dr. ABRAMSON that SUBJECT had told him that he thought the agency group was putting benzedrine in his coffee to keep him awake. Toward the close of his dictation, LASHBROOK indicated that he had had dinner at the hotel with the SUBJECT at which time the SUBJECT had said to him, "I haven't felt better for a long time." Several times during LASHBROOK's dictation, the dictation was interrupted and he and Dr. ABRAMSON listened to portions of the tape recording.

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Agent WALTER P.T. heard LASHBROOK and Dr. ABRAMSON leave the room closest to the outside office and enter another room. At this point, LASHBROOK and Dr. ABRAMSON were apparently having a drink. Dr. ABRAMSON was heard to remark to LASHBROOK that he was "worried as to whether or not the deal was in jeopardy" and that he thought "that the operation was dangerous and that the whole deal should be re-analyzed." LASHBROOK and Dr. ABRAMSON rejoined Agent WALTER P.T. in the outer office at about 10:30 p.m. Dr. ABRAMSON accompanied LASHBROOK and the agent to the street. On the way down, Dr. ABRAMSON spoke to LASHBROOK using medical terms which LASHBROOK apparently understood quite well. Agent WALTER P.T. got the impression that LASHBROOK is a doctor or scientist.

Agent WALTER P.T. and LASHBROOK took a taxi from 58th Street and Park Avenue to Pennsylvania Station where LASHBROOK boarded the 12:10 a.m. train for Washington, D.C., at 11:00 p.m.

On 2 December 1953, Agent JOHN D.P. obtained Certificate of Death relating to the SUBJECT from the New York City Department of Health, Bureau of Records and Statistics. This certificate is attached and marked Exhibit A.

On 2 December 1953, Agent JEREMIAH J.M. examined "WHO'S IMPORTANT IN MEDICINE," Second Edition, 1952, at the New York Public Library, 42nd Street and Fifth Avenue. This book contained the following information about Dr. HAROLD ABRAMSON:

"ABRAMSON, Harold Alexander, Physician; born November 27, 1899, New York, N.Y.; son of F. Samuel and M. Rose (Richard) Abramson; educated at Columbia Univ., AB 1920, MD 1923; married Barbara Howland Smith, June 26, 1933; Children - Alexandra Howland, Harold Alexander, Barbara Howland, Howland Wilson. Engaged in the practice of Medicine since 1925. National Research Council Fellow, Kaiser Wilhelm Institute for Phys. Chemistry and Electrochemistry, Berlin, 1926-27. Instructor in Medicine, John Hopkins University, 1929-31. Associate in Bacteriology and Immunology, Cornell University, 1934-35. Assistant Professor of Physiology, Columbia University, since 1935. Associate Physician and Chief of Allergy Clinic, Mt. Sinai Hospital. Discovered and developed electrophoretic and ultracentrifugal isolation of molecules causing hay fever; elec. charge of blood cells; electrophoretic (sic) skin tests and therapy with pollen extracts; mechanism of allergic skin reactions, nature of ionizing groups of protein surfaces. Initiated (1942) and

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directed penicillin aerosol therapy for lungs for Tech. Div., Chem. War Service, World War II. Assistant Chief and Chief, Defense Materiel. Fellow: N.Y. Academy of Medicine; American College of Allergists (Pres. 1951-52). Member: American Assn. for Advancement of Science; American Academy of Allergy; American Psychosomatic Society; N.Y. Academy of Science; N.Y. Allergy Society (Pres. 1951-52); American Society of Certified Allergists; American Society of Biological Chemists; N.Y. County Medical Society; Society for Experimental Biol. and Med.; Society for Investigative Dermatology; Alpha Omega Alpha; Epsilon Chi; Member, Board of Trustees, Biology Lab., Cold Spring Harbor, L.I. Awarded Meyerhof Prize, Columbia Medical College, 1921; Stevens Triennial Prize, Col. Univ., 1935; Legion of Merit, World War II. Member of Editorial Board: Annals of Allergy; Psychosomatic Medicine; Archives of Allergy and Immunology. Lt.-Col., Med. Corps Res. (inactive). Res: Cold Spring Harbor, N.Y. Off: 133 East 58 St., N.Y. 22, N.Y."

