

HUBBARD COMMUNICATIONS OFFICE  
Saint Hill Manor, East Grinstead, Sussex  
HCO BULLETIN OF 29 JULY 1981  
ISSUE I

Remimeo  
Auditors  
C/Ses  
Tech/Qual

(Cancels BTB 28 May 74 FULL ASSIST  
CHECKLISTS FOR INJURIES AND ILLNESSES  
which was incomplete and which failed to list the source  
references for running the processes listed on the checklists.)

**FULL ASSIST CHECKLISTS  
FOR INJURIES AND ILLNESSES**

REFERENCES:

ABILITY 73 TECHNICAL VOLUME III, pages 259-264	
HCOB 29 Jul 81 II	ADDITIONAL ASSIST PROCESSES AND DATA
HCOB 27 Jul 69	ANTIBIOTICS
HCOB 5 Jul 71RB	C/S Series 49RB, ASSISTS Re-rev. 20.9.78
HCOB 11 Jul 73RB	ASSIST SUMMARY Re-rev. 21.9.78
HCOB 23 Jul 71R	ASSISTS Rev. 16.7.78
HCOB 21 Oct 71	ASSISTS IN SCIENTOLOGY Reiss. 21.9.74
B.T.B. 7 Apr 72R	TOUCH ASSISTS, CORRECT ONES Rev. & Reiss. 23.6.74
HCOB 24 Jul 69R	SERIOUSLY ILL PCs Rev. 24.7.78
HCOB 31 Dec 78 II	OUTLINE OF PTS HANDLING
HCOB 2 Apr 69RA	DIANETIC ASSISTS Rev. 28.7.78
HCOB 16 Aug 69R	HANDLING ILLNESS IN SCIENTOLOGY Rev. 25.9.78
HCOB 15 Nov 78	DATING AND LOCATING
HCOB 15 Jul 70R	UNRESOLVED PAINS Rev. 17.7.78
HCOB 23 Dec 71	Solo C/S Ser. 10, C/S Ser. 73, THE NO-INTERFERENCE AREA
HCOB 12 Mar 69 II	PHYSICALLY ILL PCs AND PRE OTs
HCOB 4 Sep 68	DON'T FORCE A PC....
HCOB 13 Jun 70	C/S Ser. 3, SESSION PRIORITIES REPAIR PGMS AND THEIR PRIORITY
HCOB 29 Mar 75R	ANTIBIOTICS, ADMINISTERING OF Rev. 23.10.78
HCOB 21 Feb 66	DEFINITION PROCESSES
TAPE 5406C17	ASSISTS 6ACC-50A & 50B
TAPE 5608C..	CHRONIC SOMATIC HPC A-18
TAPE 5905C21	CLEARING: PROCESS – SPECIAL CASES 6-L ACC-6
TAPE 6110C03	THE PRIOR CONFUSION SH SPEC 61
BOOK:	DIANETICS 55!

IMPORTANT NOTE: DIANETICS IS FORBIDDEN ON CLEARS, OTs AND DIANETIC CLEARS, PER HCOB 12 Sep 78 DIANETICS FORBIDDEN ON CLEARS AND OTs.

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There is a tremendous amount that can be done mentally and spiritually by an auditor to assist someone who is sick or hurt. We have known for years in Dianetics and Scientology that the tech of assists is very powerful and can work miracles when correctly applied.

The purpose of this bulletin is to lay out the available technology on assists for handling the ill or injured.

The processes presented in this issue are in checklist form which will greatly aid the C/S and auditor in drawing up and executing a proper assist program.

### **USING THE CHECKLISTS**

In 1974 I developed the system of using a preliminary assessment of the pc's condition and checklists as aids to programming and C/Sing the case.

Attached to this bulletin are separate checklists which list symptoms for both injuries and illnesses and one comprehensive handling sheet which lists out the many assist actions and their references one uses to handle either.

To use the checklists:

1. Look up the symptom or symptoms the pc may have on the appropriate preliminary assessment sheet (injury or illness). Below each symptom are listed many possible handlings.
2. Look up the handlings on the handling sheet (which covers handlings for both injuries and illnesses).
3. Use these handlings and their references in C/Sing and programming the case.
4. Draw up the program and C/S.
5. The C/S can then circle the actions to be done on the handling sheet and number them in sequence. The handling sheet can be kept in the folder and signed off as each step is done.
6. Audit the pc regularly until the illness, injury or condition is handled.

### **C/SING AND PROGRAMMING**

The Assist Summary bulletins were never intended to be used as a rote sequence of handling assists, which vary based on the circumstances of the pc.

It could be a serious mistake to simply robotically copy down in order the handlings listed for the pc's symptoms and then audit them on the pc.

One reason for this is that the case levels of people differ. An OT with a sprained ankle would be handled differently than a Dianetic pc with one.

Also, injuries and illnesses are two separate subjects and are handled differently.

Therefore, data has to be gotten where available, from medical reports, session reports, interviews and exam statements, and the C/S has to understand the case before him and program and C/S accordingly.

ANY ASSIST ACTION MUST BE SUITED THE THAT PC'S CASE AND CURRENT CONDITION.

### **CAUTION**

The injured or ill person is overwhelmed easily. One must beware of keying the person in.

The operating basis is to take it easy on the pc and try not to run anything too heavy on him. Going earlier similar on 2WCs should be avoided as due to his condition E/S tends to make the ill or injured pc dive back to the year zero. This is more than a sick person can stand up to.

Along with this, NEVER MISS AN F/N ON A SICK PERSON.

### **NOTE ON HIGH CRIMING REFERENCES**

It well behooves any auditor or C/S to get his high crime checkouts in PT for the assist actions listed in this bulletin. The circumstances requiring assists often crop up unexpectedly and a well prepared auditor will be more successful than an unprepared one.

One would always do whatever one could to help a person in difficulty regardless. Still, it is a matter of technical integrity and professional pride that one would get his high crime checkouts in PT for assist actions to his class.

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Factually, there is no group but ourselves which possesses a body of technology to effectively assist the spiritual condition of the ill or injured person. Our knowledge in this area is considerable.

So don't skimp on your study and drilling of these procedures and the theory behind them. You can do much to relieve the misery suffered by the ill or injured.

