

Center for Cognitive and Behavioral Conditioning
Data Log

Test Subject: #3029

Subject Name: Tabitha H.

Program Supervisors: Dr. Nina Franklin/Dr. Nathaniel Hutch

Test Protocol: Prolonged Gargalesis Stimulation and Endurance

Test Schedule: 4.5 Hour Sessions, 4 Sessions/day

Subject Release Date: 05/13/2028, extensions at discretion of supervisor

Supervisor: Dr. Nina F.

Testing Room: #332

Restraint: SE-10, stabilizing straps at wrists, brachii, waist, thighs, calves, and forehead

FS-12, ankle housing with retraction ties, auto-function, and responsive kinetic sensors

Test Method: Prod-14

4 - Left Plantar Aspect, 4 - Right Plantar Aspect, 6 - Abdominals, 2 - Left Axilla, 2 - Right Axilla

Test Session Start: 12:00/Session #3

Date: 09/18/2027

Time: 15:16

Data Log #1

Notes:

Today is Wednesday, August 18th. My name is Dr. Nina Franklin. I am here monitoring Subject #3029 alongside Dr. Hutch. I guess all that's already been listed at the top of this entry. To be honest, I'm not sure how proper I'm supposed to be with these logs. I was told that these notes are really just for me and the team regarding the subjects that we're studying, so maybe I don't have to be so formal. It's still my first week, so bear with me here. I'm sure that, what with the recording of the session and the live video feed, everything is being cataloged anyway, but might as well add a little human element to these notes. This is all still very new to me, but I'll try to be professional here. Okay, enough rambling.

My name is Dr. Nina Franklin and I've been assigned to monitor Subject #3029. Her name is Tabitha and she was brought in from assessment about a month and a half ago, a couple weeks before I started. I don't know much about her beyond that. My partner, Dr. Nathaniel Hutch, said that she volunteered for the program. He's been working with her since and has been with the CCBC for a few

years now. I was brought on after graduating with my Doctorate in Behavioral Psychology. A representative from the CCBC came to me claiming that they help people with all sorts of specialized and experimental practices. After going through the interview process, they offered me a position in Project Supervision. Even then, I still didn't feel like I knew what the CCBC actually did, but the salary they offered was too good to pass up, so here I am.

I guess these logs should be more about the subject than me. Really just trying to keep my mind busy. The subject they have me monitoring has been assigned a number of cognitive reconstruction programs. The guy who hired me (Dr. Winters, I think. Forgive me, I'm not so good with names) described most of their methods as revolving around tickling. They call it Prolonged Gargalesis Stimulation and Endurance, but it's basically tickling. So far, it seems to be a pretty effective approach. It's supposed to induce a state of advanced sensory overload that, when coupled with distinct behavioral therapy, allows the subject's personality, motivations, and concrete thinking to all be externally reprogrammed in such a way that allows for the correction of unwanted or destructive components. I guess it makes sense, still I don't know why it has to be tickling specifically. I don't know, I didn't ask too many questions and they didn't give too many answers. I have no reason to second guess their methods. After seeing what the subject goes through, I know that I'd probably be in worse shape than her being put through all of that. All I know is here I am making sure this girl gets the most effective treatment as possible.

Tabitha is 19, brown hair, blue eyes, petite frame. Kind of cute. Probably shouldn't say that, but these logs are mine, so I said it. She and the rest of the subjects are housed here in the facility, cut off from most of the outside world. I'm not too sure about the holding process. I can't imagine it's much different than your typical LTACH. I just know that subjects are kept there when not in active sessions. 3029's schedule, however, has her in these sessions quite frequently. Dr. Hutch and I both monitor her progress. His logs are cleaner than mine. Probably. During sessions, 3029 gets wheeled into the observation room assigned to her that day. She has appeared under considerable distress for as long as I've been watching her. Sometimes she comes in sobbing. Sometimes she's begging. Wanting to see family. Crying for mommy. It can be hard to listen to, but the tending nurses will often fit her with an oxygen mask to muffle the noise. Keeps her from passing out too quickly and makes it a little easier for us to conduct the sessions.

I found the testing rooms to be impressively equipped for the jobs that they specialize in. Again, most (if not all) have to do with tickling. R&D and the rest of the engineering department here at the CCBC definitely made good use of their creative license. 3029 had gone through an extensive evaluation when she first started to determine what methods would be most effective with her.