The MEDICAL DIRECTORY OF NEW YORK STATE, Volume XLIV, 1951, published by the Medical Society of the State of New York, 292 Madison Avenue, New York, N. Y., indicates that Dr. ABRAMSON's practice is limited to Immunology and Allergy.

On 2 December 1953, Agent JAMES J. McC. contacted Detectives JAMES WARD and DAVID MULLEE at the 14th Police Precinct, 138 West 30th Street, New York City. Detective WARD made available the complaint report in SUBJECT's case which indicated the date and time as 28 November 1953 at 3:50 a.m. The case number was 125124 and the crime DOA (Death on Arrival). The place of occurrence was noted to be the Hotel Statler, Room 1018A, 33rd Street and Seventh Avenue, and the case was handled by Detective JAMES WARD, 14th Squad.

The details as reported by complainant Patrolman GUASTEFESTE, Shield #11626, described the SUBJECT as "unknown, M-W-42-5'10"-170 lbs.-blue eyes-blond hair-partly bald-wearing white underwear. Registered in hotel under name of FRANK _____ of Route #5, Frederick, Md. Jumped or fell through window in room at place of occurrence and pronounced DOA by Dr. DIMOSINO of St. Vincent's Hospital. Deceased found by Assistant Manager FITZGERALD of Statler Hotel. Body to station house."

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Report of Investigating Officer dated 11/28/53 stated that the investigation was being conducted and that in view of the facts set forth it was requested that the case remain active.

A supplementary complaint report concerning the case indicated that the crime or offense reported was now listed as DOA (Suicide). The status of the case was indicated as Closed WR (with written report).

The report of the investigation dated 30 November 1953 reflected the following:

"SUBJECT-RE: INVESTIGATION CONDUCTED, IDENTITY OF DECEASED, CAUSE OF DEATH AND DISPOSITION OF BODY.

1. Upon being notified of this occurrence, immediately visited place of occurrence, Statler Hotel, where a thorough investigation was conducted. At this time, it was disclosed that the deceased had registered in Rm. #1018A on November 26, 1953, under the name of FRANK R. _____, Frederick, Md., with another person named ROBERT LASHBROOK, Washington, D.C., Apt. 109, who identified himself as a consultant chemist employed by the War Department, Defense Bureau, Adjutant's General's Office, Washington, D.C., under Serial #CL168321829 also had picture on card with number E244. LASHBROOK at this time disclosed that the deceased was one FRANK R. _____, Camp Detrick, Frederick, Maryland, a Bacteriologist, employed by the same branch of the government as he (LASHBROOK). He further stated that the deceased with himself and a Colonel VINCENT RUWET, attached to Camp Detrick, Frederick, Md., came to New York City on November 24, 1953, for the purpose of having the deceased examined by a Dr. HAROLD ABRAMSON, 133 E. 58th St., N.Y.C. (PL 3-8338), as he was suffering from a mental ailment. They remained in N.Y.C. until the morning of November 26, 1953, registered at the Statler Hotel, during which time the deceased was examined by the doctor on two occasions and on the morning of November 26, 1953, LASHBROOK, with the deceased, returned to New York City and registered in the Statler Hotel. They again visited the aforementioned doctor and as a result of this visit the deceased was advised to enter a sanitarium as he was suffering from severe psychosis and illusions. At this time, arraignments were made for the deceased to enter the Chestnut Lodge, Rockville, Md., under the supervision of a Dr. FORT. On the evening of November 27, 1953, the deceased in the company of LASHBROOK had dinner in the Cafe Rouge of the Statler Hotel and returned to their room at approximately 9:30 p.m.

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looked at television for approximately 1 hour and then proceeded to go to sleep. At approximately 3:20 a.m. on November 28, 1953, LASHBROOK stated that he heard a crash of glass which awakened him and upon turning on the light he observed that the deceased was not in his bed and that the window of the room leading out to 7th Avenue was broken. He then called the operator of the hotel and at this time he learned that _____ had jumped out of the window.