With full understanding and application of assists you may appear to others to be a miracle worker.

L. RON HUBBARD  
FOUNDER

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ATTACHMENT 1

PRELIMINARY ASSESSMENT FOR INJURIES

PC: \_\_\_\_\_ DATE: \_\_\_\_\_

1. SYMPTOM: ILL AND HAS DONE A BUNK. \_\_\_\_\_

HANDLINGS: 2, 3, 1, 4A/4B/4C, 6B, 6C, 6D, 6E, 6F, 6K, 6M, 6O,  
6Q, 6R, 6S, 6U, 6V, 6W, 6X, 6Y, 6Z, 6AA, 6BB, 6CC,  
6DD, 6EE, 6FF, 6GG, 6HH, 6II, 6KK, 6LL, 8A, 8B, 8C, 8D, 8E.

2. SYMPTOM: SEVERELY INJURED AND CLOSE TO DEATH. \_\_\_\_\_

HANDLINGS: 2, 1, 4A/4B/4C, 6B, 6C, 6D, 6E, 6F, 6G, 6H, 6I, 6J,  
6L, 6P, 6Q, 6S, 6T, 6U, 6V, 6W, 6X, 6Y, 6Z, 6AA,  
6BB, 6CC, 6DD, 6FF, 6GG, 6HH, 6II, 6JJ, 6KK, 6LL, 8A, 8B, 8C, 8D, 8E.

3. SYMPTOM: HAS HAD AN ELECTRIC SHOCK. \_\_\_\_\_

HANDLINGS: 2, 1, 5, 4A/4B/4C, 6A, 6B, 6C, 6E, 6F, 6G, 6H, 6I,  
6J, 6L, 6N, 6P, 6Q, 6S, 6T, 6U, 6V, 6W, 6X, 6Y, 6Z,  
6AA, 6BB, 6CC, 6DD, 6FF, 6GG, 6HH, 6II, 6JJ, 6KK, 6LL, 8A, 8B, 8C, 8D, 8E.

4. SYMPTOM: SEVERELY INJURED AND BLEEDING/BROKEN BONES.

\_\_\_\_\_  
HANDLINGS: 2, 1, 6A, 6B, 6C, 6E, 6F, 6G, 6H, 6I, 6J, 6L, 6N,  
6P, 6Q, 6S, 6T, 6U, 6V, 6W, 6X, 6Y, 6Z, 6AA, 6BB,  
6CC, 6DD, 6FF, 6GG, 6HH, 6II, 6JJ, 6KK, 6LL, 8A, 8B, 8C, 8D, 8E.

5. SYMPTOM: INJURED AND IN A COMA. \_\_\_\_\_

HANDLINGS: 2, 1, 4A/4B/4C, 6A, 6B, 6C, 6E, 6F, 6G, 6H, 6I, 6J,  
6L, 6N, 6P, 6Q, 6S, 6T, 6U, 6V, 6W, 6X, 6Y, 6Z, 6AA,  
6BB, 6CC, 6DD, 6FF, 6GG, 6HH, 6II, 6JJ, 6KK, 6LL, 8A, 8B, 8C, 8D, 8E.

6. SYMPTOM: IN OR WAS IN A STATE OF SHOCK. \_\_\_\_\_

HANDLINGS: 2, 5, 1, 4A/4B/4C, 6A, 6B, 6C, 6E, 6F, 6G, 6H, 6I,  
6J, 6L, 6N, 6O, 6P, 6Q, 6R, 6S, 6T, 6U, 6V, 6W, 6X,  
6Y, 6Z, 6AA, 6BB, 6CC, 6DD, 6EE, 6FF, 6GG, 6HH, 6II, 6JJ, 6KK, 6LL, 8A, 8B,  
8C, 8D, 8E.

7. SYMPTOM: INJURED AND UNCONSCIOUS. \_\_\_\_\_

HANDLINGS: 2, 1, 4A/4B/4C, 6A, 6B, 6C, 6E, 6F, 6G, 6H, 6I, 6J,  
6L, 6N, 6P, 6Q, 6S, 6T, 6U, 6V, 6W, 6X, 6Y, 6Z, 6AA,

6BB, 6CC, 6EE, 6FF, 6GG, 6HH, 6II, 6JJ, 6KK, 6LL, 8A, 8B, 8C, 8D, 8E.

8. SYMPTOM: INJURED AND IN PAIN. \_\_\_\_\_

HANDLINGS: 2, 1, 6A, 6B, 6C, 6E, 6F, 6G, 6H, 6I, 6J, 6L, 6N, 6P,

6Q, 6S, 6T, 6U, 6V, 6W, 6X, 6Y, 6Z, 6AA, 6BB, 6CC,

6DD, 6FF, 6GG, 6HH, 6II, 6JJ, 6KK, 6LL, 8A, 8B, 8C, 8D, 8E.

9. SYMPTOM: INJURED WITH EXTREME DISCOMFORT. \_\_\_\_\_

HANDLINGS: 2, 1, 6A, 6B, 6C, 6E, 6F, 6G, 6H, 6I, 6J, 6L, 6N, 6P,

6Q, 6S, 6T, 6U, 6V, 6W, 6X, 6Y, 6Z, 6AA, 6BB, 6CC,

6DD, 6FF, 6GG, 6HH, 6II, 6JJ, 6KK, 6LL, 8A, 8B, 8C.

8D. 8E.

10. SYMPTOM: INJURED WITH AN INFECTION/TEMPERATURE.

\_\_\_\_\_  
HANDLINGS: 2, 1 (ANTIBIOTICS), 7, 6A, 6B, 6C, 6E, 6F, 6G, 6H, 6I,

6J, 6L, 6N, 6P, 6Q, 6S, 6T, 6U, 6V, 6W, 6X, 6Y, 6Z, - 191 -

6AA, 6BB, 6CC, 6DD, 6FF, 6GG, 6HH, 6II, 6JJ, 6KK, 6LL, 8A, 8B, 8C, 8D, 8E.

11. SYMPTOM: INJURED AND TAKING DRUGS. \_\_\_\_\_

HANDLINGS: 2, 1, 6A, 6B, 6C, 6E, 6F, 6G, 6H, 6I, 6J, 6L, 6N, 6P,

6Q, 6S, 6T, 6U, 6V, 6W, 6X, 6Y, 6Z, 6AA, 6BB, 6CC,

6DD, 6FF, 6GG, 6HH, 6II, 6JJ, 6KK, 6LL, 8A, 8B, 8C, 8D, 8E.

