**Project Legion**

**Progress Report 23/7/33**

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**Overview**

Project Legion is an offshoot of Project Archos, the technology behind downloading the human mind to a suitable machine. Archos is now proven technology with a 78% success rate so moving on to applications of that technology is a logical step to take.

A common misconception about Project Archos is that the process kills the patient. It is literally just a data transfer. The mind stored on the computer arrays is just a copy of the original, and assuming the download is successful the human original is still there. Further, a mind downloaded to Archos is then just computer data. It has no legal status, is not considered a person, and almost no-one knows it exists. Data can be copied.

Project Kraepelin was one of the first offshoots from Project Archos and proved to be wildly successful. By putting the downloaded mind through therapy it is possible to try multiple clinical approaches on the same mind by using copies and thus clinically determine the best approach. Project Kraepelin has also produced enormous strides forward in the counselling of terminal cancer patients by virtue of being able to interview minds that had died from cancer and could thus now articulate their situation during the last hours of their lives when they were perhaps unable to communicate.

Project Legion is the next logical step forward, taking copies of human minds and seeing if they can be edited to remove specific tendencies and traits, edit out traumatic memories, and perhaps even splice minds together to take the best traits and abilities from multiple minds to produce a gestalt greater than the sum of its parts.

**Progress**

Initial attempts to edit a downloaded mind have proved unsuccessful. We have managed to understand why and thus develop a significantly deeper understanding of the human mind. Project Archos mapped the mind in such a fashion that it could be duplicated and then interpreted successfully by the software on the Archos Array. What it didn’t do was map the connections within the mind itself. As a simple analogy, removing a memory from a downloaded mind is very much akin to wiping a file from a hard drive with a magnet. The data is gone, but the myriad co-dependencies remain. If I have a memory of a particularly bad cup of coffee and remove it, the various strands of mental mapping that use that memory to inform my broader opinion of coffee remain in place, and the mind finds itself constantly looking for a file reference that isn’t there. This inevitably leads to severe damage and eventual psychosis. Targeting a single piece of information for removal requires that all references to that information are rewritten, directing the mind to other information to replace that which was deleted. This has proved to be a near impossible task with our current understanding of how the mind is mapped out.

What we have achieved through this process though is a broader understanding of the mind, and a small amount of progress towards extending the mind mapping used by Archos and decoding the mind’s filing system. If we can pick apart the filing system we can target specific pieces of information, leading to a variety of military applications. Interrogating a captured combatant is simply then a matter of downloading their mind and picking out the required data. Keeping the combatant alive once their mind is archived becomes unnecessary.

Conversely, progress on the gestalt ideas of Dr. Pembrose has been significant. We as yet do not understand why, but the human mind contains what I can only call programming to cope with integrating two sets of memories into a single mind. Our current hypothesis is that the mind files new data all the time as the senses generate new memories. Integrating two minds simply becomes a batch processing task for an existing mental function.

Issues have arisen integrating personalities. Some tested combinations have had limited success, others have been dismal failures. We currently have too small a data set to make any statements about correlation but there are a few specific pieces of anecdotal data that are concerning. Two minds with no recorded history of any kind of mental abnormality or pathology can produce strong psychopathic tendencies when combined. Dr. Pembrose theorises that this is brought about by two minds essentially fighting for dominance. In cases where psychopathy was not evidenced, he suggests that one mind was simply naturally subservient to the other. As yet though none of the gestalt entities has been kept online for more than a couple of weeks at a time. This has made establishing precise personalities and identifying if either component’s personality is dominant very difficult. As testing progresses we are going to need a greater level of access to people who know the test subjects well and can interrogate the gestalt to see what facets of each component mind are still present.

**Next Steps**

Realistically, more of the same. We have made incremental progress but not to a degree where we are ready to progress to new methodology. My own focus is going to be on editing downloaded minds and making notes on the damage done to underlying mappings. I intend to commit 60% of the staff to this ongoing work instead of 75% as now.

Dr. Pembrose is going to continue to produce gestalt minds to widen our data pool. Of the minds on file he has currently generated about 45% of the available combinations. He has also discussed a few trial instances of combining three minds instead of two. I am sceptical but he believes that where a dominant mind has two opposing minds instead of one it is less likely to impose full control, and the two lesser minds will induce greater integration by virtue of cooperating with each other against the singular dominant mind. I cannot fault his logic.

I would also like to formally request two additional staff, one researcher and one clinician, ideally both with experience with Project Kraepelin. I feel like some of the more egregious damage done by both strands of the project could be mitigated by a talented clinician using talking therapies. This request is very much “it would be nice if” currently, but I can see a stage where an increase in clinical staff carrying out therapy is not just going to be desirable, it is going to be essential. I would prefer to get a little ahead of myself if budgets allow.