"2. The assigned immediately checked on the above facts related by LASHBROOK and they were verified by Dr. HAROLD ABRAMSON and Colonel VINCENT RUWET.

"3. Due to the importance of the positions held by the deceased and LASHBROOK with the U.S. Government, the facts in this case were related to F.B.I. Agent GEORGE DALEN (by telephone).

"4. On November 28, 1953, autopsy performed on body of deceased by Assistant Medical Examiner DI MAIO and as a result of same it was disclosed that death resulted from multiple fractures.

"5. On November 28, 1953, body of the deceased claimed by his wife ALICE and delivered by Frank E. Campbell, undertakers, 1076 Madison Ave., under removal #87, for burial. CASE CLOSED."

This report was submitted and signed by Detective JAMES W. WARD, Shield #338, 11th Squad.

Before reviewing the report, Detective DAVID MULLEE, who had reported to duty on the evening shift a little earlier than Detective WARD, engaged in conversation with Agent JAMES J. McC. When MULLEE was contacted and advised that the agent was interested in obtaining the report concerning SUBJECT's case, MULLEE advised that he was Detective WARD's partner on the case. He stated that WARD was responsible for the report and he personally discussed the case and said that ROBERT LASHBROOK, who was with the SUBJECT, had been quite uncooperative and he and Detective WARD had to bring LASHBROOK to the station house before he would answer other questions. Detective MULLEE said that they were first very suspicious that LASHBROOK and the SUBJECT might have been engaged in some homosexual affair and also were mulling over in their minds the possibility that the case was actually a homicide. He further stated that they were considering

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the possibility that SUBJECT and LASHBROOK were involved in some committee hearing for they were aware that Sen. Mc Carthy's Committee was in town around this time. He stated that the case of DUGGAN of the State Department came to mind and as a result they called the FBI to see whether or not they knew anything about either LASHBROOK or the SUBJECT. About this time, Detective JAMES WARD appeared and he more or less confirmed what Detective MULLEE had said. He advised that LASHBROOK was uncooperative and it was "like pulling teeth to get anything out of him." He said that they secured Dr. ABRAMSON's name from the hotel operator who apparently had intercepted LASHBROOK's call to Dr. ABRAMSON and he continued by stating that he could not believe anything could be so secretive that LASHBROOK would have been justified in being so uncooperative. He advised that he had been in touch with an F.B.I. agent (whom Detective MULLEE thought was named Mc SHANE) whom he, Detective WARD, did not identify, and who was equally unbelieving and had expressed the opinion that he did not know of any government work so confidential as to justify a lack of cooperation with police officials.

After this discussion, Detective WARD made available report set forth above and when the report was returned to him, in answer to a query as to whether the FBI was still interested in the case he stated that he believed they were doing further checking into the background of LASHBROOK.

Detectives WARD and MULLEE advised that the SUBJECT's case had been given little publicity but this was not because the reporters were not interested in the case at the time that it happened, but rather that none of the more important New York newspapers have been published since the incident occurred. They said that reporters had been around the station house trying to get details on the story on the day it happened but advised that after twenty-four hours news stories lose their value.

Detectives WARD and MULLEE were fully cooperative and advised that they would be willing to give further help if it were desired.

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*Per General Counsel - 5 Jan 54.

Photostat forwarded to
BEC with claim.

Ben 10/EB

EXHIBIT "A"

SUBJECT: Chronological Relationship with Dr. Frank R. Olson

I first met Dr. Frank R. Olson at Camp Detrick during the month of May 1943 at which time he was a commissioned officer in the Army, assigned to the classified research project at this station. During the period of May 1943 to May 1944 I was also assigned to this project as a commissioned officer. Dr. Olson's work during this time was mainly in the field of aerobiology and was assigned to another division. I was not in close contact, in the above period of time, with Dr. Olson either professionally or socially.

From May 1944 to September 1945 I was assigned to the Vigo Plant, Indiana Chemical Corps Installation, during which time I had no contact with Dr. Olson.