12. SYMPTOM: INJURED WITH LITTLE/NO DISCOMFORT. \_\_\_\_\_

HANDLINGS: 2, 1, 6A, 6B, 6C, 6E, 6F, 6G, 6I, 6S, 6T, 6V, (Other  
processes from Section 6 may be used as needed), 8A, 8B, 8C, 8D, 8E.

13. SYMPTOM: INJURY NOT HEALING. \_\_\_\_\_

HANDLINGS: 6V, 6W, 6DD, 6FF, 8A, 8B, 8C, 8D, 8E, 9A, 9B, 9C, 9D.

14. SYMPTOM: INJURED AFTER OR WHILE INCOMPLETE ON AN AUDITING  
ACTION. \_\_\_\_\_

HANDLINGS: Handle with appropriate handlings depending on the  
injury. Then do #10 from handling sheet as soon as possible.

15. SYMPTOM: OLD INJURY RECURRING OR RESTIMULATED. \_\_\_\_\_

HANDLINGS: 6S, 6T, 6U, 6V, 6FF, 8A, 8B, 8C, 8D, 8E, 9A, 9B.

16. SYMPTOM: INJURED AND IN THE NO-INTERFERENCE AREA.

\_\_\_\_\_  
HANDLING: 14.

17. SYMPTOM: HIGH OR LO TA: \_\_\_\_\_

HANDLING: 13.

18. SYMPTOM: REPEATING INJURIES/ACCIDENTS (ACCIDENT PRONE). \_\_\_\_\_

HANDLING: 15, as soon as injury handlings are complete.

19. SYMPTOM: PC CAN'T RECALL RECENT ENGRAM. \_\_\_\_\_

HANDLINGS: 6V until pc recalls engram. Then 6S, 6U and complete 6V. Then proceed as above based on current symptoms.

20. CHILDREN SYMPTOM: INJURED AND IN PAIN. \_\_\_\_\_

HANDLINGS: 2, 1, 6A, 6B, 6C, 11A.

PREGNANCY

SYMPTOM: GOING TO GIVE BIRTH OR HAS GIVEN BIRTH.

HANDLING: 12.

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ATTACHMENT 2

### **PRELIMINARY ASSESSMENT FOR ILLNESSES**

PC: \_\_\_\_\_ DATE: \_\_\_\_\_

1. SYMPTOM: ILL AND HAS DONE A BUNK. \_\_\_\_\_

HANDLINGS: 3, 2, 1, 4A/4B/4C, 6B, 6C, 6D, 6E, 6F, 6H, 6K, 6M, 6N, 6O, 6P, 6Q, 6R, 6S, 6U, 6V, 6W, 6X, 6Y, 6Z, 6AA, 6BB, 6CC, 6DD, 6EE, 6FF, 6GG, 6HH, 6KK, 6LL, 8A, 8C, 8D, 8E.

2. SYMPTOM: SEVERELY ILL AND CLOSE TO DEATH. \_\_\_\_\_

HANDLINGS: 1, 4A/4B/4C, 6B, 6C, 6D, 6E, 6F, 6H, 6K, 6M, 6N, 6O, 6P, 6Q, 6R, 6S, 6U, 6V, 6W, 6X, 6Y, 6Z, 6AA, 6BB, 6CC, 6DD, 6EE, 6FF, 6GG, 6HH, 6KK, 6LL, 8A, 8C, 8D, 8E.

3. SYMPTOM: SEVERELY ILL. \_\_\_\_\_

HANDLINGS: 1, 4A/4B/4C, 6B, 6C, 6D, 6E, 6F, 6H, 6K, 6M, 6N, 6O, 6P, 6Q, 6R, 6S, 6U, 6V, 6W, 6X, 6Y, 6Z, 6AA, 6BB, 6CC, 6DD, 6EE, 6FF, 6GG, 6HH, 6KK, 6LL, 8A, 8C, 8D, 8E

4. SYMPTOM: ILL AND IN A COMA/UNCONSCIOUS. \_\_\_\_\_

HANDLINGS: 1, 4A/4B/4C, 6B, 6C, 6D, 6E, 6F, 6H, 6K, 6M, 6N, 6O, 6P, 6Q, 6R, 6S, 6U, 6V, 6W, 6X, 6Y, 6Z, 6AA, 6BB, 6CC, 6DD, 6EE, 6FF, 6GG, 6HH, 6KK, 6LL, 8A, 8C, 8D, 8E.

5. SYMPTOM: ILL AND IN A STATE OF SHOCK (OR WAS). \_\_\_\_\_

HANDLINGS: 1, 5, 4A/4B/4C, 6B, 6C, 6D, 6E, 6F, 6H, 6K, 6M, 6N, 6O, 6P, 6Q, 6R, 6S, 6U, 6V, 6W, 6X, 6Y, 6Z, 6AA, 6BB, 6CC, 6DD, 6EE, 6FF, 6GG, 6HH, 6KK, 6LL, 8A, 8C, 8D, 8E.

6. SYMPTOM: ILL AND IN PAIN/EXTREME DISCOMFORT. \_\_\_\_\_

HANDLINGS: 1, 6B, 6C, 6D, 6E, 6F, 6H, 6K, 6M, 6N, 6O, 6P, 6Q, 6R, 6S, 6U, 6V, 6W, 6X, 6Y, 6Z, 6AA, 6BB, 6CC, 6DD, 6EE, 6FF, 6GG, 6HH, 6KK, 6LL, 8A, 8C, 8D, 8E.

7. SYMPTOM: ILL WITH AN INFECTION/TEMPERATURE. \_\_\_\_\_

HANDLINGS: 1 (ANTIBIOTICS), 7, 6B, 6C, 6D, 6E, 6F, 6H, 6K, 6M, 6N, 6O, 6P, 6R, 6Q, 6S, 6U, 6V, 6W, 6X, 6Y, 6Z, 6AA, 6BB, 6CC, 6DD, 6EE, 6FF, 6GG, 6HH, 6KK, 6LL, 8A, 8C, 8D, 8E.

