**Experiment No. 17243-A789: Preliminary Report**

 Subject has been in the facility six (6) years, and has been in formal training for the last four (4). Subject volunteered through our recruitment program in the local schools; prior to coming to us, he was living in a foster home with several other children. His only condition was that he have his own room, and after the initial adjustment period where he was living with the other new recruits, this has been secured for him. In fact, the doctors have since required he have his own room, with a door that locks from the outside.

 Subject has been put through the formal training for the Eagle’s Talon operations and has consistently demonstrated high abilities in the following areas: assassination, marksmanship, blade work, stealth, risk assessment, and hand-to-hand. In all combat skills, he shows a high degree of lethality. Our enhancements have increased his reflexes, speed and strength in small degrees, though of course their primary results are mental: ability to pick a target and focus on achieving it to such a level that he can track his target even when they are out of his line of sight; ability to pick up surface-level thoughts of unguarded individuals; and ability to formulate a kill order plan and execute it with computer-level accuracy. His mental enhancements are still in the preliminary stages, and we anticipate that he will continue to improve these skills, perhaps develop new ones, as the training progresses.

 However, the doctors have required him to be in solitary confinement when not in training due to occasional outbursts of unrestrained violence. He has killed five (5) orderlies, a psychiatrist, and one of the facility’s top doctors in total while in these outbursts. He says he doesn’t remember what triggers them, and doesn’t have clear memory of the actual killings. From a psychiatrist’s report, following the 2nd outburst:

 “Patient claims to see only flashes of the actual killings, but sees them as if someone else was doing them, as if he were not in control of his own body. He is distanced from his actions, and his memories during these times are incomplete at best. This seems to be a genuine reaction; no reason to suspect patient of falsifying these reports.”

 In his outbursts, he is unstoppable, killing all who cross his path, save one nurse, who was spared as one of his episodes neared its completion. She reported that she had always thought he was a nice boy and had sometimes slipped him candy, cigarettes, or other illegal treats over the years – actions that, while frowned upon in the program, may have saved her life. What starts the outbursts is still not known, but in all cases except one, subject was stopped when his name was called. In the first outburst, subject had to be forcefully tranquilized.

 However, it has been two (2) years since his last outburst, so there is reason to hope these episodes will not be a problem in the future. In the last two (2) years though, the subject has become increasingly anxious to be outside the facility and its compound, at one point deliberately assaulting one of the doctors and putting him in Intensive Care for a month. This was not one of his previous outbursts: it was deliberate, because he felt the doctor was patronizing him and because the doctor had told him he wasn’t going to be allowed outside the compound anytime soon.

 If subject’s emotional disturbances can be quelled, we are recommending him for field training and work in all Eagle’s Talon operations. His mental programming is extensive and effective (except when subject is in the middle of an outburst): he responds immediately to all orders delivered under the proper protocols.

 The psychiatrists are working hard to ease his disturbances so that the subject can be immediately put to use on our government’s behalf. Report filed [Date Blacked Out] by [Name Blacked Out].