My next contact was made after my reassignment to Camp Detrick in October 1945. From October 1945 to September 1950, Dr. Olson was assigned to the Aerobiology Branch in the Physical Defense Division of the CmlC Biological Laboratories. In that capacity he was not closely associated with me professionally; however, we had numerous social contacts.

In September 1950 Dr. Olson joined the newly formed SO Division of which I was Chief. His first assignment to this Division was to take charge of the planning, training and intelligence activities. On October 1952 I was transferred from the SO Division to the Director's Office. From October 1952 to April 1953 Dr. Olson assumed my duties in the SO Division. In April 1953 Dr. Wedum, Safety Director of the CmlC Biological Laboratories, recommended that Dr. Olson be relieved of his duties as Chief of SO Division due to his health (ulcers). Lt Col DeCarlo was then appointed Chief of SO Division and Dr. Olson assumed the duties as Chief of Plans and Assessment Branch. He continued this assignment up to the date of his death.

SUBJECT: Chronological Relationship with Dr. Frank R. Olson (Contd) 2

Dr. Olson was considered as an authority in the field of aerobiology, a science which was developed considerably during the years 1943 to 1953 at Camp Detrick. Both his superiors and subordinates regarded him as a highly qualified scientist in this field.

During the years I have known Dr. Olson I have had numerous social contacts with him and his family, visiting often at his home. He was always extremely cheerful, more than willing to help anyone in distress, often times making it a point to cheer not only his friends but others who were in a depressed mood. Dr. Olson enjoyed an occasional alcoholic drink but did not indulge excessively. His general state of mind and outlook on life was always that of extreme optimism. Never was there any indication of pessimism.

Dr. Olson could be classified as a family man, taking great interest in his home and the activities of his family. He imbedded in the minds of his children the need of religion in life, making sure that they attended their Sunday School regularly and would also encourage his friends' children to attend with them.

My last personal contact with Dr. Olson was on November 11, 1953, at which time he brought his children to visit and play with my children. At this time he appeared normal in all respects and as cheerful as ever.

I had no personal contacts with Dr. Olson after the experiment. I had first learned on Monday, November 23rd, 1953, from Lt. Col. Vincent Ruzet that Dr. Olson had been exposed and was showing symptoms of reaction.

On Tuesday, November 24th, I was notified that Dr. Olson was being taken to New York City for treatment.

SUBJECT: Chronological Relationship with Dr. Frank R. Olson (Contd)

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On Wednesday, November 25th, I was notified that condition was not serious and that recovery was expected.

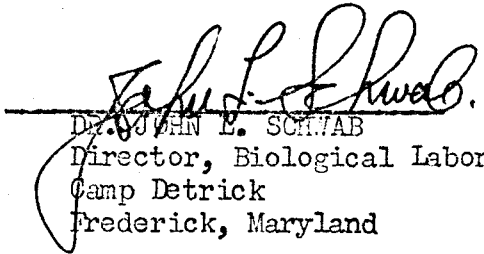
On Thursday evening, November 26th, I was notified that Dr. Olson had returned to New York for further treatment.

On Friday, November 27th, I was notified that Dr. Olson was under treatment and that arrangements were being made for treatment at a private institution in this area. (Washington, D.C.-Frederick, Md.)

At approximately 3 a.m. on Saturday, November 28th, 1953, I was notified that Dr. Olson had leaped from the Statler Hotel.

At approximately 6 a.m. same date I received confirmation that the leap was fatal.

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.


DR. JOHN E. SCHWAB
Director, Biological Laboratories
Camp Detrick
Frederick, Maryland

TO WHOM IT MAY CONCERN:

My name is Vincent L. Ruwet, a Lt. Colonel in the Chemical Corps. At the time of the death of Dr. Frank R. Olson I was assigned as Chief of Special Operations Division in which division Dr. Olson was a Branch Chief.

I first met Dr. Olson on the 1st of July, 1951, on which date I reported to the Division. From July, 1951, to January, 1952, we were in intimate contact professionally and on comparable levels professionally, that is, I was Assistant to the Division Chief and he was a Branch Chief. Also during that time we became very friendly socially and I saw a great deal of him and his family both at his home and they at my home.