Looking over her file, it seems that the methods used here should prove quite effective for someone in 3029's position. Tabitha is a very ticklish young woman. The Sensory Tolerance Index for her includes no listed area at a sensitivity less than 7.2 out of 10. Her feet, armpits, and belly are her worst spots, reaching well into the 'critical' range.

While monitoring her, it's also my job to conduct the sessions with the help of the specialized nursing staff. The sessions go through a sophisticated process of scheduling certain rooms and tools based on what we can determine is best for the subject's program at the time. I don't have the experience in the field that Dr. Hutch has, so he's already set up a scheduled program for her stay based on variables like the subject's health, endurance, mental stability, and the results of her ST Index test. 3029 gets a physiology reassessment once every two weeks and weekly therapy sessions conducted mostly by Dr. Hutch to get a more hands-on grasp on how she's progressing. My role here is basically to monitor her vitals, make sure her program proceeds as smoothly as possible, report technical issues to engineering, and to record 3029's progress for the duration of the program.

Most of the machines we use run efficiently on their own, able to be programmed with preset functions. Intensities can vary among the different tools. Some, like the specialized stocks we have 3029 in today, can even pick up on the slightest movement to analyze and apply optimal application patterns. Her toes are tied back against the thing, so it's not like she can move them much at all beyond small twitches, but damn if the machine doesn't still pick up on them. The support we have her strapped down to stretches out her arms and legs. The machine she's been scheduled with for the session is one of the Prods. 14, I believe. I've heard several mods and specialists here refer to them as Spiders. I assume they get that from how the arms come up from underneath. At the tips are small prods with soft, spinning tips. Each is programmed to assess a different part of her body, the areas that proved to be most sensitive during her ST Index test. Two around each armpit, six at her stomach, and four attacking each foot. That's the part that's especially hard to watch. Just imagining going through that kind of tickling makes my heart sink. The way it mercilessly pokes and scratches at her feet. I don't know if I could take a minute of it, let alone a whole session. The screaming laughter sure doesn't help, but we usually just turn off the microphones in the observation booth. No one said the job would be easy.

Other than that, the job's not so bad. I'm making as much as I would in any psychiatric hospital. The people here are really nice. It is kind of a far drive from home. Where the facility is, it's a far drive from anywhere, but I'm excited to see what comes of all of this. I know I spent probably too much time here talking about me when these logs are mainly for the subject, but I'm all caught up with everything else and 3029's still got another hour for the session, so I'm not doing much else.

Anyway, more tomorrow. Signing off like a letter because why not?

Dr. N. Franklin, PhD

Center for Cognitive and Behavioral Conditioning
Data Log

Test Subject: #3029

Subject Name: Tabitha H.

Program Supervisors: Dr. Nina Franklin/Dr. Nathaniel Hutch

Test Protocol: Prolonged Gargalesis Stimulation and Endurance

Test Schedule: 4.5 Hour Sessions, 4 Sessions/day

Subject Release Date: 05/13/2028, extensions at discretion of supervisor

Supervisor: Dr. Nina F.

Testing Room: #304

Restraint: RC-7, stabilizing straps at wrists, chest, waist, thighs, and forehead

FS-6, ankle housing with retraction ties, auto-function, responsive kinetic sensors, rotary brushes

Test Method: RB-6

3 - Left Plantar Aspect, 3 - Right Plantar Aspect

Test Session Start: 17:00/Session #4

Date: 09/20/2027

Time: 19:31

Data Log #3

Notes:

Dr. Hutch apparently read through my last log and had a good laugh about it. He told me that I didn't need to get so personal about them, but brushed it off anyway. I don't care. I'm still going to. After an hour, there's not much else to do in here so long as 3029 stays conscious. But we are sharing a subject, so I should try to be a little more professional about these. Only a little.

Today we have 3029 in the restraint chair. It's a slightly less advanced contraption than what she's been in so far, but I didn't make the schedule (looking at you, Dr. H). It's pretty much just a big lounge chair with stabilizing straps for her wrists, torso, and legs. We have to keep strapping her head back too for her safety. Without it, she tends to thrash around a lot and we don't want her to hurt herself.

