

## **RADIATION**

A lecture given on 5 November 1956

[Start of Lecture]

Thank you.

Want to talk to you about disaster relief and the handling and alleviation of atomic fission casualties.

We have covered in this course here a great many things, and it is time during the last half of this course that I became very specific about our activities and our various gains.

The handling of atomic fission is not a problem as far as setting a bomb off; it is not a problem as far as delivering the bomb or getting the appropriation to build bombs. It is a problem in human foibles, is a problem in human discretion.

There is no problem in controlling the bomb before it goes off, but there is a great deal of problem connected with controlling people who might set a bomb off. Just as you would not let a child play with a .45-caliber automatic, loaded and cocked, so should no relatively aberrated person with hates and passions not at all under control be permitted to handle or direct the use of anything as broadly fatal as atomic fission.

Unless we can enter the problem at that level, we have to think in terms of handling casualties. And so there are two levels where we could operate here. One would be an infiltration of the personnel and departments that do handle this and try to guarantee that those people that make policy are in a good state of sanity.

Failing that, however, and failing also to be able to regulate these same establishments in any nation that has an atomic establishment, we think, then, in terms of repair or escape.

We have, then, two levels to which we can immediately address our attention. The first level that I mentioned is not immediately available to us is more available how-

ever than we think. We have a great many people who are very interested in Scientology in the U.S. Atomic Energy Commission, and when we realize that these people sooner or later will realize that their own health and sanity has been very badly threatened or injured by their close association with this activity, they will want help. Well, there's no help for them except the help that we ourselves can give. So that is not an entirely blank page, the first strata. That's not entirely blank. Don't consider it entirely blank merely because it looks a little farfetched. Don't think of it in terms of an impossibility, because it is not an impossibility.

For instance, just this morning I am in correspondence with the Atomic Energy Commission on some material and have been for the last year and a half. We have some answers in mathematics in which they're very interested, and so forth. In other words, I'm drumming away; I'm holding the carrot up in front of the donkey's nose. The carrot in this case being some mathematical definitions which are of great interest to them.

We do have more positively these other two levels. And the first of those levels is the patch-up of Homo sapiens' bodies, which have been effected by radiation, whether used in war or in peace.

This problem is far more serious than the world yet knows. The world is beginning to understand the seriousness of this problem, but we are well ahead of them. And we are the only ones that have any positive alleviation for this. There are no serums or salves that operate effectively on a person who has been given a considerable dose of radiation. They can be treated at a level of treatment which requires about one hospital per person. It is such fantastic quantities of equipment that the fact is rather obscured that they don't cure anybody with the equipment.

If a man is burned today, he's going to suffer because of it. There isn't much going to interrupt the course of that fission burn except Scientology.

Now, the next step -- and we will go over these a little more succinctly -- the next step of escape is of considerable interest, because once again we are the only group on earth who could even vaguely effect the only type of escape possible in a planet supersaturated by radiation. And that escape is to boost or assist or make easy exteriorization, of course. That final type of escape is again in our hands and once more is not as silly as it sounds.

So the area of infiltration of atomic personnel and political controls is not completely shut to us. And although it is a fiendish problem, the field of escape, even though it is rather a ridiculous field, it itself is certainly not shut to us, since we could take about 50 percent of the populace and kick them off almost at once.

Now, here then is a middle field of study. One is very feasible -- escape. Infiltration of atomic areas to guarantee the sanity of those who direct atomic policy is, of course, something that would take time, but that is being worked on. And that leaves us mainly interested in this middle strata of alleviation or cure.

The history of this begins, actually, in Phoenix, Arizona where we were being exposed to as much as 300 roentgen rather consistently day and night as a staff. We tended to

get very interested in this. And the boys were also interested in locating uranium; they were having a lot of sport going out and finding uranium. And the whole area began to count.

Now, we had Geiger counters and the whole area began to count. It was just as easy to find, with a Geiger counter, a potential uranium mine in a piano as it was in a stone quarry. Everything became hot. And the more bombs were blown off in Nevada the hotter the area of Arizona became. And we read rather ridiculous government reports saying „*No one should worry about the effect of gamma from these bomb explosions because the fallout is being carefully watched.*“ And day after day, why, the boys would come in and show me clippings and so forth, how the fallout was still being carefully watched.

Well now, we do not even know that this is a problem in fallout. Now, that was one of the first data which came through to me in this story. We don't know that it's a problem in fallout. We do not know that at all. We do not know a great deal about this.