In January, 1952, I left the Division to undertake the duties of Executive Officer of the Post at which time my daily professional contact was more limited but I did work with him on a liaison basis, particularly, with reference to matters pertaining to the mission of SO Division. Subsequent to that time in August, 1952, I became the Assistant Deputy Director of the Biological Laboratories and my relations with the deceased continued on about the same level. During this period we continued our social friendship on a very close and intimate basis.

In June, 1952, I was assigned as Acting Division Chief of SO Division in addition to my other duties. In October, 1953, I was appointed Division Chief, which fact seemed to please Dr. Olson, very much.

During the period just covered Dr. Olson was Branch Chief until October, 1952, at which time he was prevailed upon by Dr. Schwab and myself to become Acting Chief of SO Division by reason of the fact that Dr. Schwab had left the Division. Dr. Olson did this reluctantly since he said that he was

adverse to taking on administrative type of work and preferred closer touch with the laboratory bench. Dr. Olson carried on as Acting Division Chief until 1 March, 1953 at which time he was removed at his own request to revert to Branch Chief, his old job, and in addition to his other duties Special Assistant to the Division Chief.

During the period described above and before the experiment my estimate of Dr. Frank R. Olson is as follows --

His personality was that almost of an extrovert. He liked a practical joke, did not carry it to excess.

Socially, he was very popular, "life of the party" type. He was the first one on hand to assist anyone who might have troubles either professionally or personal. He and his wife were extremely popular persons on the Camp.

As a professional man my estimate of his ability is that he was outstanding. The extent of my contact with him has already been stated from October (professionally and at work) from July, 1951, to January, 1952, the contact was daily.

From January, 1952 to June, 1953, it was probably on the order of 2 or 3 times a week. From June, 1953, until his death the contact was daily. At all times from June, 1951, and until his death my social contact with him and his family was intimate.

For the period in which I have knowledge my estimate of the performance of his duties officially was satisfactory to outstanding. I would say that from the cumulative standpoint and in comparison with other scientists doing similar type of work he was outstanding.

During the period prior to the experiment my opinion of his state of mind

was that I noticed nothing which would lead me to believe that he was of unsound mind. He had the normal family worries, (worries that I consider to be normal). Occasionally he had trouble with his ulcers but was always reluctant to discuss personal troubles with anyone.

Professionally he was making very fine progress particularly in the last year and was most successful in the work he was doing.

I would further like to insert as regards to his personality or personal habits that he did smoke and did take social drinks but did not use either to excess.

The experiment took place Thursday, November 19th, 1953 in the evening. I saw Dr. Olson on Friday morning. We had breakfast and he appeared to be agitated and at the time I did not consider this to be abnormal under the circumstances.

Immediately after breakfast on Friday morning, November 20th, Dr. Olson came to me and had asked if I would object if he rode back to "home-station" with Mr. Champlin. I stated, "Of course, not; that it was perfectly all right with me."

The next time I saw Dr. Olson was on Monday morning, 23rd of November, 1953. I came to work about 7:30 and Dr. Olson was waiting for me in his office. He appeared to be agitated and asked me if I should fire him or should he quit. I was taken "a-back" by this and asked him what was wrong. He stated that in his opinion he had messed up the experiment and did not do well at the meetings. I talked with Dr. Olson for about a half hour and further discussed it with him stating that in my opinion he had the wrong impression - that I thought he did very well at the meetings and in

his participation in the experiment was above reproach. He appeared to be satisfied and relieved.

We attended two professional appointments together and I noticed nothing unusual except that he appeared to have some difficulty in concentrating. We also had lunch together on that date. He did not eat very well; I did notice that. We attended an official movie and meeting at 1530 that afternoon. He was riding home in a car-pool that night and immediately after the movie he said, "so-long," and ran to catch his car.

