

HUBBARD COMMUNICATIONS OFFICE  
Saint Hill Manor, East Grinstead, Sussex

HCO POLICY LETTER OF 10 FEBRUARY 1966

Remimeo  
Tech Hats  
Qual Hats  
Ethics Hats

Issue II

TECH RECOVERY

My study of a Nov 1965 plummeting HGC Completion statistic indicates certain policies are necessary in all HGCs and Qual Divisions.

The following errors were found:

1. The HGC ceased to look for former release grades to rehabilitate and ignored opportunities to do so on the basis that "outer orgs have rehabbed them all already". This came out in the Comm Ev held on a D of P of that period. Of course, if the HGC failed to rehab earlier grades (or earlier life overruns) it could achieve no later grades or Grade V. This alone would have ended completions promptly on all grades and wiped out the graph.

2. Invalidation of the appearance of a free needle and invalidating any auditor who "thought he saw one". This wiped out all release attainments and made for total overrun of all pcs of all grades. This error existed for 15 years so it is not surprising that it got back in again.

3. Whenever an overrun occurred, "rehabilitation of it" was done by running *different* new processes instead of standard rehab routine as in HCOBs, i.e. Doing ARC Break, PTPs, Rudiments, anything but a real rehab of that process that was overrun.

4. Abandonment of standard tech in favour of unusual solutions. This is always present when a collapse of Tech occurs.

5. One SP was found in the middle of all this but after his departure the statistic did not recover so one can assume another SP was in the middle of it still or that the HGC remained PTS and didn't separate from the SP found because he was so convincing, so reasonable and so persuasive as to why a Tech statistic must remain down.

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It is interesting that (1) above—ceasing to rehab lower grades—would be absolutely fatal to any upper grades. Therefore this becomes policy:

NO UPPER GRADE OF RELEASE MAY BE BEGUN NEWLY ON A PC UNTIL ALL LOWER GRADES ARE FULLY REHABBED TO FREE NEEDLE. THIS APPLIES TO ALL GRADES 0 TO VII.

Regarding (2)—Invalidation of what a free needle is—and thus running past all free needles, let it be noted that this is an Auditor's Code Break—continuing a process that has ceased to produce change and is therefore a crime. This was wrong too long to be allowed to go wrong again. Thus we get the policy:

AN AUDITOR WHO HAS BEEN FOUND TO HAVE OVERRUN A FREE NEEDLE ON A PRECLEAR MUST BE GIVEN AN ETHICS CHIT; AND IF THE ACTION IS SEVERAL TIMES REPEATED, ETHICS MUST ORDER A FULL REVIEW OF THE AUDITOR'S CASE INCLUDING AN EYESIGHT TEST AND CONDUCT A THOROUGH ETHICS INVESTIGATION AND HEARING.

Note that a Mark V Meter run with too high a sensitivity does not give a marked change when a needle floats. Thus sensitivity must be reduced in ordinary running and increased only to get in rudiments. Then a free needle becomes more visible. A Mark V cranked up to 128 sensitivity looks like a floating needle all the time at a casual glance on most pcs. Sensitivity 5 is ample.

Also, meters go out of 5,000 ohm calibration and don't read on the M and F "Clear" reads and change of electrodes can change M and F "Clear" reads.

A free needle, if a process is overrun vanishes with just one extra command so an auditor must be *alert*.

Please *also* note that this has been part of the Auditor's Code for ages—running past a flat point of a process has been forbidden since the first formulations of the Auditor's Code.

Regarding (3)—Rehabilitation by using other processes—the F O Bs on rehabs are very explicit. To run *another* process would clobber the pc. Thus we get the policy:

**REHABILITATIONS MUST BE DONE BY REHABILITATING THE PC ONLY ON THE PROCESS OVERRUN AND ONLY BY STANDARD HCOBS ON REHAB PROCEDURE.**

Re (4)—Unusual solutions—we get the policy:

**ANY AUDITOR ACCEPTING AN UNUSUAL SOLUTION WITHOUT FILING A JOB ENDANGERMENT CHIT OR FOUND USING AN UNUSUAL SOLUTION MUST BE CHARGED WITH A CRIME AND GIVEN AN ETHICS HEARING. FAILING TO REPORT AN UNUSUAL SOLUTION ADVISED OR USED IS ALSO SO HANDLED. AN UNUSUAL SOLUTION IS ONE EVOLVED TO REMEDY AN ABUSE OF EXISTING TECHNOLOGY.**

On (5)—Statistic failing to recover after an SP is spotted in a department gives us the 2 policies:

**WHENEVER AN SP IS DISCOVERED AND DECLARED IN AN ORGANIZATION ALL HIS ASSOCIATES IN THAT PORTION OF THE ORG MUST BE CHECKED OUT FOR OR GIVEN AN S & D.**

and

**WHEN AN SP IS DISCOVERED IN AN ORGANIZATION, IS DISMISSED OR REMOVED AND THE STATISTIC DOES NOT RECOVER, ANOTHER SP MUST BE LOOKED FOR.**

It is noted that the general condition of the Completion Statistic of Dec 65 to Jan 66 could be attributed to the above gross errors.

It is now certain that (1) Rehabilitation of earlier grades, (2) Free Needle and (3) Rehabilitation by standard practice are primary targets in our technology for anyone seeking to mess it up and that unwitting tampering with these three things and lack of HCO Enforcement on them will reduce HGC statistics and prevent their recovery.