But recently, knowing that fallout was not the total answer, I bade fair to understand a little bit more about the ionosphere in an effort to find out why atomic-radiation illness was restimulated by the flash of bombs in Australia clear on the other side of Earth, which was restimulated immediately. It was not restimulated by something that blew there on the wind; it was restimulated at once.

And a study of the ionosphere demonstrated that there is a possibility that at the moment of flash of a bomb that the entire ionosphere flashes. There's that possibility. You may get also the spherical effects talked about by Tesla, and you may have a great many oddities concerning the behavior of gravity, behavior of electromagnetic fields under the impact of a gamma explosion.

Now, what technology exists on this subject probably exists in its most advanced state right here in this organization. We have accumulated more material on it from many more sources than are available to any single country. It is quite amazing. We have material from the United States government; we have it from the British government; we have it from the Russian government -- all of it classified. And it's quite interesting, even amusing, that their ideas from one government to another are at such wild variance. If any one of them knows the truth about atomic fission, then he has not bothered to utter it in his own publications.

Therefore, the problem of alleviating the effect of radiation or radiation injury is not a problem of war. It's a problem which attends testing; it is a problem which would undoubtedly, on a whole-population basis, even attend reactors if they were used for industrial activity the world around. You probably would even have a problem on a population level if we were using atomic- powered reactors -- atomic-powered power plants. We'd probably even have that.

It certainly would be a problem no matter what activity we engaged upon, if only a problem of the industry itself that was engaging in the use of atomic fission. Do you follow me? See? Even if it is not a population problem, it is certainly a specialized-skill

problem -- the skill of those immediately connected with the use of atomic energy in industry.

Now, I'll tell you a little isolated datum that came through to me. At Las Vegas a great deal of the pipe that was being used by the government in its tests was sold off as surplus, and evidently the whole city of Las Vegas is now piped below ground by atomically hot pipe. The population of Las Vegas is very ill today, reportedly.

And you see, it isn't, then, a problem which is intimate to war; it is simply intimate to the fact that man is using, experimenting with, and you might even get so colloquial as to say goofing with, this thing called atomic fission.

Therefore, if we are the only ones that have an alleviation for this at this time, then you are entitled to know the exact procedures of this.

Now, as I say, it began back in Phoenix and came on forward. And in Ireland -- which government does not have any interest in it, nor anyone in it who knows anything about it -- it was very easy to conduct several experiments along this line.

We, by the way, have generated atomic fission without the use of uranium. This is not a difficult thing to do. All you do is synthesize a gamma ray and synthesize some other rays and by concentrating them, you can get an atomic explosion. It's not even a problem, then, in manufacturing uranium.

Now, we have, then, a considerably advanced knowledge of these -- the action of atomic fission on living tissue. And I myself fell a casualty to this back in February, rather ridiculously. I didn't know that a thetan could generate actual gamma. I thought this was -- you know, you could generate a picture of it certainly, but I didn't know you could make a counter buzz, and you evidently can with considerable ease.

And I threw a nice atomic-radiative block of stuff next to my body and my body caved in, in no uncertain terms. And it was quite remarkable having to process that out using processes which were not yet developed as a subject. I was ill for some weeks with this and didn't snap back to battery as fast as I should have.

And I began to be curious as to why I didn't get over this. So I began to count gamma in rainwater and so on and found out that we already have a saturated atmosphere. If the atmosphere goes much further in this direction, why, I am not quite sure exactly what we'd have to do to get a brand-new atmosphere, but it's a problem of that magnitude.

Now, the U.S. bombs waste very little gamma; they do not waste as much gamma as Russian and English bombs. And when the Russians set off several bombs in a row, the amount of gamma which was injected into the atmosphere equaled the total amount that had been set off previously by the U.S. We can ascertain by this about what the state of actual practical Russian atomic development is. They have not progressed very far.

Now, nevertheless, the problem became much more intimate to me because people in the organization here and there were becoming ill of a type of influenza which was not normally understood as influenza. And it became necessary to discover some

means of alleviating this in an atmosphere which was already charged and which ran the stuff in about as fast as the auditor ran it out. This is quite fascinating then.

And we discover here, in attempting to do this, that we don't have enough technology to proof a body against atomic radiation. As far as I can tell at this time -- and a great deal of time has been spent on this -- there is no known way to process a body in such a way that it would thereafter not be subject to atomic blast or burns.