8. SYMPTOM: ILL AND TAKING DRUGS. \_\_\_\_\_

HANDLINGS: 1, 6B, 6C, 6D, 6E, 6F, 6H, 6K, 6M, 6N, 6O, 6P, 6Q, 6R, 6S, 6U, 6V, 6W, 6X, 6Y, 6Z, 6AA, 6BB, 6CC, 6DD, 6EE, 6FF, 6GG, 6HH, 6KK, 6LL, 8A, 8C, 8D, 8E.

9. SYMPTOM: ILL WITH LITTLE/NO DISCOMFORT. \_\_\_\_\_

HANDLINGS: 1, 6B, 6C, 6D, 6E, 6F, 6H, 6K, 6M, 6N, 6O, 6P, 6Q, 6R, 6S, 6U, 6V, 6W, 6X, 6Y, 6Z, 6AA, 6BB, 6CC, 6DD, 6EE, 6FF, 6GG, 6HH, 6KK, 6LL, 8A, 8C, 8D, 8E.

10. SYMPTOM: ILLNESS NOT HEALING. \_\_\_\_\_

HANDLINGS: 6V, 6DD, 6FF, 8A, 8C, 8D, 8E, 9A, 8B, 9C, 9D.

11. SYMPTOM: ILL DURING/AFTER AUDITING. \_\_\_\_\_

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HANDLING: 10.

12. SYMPTOM: AN OLD ILLNESS RECURRING (CHRONICALLY ILL). \_\_\_\_\_

HANDLINGS: 6V, 6FF, 8A, 8C, 8D, 8E, 9A, 9B, 9C, 9D.

13. SYMPTOM: ILL AND IN NO-INTERFERENCE AREA. \_\_\_\_\_

HANDLING: 14.

14. SYMPTOM: HIGH OR LO TA. \_\_\_\_\_

HANDLING: 13.

15. SYMPTOM: NOTHING WORKS. \_\_\_\_\_

HANDLING: 9D.

16. CHILDREN SYMPTOM: PHYSICAL DEFECT OR PSYCHOSOMATIC ILL.

\_\_\_\_\_



HANDLINGS: 1, 11B.

17. SYMPTOM: TIREDNESS. \_\_\_\_\_

HANDLING: 16.

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### ATTACHMENT 3

#### 1. MEDICAL TREATMENT

An assist is not a substitute for medical attention and does not attempt to cure injuries requiring medical aid. First, call the doctor. Then assist the person as you can. (Ref. ABILITY 73 ASSIST'S IN SCIENTOLOGY)

Medical examination and diagnosis should be sought where needed, and where treatment is routinely successful, medical treatment should be obtained. As an assist can at times cover up an actual injury or broken bone, no chances should be taken, especially if the condition does not easily respond. In other words where something is merely thought to be a slight sprain, to be on the safe side an X-ray should be obtained, particularly if it does not at once respond. An assist is not a substitute for medical treatment but is complementary to it. It is even doubtful if full healing can be accomplished by medical treatment alone and it is certain that an assist greatly speeds recovery. In short, one should realize that physical healing does not take into account the being and the repercussion on the spiritual beingness of the person.

(Ref. HCOB 11 Jul 73RB Re-rev. 21.9.78 ASSIST SUMMARY) \_\_\_\_\_

#### 2. FIRST AID AND ENVIRONMENTAL CONTROL

Where you are giving an assist to one person, you put things in the environment into an orderly state as the first step, unless you are trying to stop a pumping artery – but here you would use First Aid. You should understand that First Aid always precedes an assist. You should look the situation over from the standpoint of how much First Aid is required....

You may often have to find some method of controlling handling and directing personnel who get in your way before you can render an assist. You might just as well realize that an assist requires that you control the entire environment and personnel associated with the assist if necessary....

A good example of an assist would be when somebody is washing dishes in the kitchen. There is a horrendous crash and the person comes down all over the sink, hits the floor as she is going down, she grabs the butcher knife as it falls. You go in and say, «Well, let me fix that up.» One of the first things you would have to do is to wind some bandage around the hand to stop the bleeding. Part of the First Aid would be to pick up the dishes and put them back on the sink, sweep the pieces together into

a more orderly semblance. This is the first symptom of control. (Ref. HCOB 21 Oct 71 Reiss. 21.9.74 ASSISTS IN SCIENTOLOGY)

(This could include getting some assistance to ease discomfort such as Epsom salt baths, liniment, changing bandages, etc.) \_\_\_\_\_

### 3. IF A PERSON HAS DONE A BUNK

The preclear may do a compulsive exteriorization, «do a bunk,» and drop his body limp in the chair and give from that body no sign that he is hearing any of the auditing commands given by the auditor. One such case was pleaded with for half an hour by an auditor along the lines that the preclear should remember her husband, should think of her children, should come back and live for the sake of her friends, and found no response from the preclear. Finally the auditor said, «Think of your poor auditor,» at which moment the preclear promptly returned.

(Ref. DIANETICS 55! Chapter XVI EXTERIORIZATION) \_\_\_\_\_

### 4. ASSISTS FOR SOMEONE UNCONSCIOUS OR IN A COMA

4A. «YOU MAKE THAT BODY SIT ON THAT CHAIR.» (OR «LIE ON THAT BED.») (Ref. HCOB 21 May 59 HGC ALLOWED PROCESSES AND ACC PROCESSES AS OF SAY 21, 1959) \_\_\_\_\_

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4B. Touch patient's hand to parts of the bed with «FEEL THAT (OBJECT).» (Ref. HCOB 27 Jul 69 ANTIBIOTICS) \_\_\_\_\_

4C. An unconscious pc can be audited off a meter by taking his hand and having him touch nearby things like pillow, floor, etc. or body without hurting an injured part. \_\_\_\_\_

A person in a coma for months can be brought around by doing this daily.