The next time I saw him was the following morning, Tuesday, 24 November, 1953, when he again was waiting for me in my office when I came to work, about 7:30 a.m. He appeared to be greatly agitated and in his own words, "all mixed up." He said he felt that he was not competent, that he had done something wrong. When questioned closely he could not say exactly what he thought he had done wrong. He made reference to the fact that he thought he should not have been retired for physical reasons but when this was pushed he shifted to the fact that he felt incompetent to the type of work he was doing - when this was pursued he seemed to look for something else which he had done wrong.

After about an hour of discussion it became apparent to me that Dr. Olson needed psychiatric attention. I continued the discussion in such a way as to attempt to get him to suggest that he needed some help. This he did, finally. Dr. Stubbs, who was present, and I immediately agreed that this was our opinion also and I suggested to him that I call Mr. Robert Lashbrook and arrange for such assistance. This he agreed to and said that he would go home at once and discuss the situation with his wife, which he did.

I immediately called Mr. Lashbrook and explained to him what the situation

was and expressed the opinion that Dr. Olson was in serious trouble and needed immediate professional attention. Dr. Lashbrook said that he understood and would take immediate action. Meanwhile Dr. Olson had been discussing this with his wife. I received a call from his wife asking if she could come along and I told her that she could. We were to go to Washington, D.C. for further assistance.

Shortly after this Dr. Lashbrook called back and wanted to know what time we would be in Washington since he had arranged for an appointment in New York with a psychiatrist and that he would obtain air reservations for us to go to New York. About 5 minutes after that Dr. and Mrs. Olson arrived at the office. We went from there to my home where I changed from uniform to civilian clothes and we ^{were} driven from my home to Washington by Mr. John C. Malinowski.

En route Dr. Olson appeared to be greatly agitated, highly suspicious, and in his own words, "all mixed up." We stopped at the Hot Shoppe restaurant in Bethesda, Md., to have lunch. Dr. Olson ordered lunch but ate or drank very little. He appeared to be highly suspicious of food or drink. We then proceeded to Dr. Lashbrook's office. I went in and saw Dr. Lashbrook and explained the situation to him again. Dr. Olson stayed out in the car with his wife and Mr. Malinowski. I found out later that he had asked Mr. Malinowski to leave the car so that he could talk to his wife, which was done.

After about 15 minutes I came out and suggested to Mr. Malinowski and Mrs. Olson that they leave us there and that we would get to the air-port with Dr. Lashbrook who was going with us. We proceeded for the air-port and left for New York as I can estimate the time now, about 2:30 p.m. Nov. 24.

During the trip Dr. Olson's condition appeared to be about the same. He was very anxious and he had the feeling that someone was out to get him. He didn't appear to be quite sure why, etc.,

We arrived in New York without incident, proceeded from LaGuardia Airport to Dr. Abramson's office; arrived there approximately 5 p.m. We left Dr. Olson with Dr. Abramson who requested us to come back in about 1 hour.

After an hour we came back and Dr. Abramson suggested that we go to a hotel and we told him we had reservations at the Statler Hotel. He stated that he would come up to our room about 10:30 with some sedatives and also suggested that we have a "high-ball." Dr. Olson, Dr. Lashbrook and I went directly to the hotel, sat and talked for a while, then went to the cocktail-lounge, had a Martini and then went to dinner. Dr. Olson drank a Martini but refused to drink a second one. He ate very little; still appeared to very suspicious, of Dr. Lashbrook and myself.

After dinner we went back to our rooms, discussed various things and Dr. Olson asked to talk with me alone. Again he appeared to very anxious, upset and kept asking, "What's behind all this? Give me the low-down; What are they trying to do with me; are they checking me for security, etc., I did my best to re-assure him and tried to show him wherein factually he was imagining these difficulties and thought I had convinced him, at least, he said that he thought things were clearing up and also he said that he thought Dr. Abramson could help him.

About 10:30 p.m. Dr. Abramson came and brought a bottle of bourbon and some "Nembutal." for Dr. Olson. We sat around and had just a good, social discussion and a couple of "high-balls." About mid-night Dr. Abramson

said, 'Well, it's time to go to bed.' He suggested to Dr. Olson that he take a "Nembutal" which he did at that time and that Dr. Olson take another should he have difficulty sleeping. By the way Dr. Olson had complained to me from the start that he had not been able to sleep after Thursday. He said that he got no sleep. Dr. Olson fell asleep. The undersigned remained awake.