The session seems a little more tame today too, but again, only a little. It's exclusively foot focused. While 3029 has experienced plenty of full body sessions, we've found that even those that only target

her feet tend to work almost just as well from a moderator's standpoint. We've had her in the same stocks as the other day for it. It's a pretty standard device in most of the testing rooms. It holds her feet back and keeps them perfectly still. With it, this time, we've incorporated a series of spinning brushes. They're fitted with soft to medium bristle composition so that they can be applied for long periods of time without causing abrasion or pain to the soles of her feet. I still have a hard time watching this one, but I'm getting more used to it. The layout that Dr. Hutch had designed for her is made up of three small rollers, like paint rollers, spinning against each foot. One at the heel, the other at the arch, and the other at the base of the toes. The integrated stockade system is pretty impressive here too. It uses the information gathered by the heart rate monitor, body temperature, and the EEG to determine and alter the optimized RPM for the rollers. It'll speed up or slow down depending on what the program suggests will provide the more effective results. As objectively horrifying as it is, you have to respect that level of ingenuity.

Her program is going as smoothly as is to be expected, so that's good. Dr. Hutch seems to be pleased by her progress while I have basically nothing to compare it to. I've sat in on the therapy sessions that he's had with 3029. Talking becomes limited after so much laughing, I suppose. She was quiet. Tired. After a week of sessions into her program, he said that she was already seeing intended results. Her mind started to drain out toxic traits. She became more docile. Obedient, in his words. After about two weeks, she started becoming unable to recall things she once knew. Irrelevant trivia, mostly, like the names of famous landmarks and world leaders. After a month, she was showing signs of phase 1 state, where the ego begins to dampen and cognitive thought starts to weaken. Phase 2 is when the id, or more primal impulses, becomes more omnipresent and Phase 3 is the deconstruction of the undesired superego, the rationality between thought and action. Dr. Hutch determined that 3029 is right on schedule with approaching full phase 1 state, with phase 2 projected to occur sometime around the end of November.

I have been learning more about the theories and practices proposed by the CCBC and it's really quite interesting. It states that distress caused by excessive sensory stimulus can allow a subject's mental composition to become more malleable and receptive to external restructuring. The CCBC, while their primary protocol of choice is tickling as it can allow for that same excessive sensory stimulus without resorting to physical pain, also has other methods in the same vein. They're experimenting with achieving comparable results through sensory deprivation as well. I know that sounds bad. Experiments like this have been conducted and aren't usually the most humane in nature, but what the CCBC is doing is different. They're developing methods that can mimic the effects of total sensory deprivation while also providing enough of it to keep the subjects from detrimental long-term effects. It's supposed to be done by monitoring and applying specific stimuli, visual, auditory, kinetic, and

whatnot. That way the subject still goes through the reconditioning program in a more controlled environment. I was turned off at first reading about it, but the more I got into it, the more fascinating it became.

I'll probably keep using these logs to diary my experience with my first ever subject. It's really very interesting the kind of study and practice that happens here. I also want to look more into the subject to see what exactly the intended outcome here is. If 3029 has a more detailed file, I haven't seen it yet. So I'm going to keep cataloging my findings here this way, like I'm supposed to do anyway, even if Dr. Hutch still finds it a bit contrived.

More later

- Dr. N. Franklin, PhD

Center for Cognitive and Behavioral Conditioning
Data Log

Test Subject: #3029

Subject Name: Tabitha H.

Program Supervisors: Dr. Nina Franklin/Dr. Nathaniel Hutch

Test Protocol: Prolonged Gargalesis Stimulation and Endurance

Test Schedule: 4.5 Hour Sessions, 4 Sessions/day

Subject Release Date: 05/13/2028, extensions at discretion of supervisor

Supervisor: Dr. Nina F.

Testing Room: #219

Restraint: OT-SN30287, stabilizing straps at wrists, chest, waist, ankles, and forehead

Inventory: Sensory Visor-SN61209

Assisting Staff: Lonie Polanski, Lashonda Masterson, Jamie Baker, Christine Green

Test Method: Directed Application

1 - Left Axilla, 1 - Right Axilla

Test Session Start: 14:00/Session #3

Date: 09/28/2027

Time: 15:43

Data Log #9

Notes:

So I'm going to write this one a little more for me. Dr. Hutch has since stopped checking my logs and sticking to his own, so it should be okay. If not, then I may need to start bringing a journal or something. Last thing I need are department heads breathing down my neck. Especially Todd. The guy leers too much, and the way he talks about the other subjects is off-putting, to say the least.

This week's progress reports are still relatively on schedule. Tabitha has stopped crying so much, though still hesitant when starting new sessions. Honestly, I don't blame her. Hard to believe that she openly volunteered for this. Whatever was wrong with her must have been something really bad. Dr. Hutch says that this is typical of subjects around her stage. It does make things a little easier on us. Or at least for me. I swear that some other doctors here get off on the obvious distress these people go through by the way they talk about it. Like fucking Todd. Dr. Hutch did say that eventually the

subjects either go numb to it as they accept the reality of their situation while others even start to like it. I can't even begin to imagine enjoying this, not for a single second. But that's why I'm on this side of the glass.