It was quite amusing, I said quite offhandedly, I suppose then it'd be necessary really for us to simply be able to mock up a body, and actually did proceed along those lines and discovered the upper echelon of Postulate Processing, and there does seem to be a possibility of some such thing. As idiotic as it first appeared that a person in this atmosphere, in this time and place and in this universe could actually assume a godlike role of that character did lead to great developments which do constitute the developments which we are using at this moment. Quite interesting.

In other words, I found out that you couldn't proof a body, and I said at once, „*The best thing for us to do, then...*“ I said this in a highly facetious way, I said, „*We'll simply have to get so good that we can just mock up a body and there it is. And somebody blows the town up and so we can mock up a body and mock up a town and mock our friends up again.*“ And this did bear fruit, did bear fruit. And tremendous developments came out of this because I had no other direction in which to proceed. I'd exhausted all direction, so I just took that one, and it did bear fruit.

It's quite interesting that such things as Confrontingness, keeping things from going away, such things as turning on mock-ups in full, and all of that did stem from this last February's, of 1956, fiasco, and this new idea that we would simply have to mock up bodies for ourselves as far as that's concerned, if we experience an all out wipeout.

Well now, prevention, then, of atomic in the field of cure is not, as far as I know now, within our power. We cannot take the existing mock-up and proof it in such a way that it would go on living.

To give you some idea of the difficulties of this, is the present mock-up needs food, and food is living, and all living things would be seriously affected by radiation. If they keep up tests and so on from this date forward, we can look forward not to a world which will go out with a bang but which, like that very fine piece of poetry, will die with a whimper. The world will die with a whimper because atomic fission will have made everyone so ill, so apathetic and so upset that they are no longer capable of promoting life or continuing civilization.

This is apparently it. It is very possible that a bomb will never be used. It's just, they keep on testing and so forth, and eventually, why, everybody gets sick and nobody can keep anything going.

The difficulty here is that there is a curve which follows the level of sanity and the level of absorbed radiation. And these curves do seem to be parallel. The more radiation which a person absorbs, the less sanity he can be expected to exhibit. It does seem this is the case. He goes down Tone Scale, and he goes down rather rapidly.

Well, is there any place one could make a halt with this? Is there any process that could be used to stop this? Well, currently we have under test one of the drugs which were with us in 1950 and which was evidently not understood at that time by the biochemist.

It says in the pharmacopeia that nicotinic acid turns on a flush and is therefore toxic. Well, what sort of a drug is it that requires 90 grams or some 900 grams or -- ah, it's some upstairs figure -- to kill somebody off. It's some huge quantity of it. It would be several bottles all taken all at once more or less. And yet which is toxic on the administration of 100 milligrams. And what sort of a drug is it -- we discovered this, by the way, in 1950 -- which turned on flushes only where people didn't wear bathing suits? It becomes one of those fascinating things. What sort of a drug is this?

What sort of an educated drug is this that makes one break out and turn red only in those areas which have not been covered with a bathing suit and which leaves on the body a pattern, unaffected, of bathing suits? Well, this was at once the giveaway. And we recognized that this nicotinic acid... Old type, by the way; not the new niacinamide, I think it's called, or nicotinic amide or some such thing. I couldn't care less about the later developments, because they don't do it. They're a refined form of the drug which don't perform as the drug does, which I think is rather curious, so they couldn't possibly be the drug. You couldn't call it a newer form of a drug because it doesn't perform.

But old-style nicotinic acid does perform. It performs with thoroughness.

Now, in 1950 all we ran out really were sunburns. Isn't it interesting that just six years later, that the same drug is producing an entirely different manifestation. I am sure that the manufacture of human bodies and the manufacture of nicotinic acid have not varied. I'm sure that something has varied, however. Nicotinic acid, administered today, is no longer running out sunburns; it is running out something which exactly parallels atomic-radiation sickness.

Got this happy thought here a couple of weeks ago and thought we would give it a whirl. Did we really know of anything, I said, which would knock out the cumulative effect of radiation? Was there anything which would? Yes, evidently. Evidently.

You see, we know more about drugs than other people because we know about engrams, and we know that an engram can be run out. Now, the biochemist is not so equipped with that knowledge; he does not have that knowledge. He thinks that an action is an action. He thinks that nicotinic acid turns on a flush and that it will always turn on a flush.