(Ref. HCOB 5 July 71RB Re-rev. 20.9.78, C/S Series 49RB, ASSISTS)

### 5. SHOCK OR CATATONIA

«HERE. WHAT WORD DID I SAY TO YOU?» «HERE. WHAT WORD DID I SAY TO YOU?» The auditor keeps this up until all of a sudden the pc says, «You said 'Here.'» Then, «REACH DOWN NOW AND FIND THE FLOOR WITH YOUR HAND. PRESS IT.» (Ref. 5406C17 6ACC-50A & 50B ASSISTS) \_\_\_\_\_

### 6. ASSISTS FOR ILLNESS OR INJURY

#### 6A. INJURY

CONTACT ASSIST

Where possible and where indicated, until the person has re-established his communication with the physical universe site. To F/N. (Ref. HCOB 11 Jul 73RB Re-rev. 21.9.78 ASSIST SUMMARY, HCOB 5 Jul 71RB Re-rev. 20.9.78 C/S Series 49RB ASSISTS, HCOB 2 Apr 69RA Rev. 28.7.78 DIANETIC ASSISTS)

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#### 6B. ILLNESS OR INJURY

##### TOUCH ASSIST

Until the person has re-established communication with the physical part or parts affected. To F/N. (Ref. HCOB 11 Jul 73RB Re-rev. 21.9.78 ASSIST SUMMARY, HCOB 21 Oct 71 Reiss. 21.9.74 ASSISTS IN SCIENTOLOGY, BTB 7 Apr 72R Rev. & Reiss. 23.6.74 TOUCH ASSISTS CORRECT ONES) \_\_\_\_\_

#### 6C. ILLNESS OR INJURY

##### HAVINGNESS

Running HAVINGNESS in every assist session is vital. This not only remedies havingness but also brings the preclear to present time. (Ref. HCOB 11 Jul 73RB Re-rev. 21.9.78 ASSIST SUMMARY, HCOB 7 Aug 78 HAVINGNESS FINDING AND RUNNING THE PC'S HAVINGNESS PROCESS, HCOB 6 Oct 60R Rev. 8.5.74 THIRTY-SIX NEW PRESESSIONS) \_\_\_\_\_

#### 6D. ILLNESS

He is explaining his illness by saying he needs attention and he is using it as a service fac of some sort or another, and you will find out this very often gives up if you give him attention. Well, there are various ways to give him attention. Get him a nurse, get him a doctor, put him in a special room, put him on arduously, awfully hard to maintain schedules. You take a pink pill at 20 minutes after the hour, three and one-half blue pills 45 minutes past the hour, and then every hour on the hour take 7 green ones, but skip every odd-numbered hour.

Attention then is given to it and he gets the idea it is being as-ised. This makes him feel stronger and he will start to as-is it himself and very often gets well simply by giving him attention. There are various mechanisms to do so. (Ref. 5905C21 6-LACC-6 CLEARING: PROCESS – SPECIAL CASES) \_\_\_\_\_

#### 6E. ILLNESS OR INJURY

Run Reach and Withdraw from the affected area. (Ref. HCOB 24 Jul 69R Rev. 24.7.78 SERIOUSLY ILL PCs)

Reach and Withdraw can also be done on other body parts not affected, the environment, the body itself, the location where an injury occurred, the thing that injured the pc (e.g. the knife that cut him). To EP of F/N, GIs. (Ref. HCOB 29 Jul 81 OI ADDITIONAL ASSIST PROCESSES AND DATA) \_\_\_\_\_

#### 6F. ILLNESS OR INJURY

«HELLO» AND «OKAY.» (Ref. P.A.B. No. 123 THE REALITY SCALE)

#### 6G. INJURY

«WHERE DID IT HAPPEN?,» «WHERE ARE YOU NOW?» (Ref. ABILITY 110 TECHNIQUES OF CHILD PROCESSING, Technical Volume III, pp. 553-554)

#### 6H. ILLNESS OR INJURY

«FROM WHERE COULD YOU COMMUNICATE TO A \_\_\_\_\_ (body part)?» (To F/N, Cog, VGIs.) (Ref. HCOB 21 Jul 59 HGC ALLOWED PROCESSES) \_\_\_\_\_

#### 6I. INJURY

«LOOK AT THAT (object).» «DECIDE THE INJURY CANNOT HAVE IT.» Ep: Pain gone, Cog, F/N. (Ref. ABILITY 73 ASSISTS IN SCIENTOLOGY)

#### 6J. INJURY

«KEEP IT FROM GOING AWAY.» (Ref. ABILITY 73 ASSISTS IN SCIENTOLOGY) \_\_\_\_\_

#### 6K. ILLNESS

Run «HOLD IT STILL» on body parts until somatics blow. (Ref. HCOB 29 Jul 81 II ADDITIONAL ASSIST PROCESSES AND DATA) \_\_\_\_\_

#### 6L. INJURY (IMPACT)

WHERE AREN'T YOU BEING \_\_\_\_\_

(e.g. «hit»)? Making sure he gets these places with great certainty. As a result you will get yourself quite a reduction in case. (Run to F/N, Cog, VGIs.) (Ref. 5406C17 ASSISTS) \_\_\_\_\_

#### 6M. ILLNESS

«WHAT OTHER ILLNESSES COULD YOU HAVE?» (Run repetitively to F/N, Cog, VGIs.) (Ref. 5608C. HPC A-18 CHRONIC SOMATIC) \_\_\_\_\_

#### 6N. ILLNESS OR INJURY

Ask the pc «GIVE ME ANOTHER PURPOSE FOR A (e.g. bad ear).» (He already assumes he's given you one. He's got a bad ear.) You could ask him for a few more purposes. Have him dream up a few more purposes and he'll feel much better.

(Ref. 5608C.. HPC A-18 CHRONIC SOMATIC) \_\_\_\_\_

#### 6O. ILLNESS

«CAN YOU RECALL A TIME WHEN SOMEBODY ELSE HAD THAT CONDITION?» «CAN YOU RECALL A TIME WHEN YOU DECIDED TO HAVE THAT CONDITION?» To F/N, GIs. (Ref. ABILITY MAGAZINE MAJOR 4 of early July, 1955 entitled STRAIGHTWIRE A MANUAL OF OPERATION. Tech Volume II, pp. 216-239) \_\_\_\_\_

#### 6P. ILLNESS OR INJURY

- 197 -

Fly Rudiments as follows: HANDLE ANY ARC BREAK that might have existed at the time (a) with the environment, (b) with another, (c) with others, (d) with himself, (e) with the body part or the body, and (f) with any failure to recover at once. Each to F/N. \_\_\_\_\_