Today, we have Tabitha in room #219 under the care of four specially trained program administrators, a fancy way of saying 'professional ticklers'. I'm sure there's more to it than that, but that's not my department. Plus from what I've observed of their effectiveness in their position, I'd say that 'professional ticklers' suit them all. They certainly make it look like a form of art. Makes me shiver just thinking about it. They only take Tabitha two at a time, taking shifts and switching out every hour. They've been specifically stationed at each of her armpits. The girl is strapped down to an observation table with her arms tied up over her head. For four hours, her bare pits are mercilessly attacked by these four tickling experts. They seriously don't let her catch a break.

I suppose that makes my job easier. She has others monitoring her, at least in the testing room. They also fitted her with an experimental visor of sorts. I don't know much about it. I asked the women before the session started and never got a straight answer. It appears to hinder her vision and hearing, but for what purpose, I don't know. Whatever it all is, the CCBC and Dr. Hutch really know how to design these programs. Honestly, if it wasn't for the earplugs the women have to wear while they were in there, those screaming laughs for that long might cause actual hearing damage. They really know what they're doing.

Frankly, I'm getting a little tired of not feeling like I'm in the know. The amount of cryptic speak and vague answers is really starting to piss me off. I've been trying to get a hold on Tabitha's personal file and it's been like pulling teeth. You'd think that I, as her program supervisor, would have that on hand. Medical records, social security number, a damn high school report card, something, anything. But nope, just a basic rundown of facility registration. A name, subject number, and a program schedule. That's it. I asked in the records department if there was more on her and they told me that I needed authorization from Jackson. Jackson told me to talk to Dean. Dean said that he would get to it and let me know. Getting kind of sick of this. I really want to help this girl. Whatever's wrong with her, maybe there's a better way to fix it than this. I just have to be patient while I wade through this bureaucratic bullshit.

Anyway, I'll keep looking into it. She's such a sweet girl. I just want to help.

Dr. N. Franklin, PhD

Center for Cognitive and Behavioral Conditioning
Data Log

Test Subject: #3029

Subject Name: Tabitha H.

Program Supervisors: Dr. Nina Franklin/Dr. Nathaniel Hutch

Test Protocol: Prolonged Gargalesis Stimulation and Endurance

Test Schedule: 6 Hour Sessions, 3 Sessions/day

Subject Release Date: 05/13/2028, extensions at discretion of supervisor

Supervisor: Dr. Nina F.

Testing Room: #219

Restraint: CBR-SN003, stabilizing straps at wrists, brachii, chest, waist, ankles, thighs, calves, and forehead

Test Method: CBR, 10 - Abdominals

Test Session Start: 4:00/Session #1

Date: 09/27/2027

Time: 04:22

Data Log #3

Notes:

They put Tabitha on a new schedule while I was off for the weekend. I really can't believe they did that without running it by me first. Some of the program coordinators formulated a higher intensity program and I guess Dr. Hutch signed off on it. God, I am so mad right now. I need to calm down. These people were so nice when I started. They're still nice, at least to my face, even if they still insist on not answering my questions. The disrespect is just astounding to me. I vented a little to Dr. Hutch this morning. He listened, but then waved it off like it was nothing. He said it's for her own good and that a higher intensity program will help her reach optimal results. As strange as that might seem given the nature of the previous program seemed relatively unbearable, I was really just pissed at not feeling like I'm being taken seriously. Or being heard. Feels like I'm trying to talk through a wall. So annoying.

Tabitha's been through the new program for about 36 hours now and I definitely see a difference, for what that's worth. She has regressed a little, crying and begging more, though now it just sounds like blubbling noises through her constant laughter. Poor girl can't even make words anymore. Like her

voice is just used to laugh because it's basically gone when she's not. I suppose she'll start getting used to this too, but it's still hard to watch. I think Dr. Hutch picked up on how I've been reacting. He's told me many different half-shallow phrases to help ease the tension. 'Don't get too involved', 'it's for her own good', 'it's all part of the job', 'just tune it out'. I want to. I'm going to have to if I'm to stay here and not drive myself crazy.