Ah, but the interesting part of it is, is that it comes to a point where it doesn't turn on a flush. Not by conditioning of the body -- that is not what occurs; it runs something out. Well, what does it run out? We know it runs out sunburn, and the odd part of it is that sunburn does happen to be atomic-radiation sickness.

Now, the nausea, vomiting, colitis and nasal disturbances which accompany radiation sickness also run out on the administration of nicotinic acid.

Let me describe radiation sickness. Evidently, radiation is very old on the track, and a thetan has come to a point that he can't have it. He has had it and he has lost it, so he doesn't any longer find himself able to have it. Therefore, it is very sickening to him.

Well now, to proof a thetan against it is the easiest thing in the world. But to proof a body against it, which is built more or less along those lines, is actually to take the whole body apart. I don't ask you to accept that finality at all. It is a finality which I accepted only when I was aware of the fact that I could make no fast progress along this line.

All right. Now, this radiation sickness does recur along the path of several other human illnesses such as measles, scarlet fever. These things are illnesses which harmonic, evidently, on old whole-track implantations with atomic radiation. As a matter of fact, the modern inoculation for measles is, by the way, aided and assisted by added gamma. In other words, they do have an inoculation for measles and it does contain gamma.

Epidemics of noncontagious measles (that's a very difficult thing to find out, how you would have an epidemic of a noncontagious disease, but they have managed it) occur in the shadow of these atomic tests. If you look at the public health records of cities, you discover then that these childhood illnesses break out in the wake of atomic testing. Influenza is apparently a similar mechanism.

So that we can say that atomic-radiation illness could be characterized as something which turns on a hot, prickly sensation on the surface of the skin which makes the skin very red, which makes a person have chills, run a very low-order fever, run a subnormal temperature alternately with the low-order fever, which would effect the respiratory organs rather thoroughly and chronically, and which would effect the stomach, making the stomach upset and a tendency to vomit and so on be continuously present, and affects the gastric system otherwise with an intestinal upset or diarrhea. Now, these things would follow and do follow atomic radiation, exposure to.

Exposure to atomic radiation, excessive exposure, brings on these symptoms and characteristics. Those are the symptoms and characteristics of, then, atomic-radiation sickness. It is a sickness; it is a sickness which looks something like several other human ills.

Now, hives are present, a rash can be present, body sores of one kind or another can be present.

Now, the internal condition of the body is one of leukemia. The red blood cells no longer procreate; no more hemoglobin is created in the system, and the ability to procreate then seems to die out of the bloodstream, and you get all sorts of procreation-allied illnesses.

Now, we already know that cancer is a procreation illness. It is a second-dynamic illness. It is intimately connected with shocks on the second dynamic. The illness, then, of radiation sickness has one common denominator and that is *„no more track -- GE line dead -- ends here.“* Now, we got it?

Evidently, the GE mechanisms have experienced planetary disasters to a sufficient number that the mere presence of atomic radiation is a conviction that this line and planet will also end. Evidently, it is the history of this material -- radiation material -- that it has ended planetary life sufficiently often to lay into the genetic line a complete certainty that there is no more track. This, then, allies itself with the second dynamic. It says „*No more procreation, no more sex, no more progeny, no more future generations.*“ And the body behaves exactly as any body behaves that is convinced of this fact.

When you get a conviction that there will be no future, then you are liable to get wild cellular behavior or efforts to procreate within the body itself followed by a complete refusal to procreate.

The fact that the hemoglobin no longer produces blood cells, the fact that atomic radiation results in bone cancer, and so on, gives us all these answers. So you don't have to know too much about this. It is simply any manifestation that would occur if no further GE line would be permitted in an atomically destroyed world. We get a res-timulation of „*no more line, no more procreation, and no future.*“ That is what we get a res-timulation of. People die, then, of this postulate. That is the postulate back of all this.

Now, if we look this over carefully, we see a new, strange fact: that gamma apparently radiates, radiates over a long period of time, and is invisible. This is a parallel to a thetan. Gamma is a counterfeit thetan. Fear, then, of other life forms preceded fear of gamma. One had to be afraid of spirits, one had to be afraid of other thetans, one had to feel superstitious about an atmosphere being filled with thetans, before one could succumb to the invisible influence of gamma rays in the surrounding space.

The postulate we know, and that postulate is „*No more track, no future.*“ Another postulate we know: „*Anything that looks or behaves like a thetan will hurt and injure us.*“

Now, thetans originally mocked up everything out of gamma or some other radiation factor. They did not have walls reflecting with light; the wall itself originated the light. And this, of course, is a terrible counterfeit for life; it's very close to life.