HANDLE ANY PROBLEM the person may have had (a) at the time of illness or injury, (b) subsequently due to his or her condition. Each to F/N. \_\_\_\_\_

HANDLE ANY WITHHOLD (a) the person might have had at the time, (b) any subsequent withhold, and (c) any having to withhold the body from work or others or the environment due to being physically unable to approach it. (Ref. HCOB 11 Jul 73RB Re-rev. 21.9.78 ASSIST SUMMARY) \_\_\_\_\_

6Q. ILLNESS OR INJURY L1C «Concerning the illness – « or «Concerning the injury/accident -- .» Can also do L1C on the injured member. (Ref. HCOB 23 Jul 71R Rev. 16 Jul 78 ASSISTS) \_\_\_\_\_

#### 6R. ILLNESS

ASSESS FOR AREA OF ILLNESS AND PREPCHECK ON THE AREA. ALSO ONE CAN PREPCHECK THE BODY ITSELF. (Ref. HCOB 24 Jul 69R Rev. 24.7.78 SERIOUSLY ILL PCs) \_\_\_\_\_

#### 6S. ILLNESS OR INJURY

RUN THE INCIDENT ITSELF Narrative R3RA Quad to erasure and full EP. Interest is checked. It is understood here that Flow 1 was the physical incident itself, not necessarily something done to the person but as something that

happened to him or her. (Ref. HCOB 26 Jun 78RA II Re-rev. 15 Sep 78 NED Series 6RA R3RA ENGRAM RUNNING BY CHAINS, HCOB 28 Jul 71RA Re-rev. 22.9.78 C/S Series 54RA NED Series 8R DIANETICS, BEGINNING A PC ON)

NOTE: Dianetics is not run on Clears or OTs. \_\_\_\_\_

#### 6T. INJURY

Date/Locate the injury. (Ref. HCOB 15 Nov 78 DATING AND LOCATING)

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#### 6U. ILLNESS OR INJURY

HANDLE ANY SECONDARY, which is to say emotional reactions, stresses or shocks before, during or after the situation. Narrative Secondaries are run R3RA Narrative Quad. Interest is checked. It is important to get the earliest beginning of the incident and to continue to check for earlier beginning each run through. (Ref. HCOB 26 Jun 78RA II Re-rev. 15.9.78 NED Series 6RA R3RA ENGRAM RUNNING BY CHAINS, HCOB 28 Jun 78RA Re-rev. 15.9.78 NED Series 7RA R3RA COMMANDS, HCOB 28 Jul 71RA Re-rev. 22.9.78 C/S Series 54RA, NED Series 8R DIANETICS, BEGINNING A PC ON, HCOB 11 Jul 73RB Re-rev. 21.9.78 ASSIST SUMMARY) NOTE: Dianetics is not run on Clears or OTs.

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#### 6V. ILLNESS OR INJURY

PREASSESS THE INCIDENT and take to a full Dianetic EP all somatics connected with the incident in which the pc is interested. (Ref. HCOB 18 Jun 78R Rev. 20.9.78 NED Series 4R ASSESSMENT AND HOW TO GET THE ITEM and the issues referenced in 6U above) NOTE: Dianetics is not run on Clears or OTs.

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#### 6W. ILLNESS OR INJURY

Check if the area was audited before on R3RA. If so, L3RG to F/N list on it. (Ref. HCOB 29 Jul 81 II ADDITIONAL ASSIST PROCESSES AND DATA)\_\_\_\_\_

#### 6X. ILLNESS OR INJURY

- 198 -

If pc has a Service Fac or Evil Purpose behind it, R3RA Quad. Note:

Dianetics is not run on Clears and OTs. (Ref. HCOB 29 Jul 81 II ADDITIONAL ASSIST PROCESSES AND DATA) \_\_\_\_\_

#### 6Y. ILLNESS OR INJURY

POSTULATE TWO-WAY COMM. To F/N. Not E/S. (Ref. HCOB 11 Jul 73RB

Re-rev. 21.9.78 ASSIST SUMMARY) \_\_\_\_\_

#### 6Z. ILLNESS OR INJURY

PRIOR CONFUSION. By 2-way comm see if a confusion existed prior to the accident, injury or illness. To F/N. Not E/S. (Ref. HCOB 11 Jul 73RB Re-rev. 21.9.78 ASSIST SUMMARY) \_\_\_\_\_

#### 6AA. ILLNESS OR INJURY

MYSTERY POINT. 2wc any mysterious aspect of the incident to F/N Cog VGIs. Not E/S. (Ref. HCOB 11 Jul 73RB Re-rev. 21.9.78 ASSIST SUMMARY)

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#### 6BB. ILLNESS OR INJURY

2WC AGREEMENT: Get any agreement the person may have had in or with the incident. Not E/S. (Ref. HCOB 11 Jul 73RB Re-rev. 21.9.78 ASSIST SUMMARY) \_\_\_\_\_

#### 6CC. ILLNESS OR INJURY

PROTEST: 2wc any protest in the incident. Not E/S. (Ref. HCOB 11 Jul 73RB Re-rev. 21.9.78 ASSIST SUMMARY) \_\_\_\_\_

#### 6DD. ILLNESS OR INJURY

PREDICTION: 2wc (a) How long he/she expects to take to recover. (b) Get the person to tell you any predictions others have made about it. 2wc it to an F/N Cog VGIs. (Ref. HCOB 11 Jul 73RB Re-rev. 21.9.78 ASSIST SUMMARY)

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#### 6EE. ILLNESS

LOSSES. 2wc anything the pc may have lost to F/N. Not E/S. (Ref. HCOB 11 Jul 73RB Re-rev. 21.9.78 ASSIST SUMMARY, HCOB 29 Mar 65 ALL LEVELS ARC BREAKS) \_\_\_\_\_

#### 6FF. ILL OR INJURED WITH FIXED PICTURE

BEFORE-AFTER: Where an injured or ill pc is so stuck that he has a fixed picture that does not move, one can jar it loose by asking him to recall a time before the incident and then asking him to recall a time after it. This will «jar the engram loose» and change the stuck point. (Ref. HCOB 11 Jul 73RB Re-rev. 21.9.78 ASSIST SUMMARY) \_\_\_\_\_