Dr. Olson fell asleep immediately after going to bed and I heard him get up about 3 to go to the bath-room. He came to bed but obviously could not fall asleep as he was tossing and turning and talking to himself. I don't remember what he was saying. I asked him about that time if he would take another Nembutal and he said no. Finally about 5:30 a.m. he appeared to get upset again and I suggested that he take a Nembutal; he agreed and took it. We started discussing the situation over again - the content of the conversation was almost identical to what it had been before. Then he went back to sleep, or I believe, at least rested until about 9:30 a.m. on the morning of the 25th of November, 1953.

At this time he got up, watched television and the three of us, Dr. Lashbrook, Dr. Olson and myself went to breakfast. He ate some breakfast and appeared to be a little better although he ^{was} had still been in a rather anxious state in my opinion. We then accompanied Dr. Lashbrook, at Dr. Lashbrook's suggestion, on an official visit which he had to make. During this visit Dr. Olson again became highly suspicious and mixed up. When this became apparent we tactfully cut the visit short and left. We went from there to the doctor's office for the 4 o'clock appointment. We left Dr. Olson there and picked him shortly after 5 o'clock. Dr. Olson had requested that he return home for Thanksgiving dinner so that he could have dinner with his family

and this was agreed to by Dr. Abramson who suggested that we make an appointment to come back up on Tuesday, 1 December 1953. I asked at that time if he would like to have me come with Dr. Olson or if Dr. Olson should come alone. He said this was entirely up to Dr. Olson - if he wished he could come alone; if he wished to have company it would be perfectly alright for me to come. So then we left Dr. Abramson's office; came back to the hotel and at my suggestion got tickets for a musical show, "Me and Juliet." We went out to dinner and from there to the show which started at 8:30 p.m.

Dr. Olson appeared to get upset during the first act and at intermission he was highly agitated and stated that he knew that people were outside waiting to arrest him on his departure from the show. I tried to reassure that I personally ^{would} ~~will~~ guarantee him that he will be in Frederick or at home the following morning and that he would be there with his family for Thanksgiving. He stated that he didn't believe me and I told him, "Well, he must do so and that I would give him my word of honor that this would be so." I pointed out that we had the plane reservations. I suggested that maybe he didn't want to see rest of the show and that he and I talk and walk. To this suggestion he quickly agreed. We left the theatre ~~with him~~ and he was in a very anxious state. We walked back to the hotel from the theatre, talking all the while, and by the time we arrived at the hotel he appeared to be more relaxed. We went back to the hotel-room, talked and watched television, discussed going home the following day, ^{had} and Dr. Lashbrock stayed for the remainder of the show, and came in about 11 or 11:30 p.m. We talked for a little while, called the desk to arrange for being called in time get out to the airport the following morning. The call was arranged for 5:30 a.m. I went to bed and unfortunately I fell asleep, did not hear anything until 5:30 when the phone rang. It was

the hotel operator waking us up. I flicked on the light; Dr. Olson was not in his bed and his clothes were gone.

I immediately informed Dr. Lashbrook who was in the adjoining room and we dressed, went down to the hotel lobby as speedily as possible and there we found Dr. Olson fully dressed with his over-coat and hat on sitting in a chair. He stated he was walking around in the streets and that in the process he had disposed of his identification button, his wallet, and his money. He stated that he had done this because I had instructed him to do so since I was with him. I told him that I wasn't with him; he said, "Yes, that's right, I must have been dreaming." Since there was no time to ~~wait~~ ^{waste} we decided against looking for his wallet and identification badge, immediately went up to the room, shaved and dressed; Dr. Olson also shaved. We checked out of the hotel; got a taxi and went to LaGuardia Airport in time to make a 7:30 plane. Plane was delayed approximately one hour because of mechanical difficulties. We arrived in Washington; Dr. Olson appeared to be more relaxed at this time.