Now, any cure or work done on this would be a comparison between the ability of life to create and the ability of this stuff to create. Cures then would have to compare the thetan to the invisible particle. It would have to compare the creation of a thetan as a nonlighted subject to the creation of a thetan as a radioactive subject. A thetan, evidently, is pretty good at mocking this stuff up. If a thetan can almost destroy his own body by simply carelessly throwing a mockup within five feet of it, certainly the ability is latent in anyone.

Now, it's a „*can't have such a mass*“; it's a „*can't have thetans*“; it's a „*can't have future track.*“ And all of these things go together.

There's no mystery that Dulles was suddenly discovered to have cancer. He has been trying to prevent atomic wars, atomic radiation for a long time, and he's become more and more convinced of it.

So we run into the next factor: That which we resist, we have a tendency to become. So that a continuous resistance of this factor called atomic radiation, or fear of it,



would itself accelerate radiation sickness. Fear of the consequences of radiation could easily bring about the consequences of radiation. It's quite interesting but very true.

Now, the difficulty, then, in its treatment is only that one would have a hard time replacing a body which was totally burned away; one would have a hard time returning a body to any kind of activity which was a quarter burned away; and worse than that, one would have a difficult time returning a body back to battery if it bore no burns at all but had only been exposed.

Now, a peculiarity of atomic radiation is that it is cumulative. If you were burned by atomic radiation for ten minutes, it would result in the same effect as if you were burned for one moment -- one minute per year for ten years. In other words, it doesn't pass away as an irradiative effect; it's cumulative. Ten minutes worth of radiation exposure all at once or one minute per year for ten years would then produce the same state.

Now, if we are handling this, if we are handling this at all, we discover that it is rather easy to, today with Scientology, run out the cumulative radiation in this lifetime. That's easy.

In the first place, just a heavy slug of nicotinic acid will certainly take away the bulk of the immediate effects which one is experiencing at this time.

Well, how do you administer this nicotinic acid? What would be the trick of administering it?

Well, it's very uncomfortable stuff, but it's terribly convincing. The fellow certainly knows that something is happening. It turns on any phase of atomic-radiation sickness. And if the cure is not completed -- listen to this carefully -- if the cure is not completed, it leaves one hung up in some phase of atomic-radiation sickness. But he is already in some phase of it, so what difference does that make? It's only that the cure has to be continued long enough so that the effects of nicotinic acid upon the body are run flat.

Now, you could expect to hang somebody up, then, in a case of hives. It could go on for months. You just gave him a small slug of nicotinic acid, and then you gave him no more nicotinic acid. The nicotinic acid you gave him, a couple of hundred milligrams, turned on a fine case of hives. It just moved him through an engram that far. Do you follow me? Just moved him that far and no further.

It could turn on a red rash. The hives, by the way, are the first manifestation you will get if the person is violently saturated. See, you get -- a person has to be pretty bad off to get hives first. The ordinary thing he gets first is a red, prickly flush.

Now, below that level, just a prickliness without the flush turns on and nausea, colitis (that is to say, a diarrhea), and other manifestations turn on rather mildly under nicotinic acid, and any one of them can hang up.

Now, I can guarantee that a person who gets the hives will also get chills sooner or later down the line. A person who merely gets a red flush and a prickliness and so on, probably will not get many of the side effects. Follow me?

Now, it has to be carried through to conclusion. Fortunately nicotinic acid is very cheap. But if too much of it is taken you are apt to get nightmares, so that it has to be backed up with a little B-1. Well, if you're going to back it up with a little B-1, then you had certainly better back it up with some vitamin B complex.

Now, I'm talking in the field of biochemistry right now. And there's evidently a biochemical reaction on the part of an engram which produces certain physical manifestations, and we have various ways of countering these things.

Now, I can give you the experimental formulas which were used in ascertaining some of these results. The experimental formula which is used today on vitamin B complex is more or less as follows: It's about 30 [of] any B complex which is rather heavy on the B-1 side. You take the B complex graded by the amount of B-1 in it, and you take about 30 milligrams of B-1. You take enough B complex to give you 30 milligrams of B-1. This has to be accompanied by from 10 to 15 grains of calcium, and that has to be accompanied by another ingredient here, ascorbic acid, at least 250 milligrams.