#### 6GG. ILLNESS OR INJURY

Have the numb, painful or injured area say «THERE IS SOMETHING HERE, THERE IS NOTHING HERE» having it then say, «THERE IS SOMETHING



THERE, THERE IS NOTHING THERE» having the preclear say about the area, «THERE IS SOMETHING THERE, THERE IS NOTHING THERE,» and then the preclear about himself, «THERE IS SOMETHING HERE, THERE IS NOTHING HERE.» This makes a complete bracket. (Run to Pain gone, Cog, F/N.) (Ref. THE JOURNAL OF SCIENTOLOGY 16-G THIS IS SCIENTOLOGY THE SCIENCE OF CERTAINTY VOL 1 PAGE 388 OF TECHNICAL VOLUMES)

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6HH. ILL OR INJURED AND WAS IN A SMALL ROOM FOR A LONG TIME  
- 199 -

The gradient scale of taking people into larger and larger spaces was an early one. An individual has been lying in this small room. He's very ill. He's been lying in this small room for days and days and weeks and weeks and you're going to process him. Just get him into a little bit larger space. The tremendous tiredness he will experience is just giving him a little more space and a greater remoteness of wall. You take him out of his room into a larger room, he will start to experience tiredness. If you did that every day, and you gave him a little more space every day and gradiently scaled him up the line a little bit more and a little bit more, the individual would snap out of it. It's quite interesting because what you're doing is giving him a gradient scale of larger spaces to confront. Just don't give it to him with such steep doses that he finds them unconfrontable and you've got it made. (Ref. 5904C23 SH PA 20 THEORY OF PROCESSES) \_\_\_\_\_

## 6II. INJURY

Where a person is injured, given a contact or touch assist and then medical examination and treatment, he is given the remainder as soon as he is able to be audited. The drug «five days» does not need to apply. But where the person has been given an assist over drugs, one must later come back to the case when he is off drugs and run the drug part out or at least make sure that nothing was submerged by the drugs. (Ref. HCOB 11 Jul 73RB Re-rev. 21.9.78 ASSIST SUMMARY, HCOB 15 Jul 71RC III Re-rev. 31.1.79 C/S Series 48RD NED Series 9RB DRUG HANDLING and HCOB 19 May 69RB Re-rev. 14.11.78 DRUG AND ALCOHOL CASES PRIOR ASSESSING) \_\_\_\_\_

## 6JJ. INJURY

«SPOT THE SPOT WHERE YOU WERE INJURED.» «SPOT A SPOT OUTSIDE (the house, etc.)» or «...AWAY FROM (the gate, etc.)» Run alternate repetitive

until pc exteriorizes or something blows. (Ref. HCOB 29 Jul 81 II ADDITIONAL ASSIST PROCESSES AND DATA) \_\_\_\_\_

#### 6KK. ILLNESS OR INJURY

Fly Ruds before the illness or injury. (Can be done Quad.) (Ref. HCOB 24 Jul 69R Rev. 24 Jul 78 SERIOUSLY ILL PCS) \_\_\_\_\_

#### 6LL. ILLNESS OR INJURY

PREPCHECK THE PRIOR CONFUSION TO THE ILLNESS OR THE ACCIDENT/INJURY. NOTE: Do not Prepcheck the illness itself or accident/injury itself. (Ref. HCOB 9 Nov 61 THE PROBLEMS INTENSIVE USE OF THE PRIOR CONFUSION, HCOB 7 Sep 78R Rev. 21.10.78 MODERN REPETITIVE PREPCHECKING. Also, 6110C03 SH SPEC 61, THE PRIOR CONFUSION) \_\_\_\_\_

#### 7. HIGH TEMPERATURE

When illness is accompanied by temperature, antibiotics is usually the first thought. Then Fly all Ruds and do a Temperature Assist Version A or Version B. (Ref. HCOB 23 Jul 71R Rev. 16.7.78 ASSISTS, HCOB 24 Aug 71 II ASSISTS ADDITION, HCOB 29 Mar 75R Rev. 23 Oct 78 ANTI-BIOTICS, ADMINISTERING OF) \_\_\_\_\_

#### 8. PTS HANDLINGS

##### 8A. ILLNESS OR INJURED

The PTS C/S-1, given in HCOB 31 Dec 78 III EDUCATING THE POTENTIAL TROUBLE SOURCE, THE FIRST STEP TOWARD HANDLING: PTS C/S-1 must be done before any other PTS handling is begun. (Ref. HCOB 31 Dec 78 II OUTLINE OF PTS HANDLING) \_\_\_\_\_

##### 8B. INJURY

- 200 -

SUPPRESSIVE PRESENCE: 2wc any suppressive or invalidative presence that may have caused a mistake to be made or the accident to occur. (To F/N Cog VGIs.) (Not E/S.) (Ref. HCOB 11 Jul 73RB Re-rev. 21.9.78 ASSIST SUMMARY) \_\_\_\_\_

##### 8C. ILLNESS OR INJURY

A metered PTS interview per HCOB 24 Apr 71 I, C/S Series 79, PTS INTERVIEWS or a «10 August Handling» per HCOB 10 Aug 73 PTS HANDLING done by an auditor in session or an MAA, D of P or SSO will, in most cases,

assist the person to spot the antagonistic or SP element. Once spotted, the potential trouble source can be assisted in working out a handling for that terminal. (Ref. HCOB 31 Dec 78 II OUTLINE OF PTS HANDLING) \_\_\_\_\_

#### 8D. ILLNESS OR INJURY

3 S & Ds per HCOB 16 Aug 69R Rev. 25.9.78 HANDLING ILLNESS IN SCIENTOLOGY. \_\_\_\_\_

#### 8E. ILLNESS OR INJURY

RUDIMENTS: Flying ruds and overts triple or quad flow on the antagonistic terminal is often done to «get ruds in» and enable the pc to better confront the PTS situation he is faced with. This would, of course, be done only in session by a qualified auditor when so ordered by the Case Supervisor. (Ref. HCOB 31 Dec 78 Issue II OUTLINE OF PTS HANDLING) \_\_\_\_\_