Of course one could also go mad in the opposite direction—(1) rehabilitate earlier grades endlessly on a pc regardless of how many times a free needle had been obtained, (2) Call any loosening up of a needle a free needle and (3) refuse to even 2-way comm with a pc under repair for overrun for fear it violates standard procedure for rehab.

The middle course is the correct course in this case. Relax and just be *very* sure the pc has been *properly* rehabbed to free needle on each grade up to the one one is going to start by demanding the awards of release that were granted and if these weren't ever awarded, then do the rehabs necessary grade by grade. The only sticky point in this is that if a pc had ever been run on a higher grade without rehab of a lower, one must rehab "from the top down" at times, tackling the highest overrun first, but nevertheless doing all of them that were by-passed eventually.

The way to recognize a free needle is watch for one. When it happens you will see one. Then you will never afterwards wonder. The free needles available on a case can *all* be swallowed up by a failure to rehab all grades ever by-passed or overrun. If no free needles show up on a case at all then partially rehab any grade available for rehab back and forth until one has one of them go free needle and then get a free needle on the remainder. Life can also be an overrun and a pc never audited will respond to a rehab of "something overdone". This doesn't mean the pc *went* release before Scientology—it means that *purpose* overrun then jams—rehab of life situations of overrun consists of hitting the *purpose* that was overrun and when this is hit, the pc goes release in PT and was not a release in the past. An example is an overrun located in 20 AD when the person, alert to Christianity decided to be good, made it and then *overran* it for 1945 years. When the *purpose* was found (to be good) and dated and the overrun spotted the needle went free. Rough auditing, bad TRs, "letting the pc Itsa" etc can swallow up free needles. Also a totally ARC Broke meter that won't read at all with bad indicators all over the place won't record a read, looks sometimes like a floating needle, the difference being the pc has total bad indicators—sour, mean, sad, etc. A free needle occurs most often after a big cognition and the unskilled auditor looks *at the pc* who is being bright and interesting and just doesn't see the needle float, asks more questions and overruns, and the free needle vanishes—when a pc is cogniting, *look at the meter* not the pc. And the instant the TA starts up and needle goes sticky suspect an overrun and check.

As for doing something else rather than Standard Procedure for rehab, plain ignorance can cause it. The auditor's desire to help the pc if unaccompanied by solid tech background leads to wild efforts, new processes and anything but cool standard procedure.

When the person checking out pcs is also the case supervisor, unusual solutions creep in. The most errors I've seen made by a Case Supervisor were made after he had seen the pc or talked with the auditor. Cases have to be run by report only and auditors have to be supervised and their sessions listened to by somebody else besides the Case Supervisor. Tech is Tech. There is such a thing as Standard Tech. Pc wild tales and hollow eyes and auditor hobby horses have to be kept off Case Supervisor lines. So there must be a person who checks out pcs and supervises auditors *and* their auditing *performance* but who never opens his or her face to suggest instructions about the pc and only writes down that the auditor is rough or the process is flat or the process is overrun. The Case Supervisor lives in an Ivory tower. Sounds strange but unless it's done that way, wild departures from Standard Rehab Procedure and from Standard Tech in general will occur. Hell, all psychiatry went down that drain—the desperate patient, the desperate measures. Squirrelling stems from the Case Supervisor being the auditor supervisor and the pc interviewer. Oil, water, being in two divisions, Commies and Fascists, dogs and cats won't mix. Neither will the personal contactor of auditors and pcs and the Case Supervisor ever successfully stay crossed. The individual practitioner breaks down only because he does both auditing and Case Supervision. Auditing is an organization action which is why today we have Field Staff Members and HGCs.

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Additional notes of things discovered in the investigation of the plummeted statistic on Completions were:

1. Auditors rabbiting out of uncertainty and so stumbling past End Phenomena and floating needles.
2. Case Supervisor getting auditors to ask leading questions on Pr Pr 2—"Ask the pc if he is interested in Medical Practices".
3. D of P: "Find out what the needle is floating on".
4. Case Supervisor: Told auditor that a floating needle was not the End Phenomenon of a Process in which "the TA had to be run out".
5. Lack of knowledge and understanding of the Technology and not knowing the difference between such things as Anaten, Secondaries and Engrams by Case Supervisor, D of P, and so confusing auditors.

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Of course the one thing one can't technically overcome is an SP keeping an area messed up. His case doesn't improve because of his intentions and overts and fear of people getting better or being bigger than he. When an SP dominates an area, only Ethics actions can handle.

The *primary* indicator of the presence of an SP in an org is a plummeting statistic immediately after he starts handling a portion of it.

Indifferent leadership, even inaction can't drive a statistic down. Only active suppression can.

So watch the statistics and don't get reasonable when they fall. Either outside the org suppression has been brought down on that portion of the org, making it PTS or there is an SP there. The final answer is what happened just before the statistic fell. If a new appointment was made and it fell, unappoint it *fast*. If nothing cures the down statistic find the SP or handle the PTS situation because one or the other are *there*.

Completions stayed down for 15 years. Then we found auditors never noticed free needles. Now for Heaven's sakes, 15 years was enough. Don't repeat the error!

It *does* work you know.

L. RON HUBBARD

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