Well, that's a little bomb package that you would give anybody. That you might say is modern guk. It's enough B complex to compose 30 milligrams of B-1. You have to read it on the bottle. You'll find much of the B complex which is sold only contains 1 1/2 to 2, milligrams per tablet. You don't want that sort of a tablet, you want an extremely strong B complex tablet. Must contain about 30 milligrams -- that'd be a minimal dose -- 30 milligrams of B-1.

And then, of course, there are all these other things that go along with B complex, but they're monitored by how much B-1 is in it, more or less. This is not terribly important. But it is important that it takes at least 30 milligrams of B-1 to call it anything like guk.

Now, to proof that out and smooth it out, you would have to take along with that, as I have just told you, from 10 to 15 grains of calcium. Dicalcium phosphate is ordinarily packed with viosterol. The exact calcium is dicalcium phosphate. It's not calcium gluconate; that is not very good. It just doesn't seem to be very useful. And 250 milligrams of vitamin C.

Now, that is a guk formula which won't kick your teeth out. If you don't take enough calcium, why, these other things begin to rob calcium out of various parts of the body -- the bone, the teeth and so forth. And a lot of us have hurt our teeth on this stuff a long time ago. But this is the way you keep it from doing it. You got that now?

Now, you take a couple of those bombs a day, or one of those bombs a day, and you're not liable to get very many nightmares.

Now, that is safe up to 75 milligrams of B-1. That is the top limit of B-1 in that dosage accompanied by 10 to 15 grains of calcium and 250 milligrams of ascorbic acid. That could be pushed ahead right up to 75. Less than 30, it won't do you a bit of good, and over 75 you're taking too little calcium, taking too little ascorbic acid.

It's quite interesting, by the way, if you would omit the ascorbic acid and take this dose for two or three days, and then omitting the dose itself and -- you see, that's tak-

ing the dose without the ascorbic acid -- you start to develop scurvy. Good, standard, polar-expedition scurvy. And if you were to take, then -- after a person had taken this for a few days without ascorbic acid -- if you were to take suddenly a 1000 milligrams of ascorbic acid, the effort to remedy that scurvy is so sudden and so violent that every tooth in the head starts screaming out loud until it rebalances. You got the idea? So you have to take that ascorbic with it.

Now, this dosage, you understand, is not a dosage which has been carried forward on a careful monitoring of a great many people. This dosage has been developed and moved around and is now being taken successfully by quite a few people, and there have been no complaints. That is the level of experiment that it is, you see? It isn't a Ford Foundation, a-million-for-the-commies, a-hundred-thousand-for-the-laboratory sort of an activity. It's just a straight, flat-out „*there's a lot of people taking this stuff, and that seems to be about its dosage, and they're not getting in any trouble.*“ Got the idea?

Well, you take one of those packages a day; that would be sufficient to carry you through on this nicotinic-acid experiment. Now, nicotinic acid is simply nicotinic acid. It isn't any fancier than that. It is niacin, it is lots of things, but just remember it's nicotinic acid. Why remember it's nicotinic acid? Because you yourselves can make the stuff with cigarettes. It's just nicotine, you understand, nicotinic acid. It is not, then, a rare drug. It can be synthesized.

The mere fact of your smoking, by the way, tends to titillate the amount of gamma that you have already been exposed to by having been a citizen of Earth since Franklin Delano '45. See, I mean, just a little bit of smoking is liable to bring you down into an apathetic feeling or a little bit of stomach upset. Just barely restimulate it so you'd hardly notice it. All right.

I'm not trying to back up the hearse; this is a fact.

All right. Now, nicotinic acid is taken more or less -- and believe me, it's „*more or less,*“ because this is the least-exact series that has ever been run by anybody. This series is more inexact than the best series' of the AMA. Now, what do you like that? I mean, this is inexact. Now, get that. I'll tell you when a datum is a stable datum and when it's not, and this is not a stable datum. It's what we've been getting away with lately. Got it?

The series on this is not very long. But remember, to this we can add all of our 1950 guk experience. And we experimented with niacin back then, not knowing what it was running out, but thinking it was running out only sunburn.

I recalled that, walking down the street, I think Thursday night before last. All of a sudden I remembered all that sunburn and wondered what it would do. We at once got to work on it, and so help me, it turns on the symptoms of radiation sickness, and that's that. We weren't running out sunburn. Sunburn was an incidental thing that we were running out in 1950. But at that time nobody was loaded, and today we're evidently all loaded. All right.