#### 9. UNRESOLVING CONDITION

##### 9A. WAS AUDITED WHILE ON DRUGS

Where a person is injured, given a contact or touch assist and then medical examination and treatment, he is given the remainder as soon as he is able to be audited. The drug «five days» does not need to apply. But where the person has been given an assist over drugs, one must later come back to the case when he is off drugs and run the drug part out or at least make sure that nothing was submerged by the drugs. It is not uncommon for a person to be oblivious to certain parts of a treatment or operation at the time of initial auditing, only to have a missing piece of the incident pop up days, months or even years later. THIS is the reason injuries or operations occasionally seem to persist despite a full assist: a piece of it was left unhandled due to a drugged condition during the operation; such bits may come off unexpectedly in routine auditing on some other apparently disrelated chain. (Ref. HCOB 11 Jul 73RB Re-rev. 21.9.78 ASSIST SUMMARY, HCOB 15 Jul 71RC III Re-rev. 31.1.79 C/S Series 48RD NED Series 9RB DRUG HANDLING and HCOB 19 May 69RB Re-rev. 14.11.78 DRUG AND ALCOHOL CASES PRIOR ASSESSING) \_\_\_\_\_

##### 9B. UNRESOLVED PAINS

Where you can't fully repair a crippled left leg, don't be surprised to find it was the right leg that was hurt. You audit the left leg somatic in vain. If you do, start auditing somatics in the OPPOSITE SIDE OF THE BODY.... This is also true for toothaches. Look at the pc's mouth. Has the RIGHT upper molar ever been

pulled or injured? Yes. That's how the left molar began to decay.

The right upper molar was pulled. The pain (especially under the painkiller on the right side only) backed up and stopped on the opposite side. Eventually the left upper molar, under that stress, a year or ten later, caves in and aches. (Ref.

HCOB 15 Jul 70R Rev. 17.7.78 UNRESOLVED PAINS) \_\_\_\_\_

#### 9C. ILLNESS OR INJURY

Check if any L&N done in connection with the area, verify or correct the lists.

NOTHING PRODUCES AS MUCH CASE UPSET AS A WRONG LIST ITEM OR - 201 -

A WRONG LIST. Nothing else produces such a sharp deterioration in a case or even illness. (Ref. HCOB 20 April 72 II C/S Series 78 PRODUCT PURPOSE AND WHY AND WC ERROR CORRECTION) \_\_\_\_\_

#### 9D. NOTHING WORKING – ILL OR INJURED

«WHAT COULD BE WORSE THAN (the condition of the pc).» Run repetitively.

Skip the F/Ns, just keep this one going until the pc gets well. (Ref. HCOB 29 Jul

81 II ADDITIONAL ASSIST PROCESSES AND DATA) \_\_\_\_\_

#### 10. ILLNESS OR INJURY DURING/AFTER AUDITING

Repair the earlier auditing with the appropriate correction list and/or GF M5 as soon as possible.

It can occur that a pc gets ill after being audited where the «auditing» is out-tech.

When this occurs or is suspected, a Green Form should be assessed only by an auditor who can meter and whose TR 1 gets reads. The GF reads are then handled. Out Interiorization, bad lists, missed W/Hs, ARC Breaks and incomplete or flubbed engrams are the commonest errors. (Ref. HCOB 11 Jul 73RB Re-rev.

21.9.78 ASSIST SUMMARY) \_\_\_\_\_

#### 11. ASSISTS FOR A CHILD

##### 11A. INJURED CHILD

«WHERE DID IT HAPPEN?», «WHERE ARE YOU NOW?» (Ref. ABILITY

110 TECHNIQUES OF CHILD PROCESSING Technical Volume III pp. 553-554)

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##### 11B. CHILD WITH PHYSICAL DEFECT OR PSYCHOSOMATIC ILL

«FEEL MY ARM,» «THANK YOU,» «FEEL YOUR ARM,» «THANK YOU,» and so on, using common body parts. (Ref. ABILITY 110 TECHNIQUES OF CHILD

PROCESSING Technical Volume III pp. 553-554) \_\_\_\_\_

#### 12. PREGNANCY

A pregnant woman should have a full Preassessment done on birth and babies before delivery. Immediately after delivery the incident itself should be run out Narrative R3RA Quad and Preassessed if necessary. (Ref. HCOB 15 Jan 70 THE USES OF AUDITING, HCOB 11 Jul 73RB Re-rev. 21.9.78 ASSIST SUMMARY) \_\_\_\_\_

NOTE: Pregnant women are not to be audited or audit, for the sixth month on up, from power on up the Grade Chart. It is very common for pregnant mothers to be audited and to audit on New Era Dianetics and is in fact vital. NOTE: Dianetics is not run on Clears or OTs.

### 13. HIGH OR LO TA

A C/S 53RL should be used to get the TA under control during assists if it cannot be gotten down. It must be done by an auditor who knows how to meter and can get reads. (Ref. HCOB 11 Jul 73RB Re-rev. 21.9.78 ASSIST SUMMARY) NOTE:

Additional references applicable to this situation are HCOB 10 Dec 76RB Re-rev.

25.5.80 URGENT – IMPORTANT C/S Series 99RB SCIENTOLOGY F/N AND TA POSITION and HCOB 2 Dec 80 FLOATING NEEDLE AND TA POSITION MODIFIED. \_\_\_\_\_

### 14. ILL OR INJURED AND IN NO-INTERFERENCE AREA

Assess and handle the correction list for the Advanced Course level he is on or just completed as soon as possible. (Ref. HCOB 23 Dec 71 Solo C/S Series 10 C/S Series 73 THE NO-INTERFERENCE AREA) \_\_\_\_\_

### 15. ACCIDENT PRONE

- 202 -

Run a full battery of Objectives (CCHs, SCS, SOP 8-C, Op Pro by Dup, etc.) or put the person through the Survival Rundown. (Ref. HCOB 12 Jun 70 C/S Series 2 PROGRAMMING OF CASES) \_\_\_\_\_

### 16. TIREDNESS

Do a purpose list as follows: WHAT PURPOSE HAS BEEN BLUNTED? (You can also use «abandoned» if it reads better.) (Ref. HCOB 15 Sep 68 «Pc looking or continually...») Tiredness is technically BLUNTED PURPOSE. The most effective way to handle this is by overt-motivator engram. (Ref. HCOB 8 Sep 71R Rev. 20.5.75 CASE SUPERVISOR ACTIONS) \_\_\_\_\_