Dr. Olson ate on the plane and slept the entire trip, (1 hour). We arrived in Washington were met by Mr. Malinowski, Thursday, Nov. 26th, (Thanksgiving Day.) We got in Mr. Malinowski's car and headed for Frederick.

In north-west Washington on Wisconsin avenue Dr. Olson asked if we couldn't stop the car and talk this thing over and I asked him if there was anything wrong and he said, "Well, I would like to talk things over." We stopped in the parking lot at Howard Johnson's on Wisconsin avenue near Bethesda-Chevy Chase Woodward Lothrop store. He asked Mr. Malinowski to leave the car as he wanted to discuss something with me - Mr. Malinowski complied. He told me he could not go back to Frederick since he was so mixed up. He was ashamed to meet his wife and family, and requested to

just leave him go and would go off by himself. This I told him I could not do. He then asked me to turn him over to the police since they wanted him anyway. We discussed this at considerable length and he appeared satisfied - that the police did not want him. I then suggested that maybe he would like to go back to see Dr. Abramson. He agreed to this suggestion.

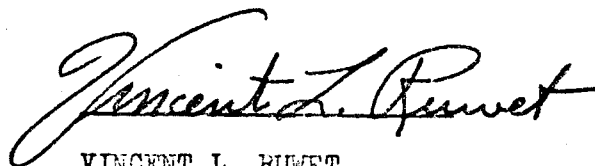
I then called Dr. Lashbrook and told him what the situation was and he told me to take Dr. Olson to his apartment immediately. This was done. We decided to take Dr. Olson back to New York to see Dr. Abramson and it was decided that since Mrs. Olson was entitled to know what the situation was and because she was expecting him for Thanksgiving dinner I should proceed to Frederick to brief Mrs. Olson. Dr. Olson appeared to be very much upset and agitated. Again, all mixed up. This was the worst that I had seen him, since the experiment took place. This ^{was} ~~is~~ the last time I saw Dr. Olson.

On Friday evening, approximately 10:30, November 27th, I received a call from New York from Dr. Lashbrook who stated that reservations had been made for Dr. Olson at Chestnut Lodge in Rockville, Maryland and that they had plane reservations for the following morning and were scheduled to arrive in Washington at 9:34 on the 28th of November. ~~This had~~ ^{He} suggested that I meet the plane which I agreed to do. I then asked if Dr. Olson was still speaking to me in a rather joking manner. I heard Dr. Lashbrook ask him this question and his answer was, "Why, yes, let me have the phone." Dr. Olson appeared on the phone quite relaxed. He told me about the trip in the morning, about the fact that he had reservations at Chestnut Lodge. I told him that I ~~knew~~ ^{new} the latter as Dr. Lashbrook had

told me so. I also told him I would meet the plane. He suggested that I not do so since that day was Saturday and he knew that I probably had work to do around the house. I told him to think nothing of that and that I would meet him. He said, "fine. I'll see you in the morning." This is the last time I spoke to Dr. Olson.

At approximately 2:45 a.m. Sat. Nov. 28th, 1953, I received a call from Dr. Gottlieb with a message that Dr. Olson had died.

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.



VINCENT L. RUWET
Lt. Col. CmlC
Chief, SO Division
Camp Detrick
Frederick, Maryland

SECRET

ROUTING AND RECORD SHEET

INSTRUCTIONS: Officer designations should be used in the "TO" column. Under each comment a line should be drawn across sheet and each comment numbered to correspond with the number in the "TO" column. Each officer should initial (check mark insufficient) before further routing. This Routing and Record Sheet should be returned to Registry.

FROM: Chief, I&R

1 December 1953

NO.

DATE

TO	ROOM NO.	DATE		OFFICER'S INITIALS	COMMENTS
		REC'D	FWD'D		
1. Inspector General					(b)(6) BY HAND EYES ONLY <i>Kirk:</i> This is interim report and we'll try to have additional data to you soon. <i>Wm</i> <hr/> We have not coordinated with DDP, have field knowledge to Glenn, Joyce and me. <i>W</i>
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