You start out on something on the basis of 100 milligrams of this stuff. Let's be cautious. Let's not turn on any bigger dose of hives than we have to turn on at once. We

don't yet know how our patient is going to react, so we give him 100 milligrams of the stuff and see what happens. Well, we give him one of these guk bombs along with the 100 milligrams. That's to get him over any delirium tremens he's liable to experience.

Because some people are sufficiently shot through with this stuff and don't know it that they get a really violent reaction; it's just gorgeous. And 100 milligrams is enough. And if they got a very violent reaction, I'd let them go through till the next day before I shot them again. All right.

A hundred milligrams today with a guk bomb; tomorrow with a guk bomb, a couple of hundred milligrams. Beef it up. The next day with a guk bomb, 300 milligrams. The next day with a guk bomb, 400 hundred milligrams. The next day with a guk bomb, 500.

Now, you needn't feel bad about it; the lethal dose is about a hundred times that. It's way up above that. I mean, you're well within a safe margin, and we have had one noble experimenter on this line who was taking 500 every time he happened to think about it during the day. And you see him here in the flesh, and so on. Of course, he knew that we had to have a very deliberate series on this, so he really slopped himself up on this stuff. And he was running out everything you could think of.

Male voice: Took 10 grams in five hours.

Ten grams in five hours and he's still alive, so you needn't worry about this too much. Okay.

Now, what can we expect to have happen? What can we expect to have happen? Well, our person will turn on hives or a red flush. If they turn on hives, they will then turn up a red flush. If they don't turn on hives, they will simply turn up a red flush one way or the other, and that is liable to go forward to a feeling of nausea, to colitis -- very minor; minor feeling of nausea. This is all minor, the reactions you get off of this stuff, by the way. Minor feeling of colitis, minor stomach nausea, and chills, a little bit of fever: Got it? These symptoms can be expected.

Now, if your patient... I say „*patient*“ because you're dealing here with drugs. I don't believe this stuff, by the way, any of it, is a drug. I think it's all food more or less. I don't think it comes under the Pure Food and Drug Act. And by the way, I don't want you to go tipping our hands. We're liable to sell this to the Atomic Energy Commission. In fact, we're in action doing it right this minute as „*Dianazene*.“ We'll mix it with a lot of magnetic iron so as that the testing of people we have filled with it will throw them a red herring. The people that we dose, that would come to us from there, would undoubtedly have to have a lot of processing at the same time. You got the idea?

Now, this treatment which I'm giving you here is -- don't call it a treatment; this „*dosage*“ -- can be carried along without any processing. This isn't something you give somebody at the same time you're processing him, you see? That could be carried along.

Now, supposing you're going all out to cure somebody of atomic radiation. Well, we have learned that we had better give him a bunch of niacin for two or three days before we start to audit him, because it makes the auditor scratch too. See a preclear sitting there scratching and very uncomfortable and his mind flicking all over the place, well, let him get rid of that reaction and let him get over the peak of difficulty with radiation before you start auditing him, and then keep him right on niacin and guk but audit him right on through. You got the idea? Hm? You see that?

In other words, you'd slug him for two, three days anyway. If you got lots of time, slug him for a week. Let him get down to a point of when you pour him 500 milligrams of the stuff, why, he just gets down to -- there's a low buzz in his left ear or something. That's all; it's flat. Because all these symptoms apparently run out on the administration of niacin. They run flat. At least they appear to, and doesn't seem to be any evidence that it turns on the same symptom twice, which is really remarkable.

So you would handle this, then, in a fashion of either just a therapeutic dosage all by itself, not recommended with auditing but can be done. See, you could hand them this and audit them too. But that at this moment isn't recommended. Maybe we'll change our mind tomorrow. But we've already had too many -- to be very, very exact, I've only had three cases now observed trying to audit the person while they were on too much niacin. They're so distracted you can't get them to run well. And so you let them run it out.

Audit them without it, audit them with it, give plenty to them and then audit them afterwards, or just give them niacin with the guk, see? In other words, you could handle it all those ways.

And the recommended way that I would give you at this moment would simply be, let's get all the hives and rough stuff out of the way in the first week or ten days of a series -- three days, a week, ten days, however long you're going to make him keep on this stuff before you audit him -- and then give him some processing. Got it?

Now, what processing would you run on him? Well, one of the processes would simply be to start making things solid, and finally make the air solid. „*Make radiative particles confront things other than self.*“ Almost any modern technique you have. But these things that I gave you first directly handle it, particularly making air solid. Boy, can the guy spot spots in space after he's made air good and solid. That's fine; that's easy.

Now, you'll find cases that are worst off are fighting a hidden influence, God knows what and where, and they're apt to be mighty flighty. The case doesn't audit very easily when they are all gowed up on this stuff. But if you've run out the niacin first, the case will probably audit much easier afterwards. „*Probably*“ I said; I have no guarantee of that.

Well, how about some specific technique? You know -- just, you know, that is headed just at nothing but. Well, I'll tell you, there's only one that I know of offhand, just one that does seem to work, and that's only because I have worked that one technique on somebody who has been flash-blinded. In other words, he's confronted an atomic bomb flash with the attendant blinding and so forth. And I just made him spot where

the flash occurred and where he is now and so forth, and the whole thing ran out. So this would be a basic assist: Spot where he was and spot where it happened. And spot where he is, spot where it happened. Spot where he is, spot where it happened. Spot where he is, where it happened. Spot where he is. In other words, just change in space. That's all.

And atomic radiation isn't actually too hard to handle on an alleviation basis -- on an assist basis -- if your boy is not in too bad condition, if preclear is not too bad condition.

But above all things remember this one I told you: That which you resist you tend to become. Got that? Hm?

Well, therefore this is the foremost thing to get out of the road, and we have a whole series of techniques known as Confrontingness techniques which handle this with great ease. You run them Confrontingness by the dynamic. You mock up the confusions that the dynamic should face. Got it? So you come to the confusion: „*Mock up the confusion mankind should face.*“ And the guy is going to mock up atom bombs out there one way or the other and atomic confusions, and you just go on making him do it for a long time. That's only one of several variations of Confrontingness but is a very, very powerful one.

Now, I'll talk to you again sometime about Confrontingness in its relationship to keeping things from going away, and restriction. There are these classes which run as a ladder, one-two-three. But I'll mention it right now.

The lowest of these is keeping things from going away, the next up is restriction and the next up above that is making things confront other things. Got it? Now that runs the DEI circle in reverse. You keep things from going away, then you restrain or restrict a communication in something, and then you mock up the something confronting other things, and that handles more or less on a gradient scale. Do you see that? So there's all manner of mock-ups that can be used in this.

I would not advise you, however, to have your preclear ever mock up live radiation close to the body. If you're going to drill him in this, you'd better get him an awful long ways away from his body, then let him mock it up.

But with keeping things from going away, mocking up the confusion that mankind should be able to confront, and this sort of thing, you tend to walk your preclear straight away out of the woods as far as an assist taking place after radiation is concerned.

As I say, I know of nothing that will proof up the body against bombs but you probably could save any person who would normally die after forty days after exposure. You undoubtedly could do that just using standard auditing.

Now, don't think that there is any wild difference between standard auditing and auditing toward atomic fission. They would both get there. You understand? There is no vast difference. If you're giving somebody an intensive, give him an intensive. If

you're going to handle him and start running cumulative radiation out of him, why, you better not tell him to take drugs, because that's against the law.

Just like I'm telling you today, I'm telling you only about experiments that have happened. I'm not telling you to take these drugs, I'm just saying you better.

Here is a whole series of tests which are accumulating themselves into more and more information on this subject. And we are making sufficient progress that I have considerable hope. Unless some complete, gibbering madman begins pitching these bombs around, why, we will undoubtedly make the grade. If an atomic war holds off here for five years, I'm sure we'll have done it. And we're just fighting for a little bit of time.

And over the last few days I have been very, very upset because we did have a madman that wasn't quite a gibbering madman -- he unfortunately doesn't gibber; he speaks English, threatening people who wouldn't know what to do with a bomb unless it was to throw at somebody -- and he has almost upset the apple cart. He didn't ever -- I'll have you witness, he never came up here and asked us what he ought to be doing. And we've had no consultation on it at all. In view of the fact we're the only people that have a remedy for it, I think, funny or not, he probably should have.

But I wouldn't be a bit surprised one of these days, but what you, an auditor, would be putting out the word that you can handle this cumulative radiation, putting people back to battery who have been exposed to it. It would be a specialty. But in order to do anything at all, I think you yourself had better know how to handle it in yourself.

Thank you.

Thank you.

[End of Lecture]