Today, Tabitha's session is with the Chamber, a new apparatus that I'm not fully convinced wasn't at least a reason for this change in the program. R&D released this thing a couple days ago. They claimed that it's been thoroughly tested, but are also monitoring how well it does for program application. You know, like a test. The Chamber acts as a stimulant and binding mechanism all in one. It has Tabitha stretched out like she was on the operating table, but now a tubular device hovers over her frontal plane. It looks like a very small and condensed MRI machine.

From what I've been able to observe, the Chamber acts with the same AI mechanics that many of the others do. It binds her body with resistance optimized against her own sympathetic nervous reactions. The portion that covers her is capable of all vital monitoring, including a more accurate EEG reading, all of which it transfers to my console from where I work. It measures her responses and readings in order to fully maintain a state of constant hysteria. While I can tell that the thing is built with many functions and loadouts, today we have her belly as the focused area. Ten finger-like robotic appendages trace and prod over her stomach. Several of them are equipped with small, spinning brush tips, one of which is perpetually locked into her navel. We're 25 minutes in and she's already lost her voice from laughing so much. I don't know how she's going to last another 5 hours, and then all of that 2 more times today.

I still haven't gotten her file from records. I've looked and I haven't found anything more than rudimentary CCBC registration forms on any of the active subjects. No one has gotten back to me. I'm trying to remain patient about this. Maybe Dr. Hutch is right. Maybe I am overthinking all of this. Maybe I should find a way to tune it out, just let the project run its course. At least then I can start getting on people's good sides here. Dr. Hutch did say that some people learn to like it. Maybe Tabitha will be one of them. I seriously doubt it, both from my own perspective and from how explosively she's been reacting so far, but I'm just trying to stay positive for now. It's really the best thing I can do to keep from lashing out.

Sincerely, conflicted
Dr. N. Franklin, PhD

Center for Cognitive and Behavioral Conditioning
Data Log

Test Subject: #3029

Subject Name: Tabitha H.

Program Supervisors: Dr. Nina Franklin/Dr. Nathaniel Hutch

Test Protocol: Prolonged Gargalesis Stimulation and Endurance

Test Schedule: 6 Hour Sessions, 3 Sessions/day

Subject Release Date: 05/13/2028, extensions at discretion of supervisor

Supervisor: Dr. Nina F.

Testing Room: #219

Restraint: SE-10, stabilizing straps at wrists, brachii, waist, thighs, calves, and forehead

FS-12, ankle housing with retraction ties, auto-function, and responsive kinetic sensors

Test Method: Fr-13; 'Fluffy'

2 - Left Plantar Aspect, 2 - Right Plantar Aspect, 4 - Abdominals, 1 - Navel, 2 - Left Axilla, 2 - Right Axilla

Test Session Start: 11:15/Session #2

Date: 09/30/2027

Time: 11:54

Notes:

I talked to Andre today, the head of administration. I originally emailed him about Tabitha and he said that he'd meet with me at lunch. So far he's been the only reasonable source. He listened to me and I might have gotten perhaps a little more emotional about the situation than I should have. He told me that many of the moderators go through this and that they have their own departmental psychiatrists to help them cope with the work. It's an odd addition to the payroll, but I guess some jobs just take a bigger toll than others. I never expected all of this, though.

I told him that I'd do whatever to get access to Tabitha's personal file. I was lucky to find the one doctor that seemed to actually sympathize with me. He asked me that if I were to help him with some minor attendee work, he'd see about finding those records for me. It blows my mind that they're so far out of reach, buried behind some bullshit wall of confidentiality, but it's become par for the course for

this place. Andre's been swamped with his own work, poor guy. We're apparently short staffed as we've had a few nurses quit recently. I really don't mind setting up other programs if it'll get me what I need.

All of this going on with Tabitha, I have to say, it's not easy to witness. I keep thinking about how ticklish I am and how I'd fare in her position. Makes me think back to all the times my brothers held me down and tickled me growing up. I remember it feeling like hell, being as ticklish as I was, but it's still nothing compared to what Tabitha has to go through. It keeps me up at night sometimes. I still hear her laughter. It's almost like torture, what we put her through. Dr. Hutch insists that it isn't, that the CCBC operates within a government regulated code of ethics. Watching it though, it's almost impossible not to imagine yourself in that scenario. Still not sure why she volunteered for this, but she's a brave girl for going through it all. I know I couldn't.

Tabitha recently concluded another physical and psychological assessment. You'd think that they would wait until after her progress has been evaluated before they increased her program the way they did, but I don't know anymore. Mentally, she's apparently still on schedule. According to Dr. Hutch, she's starting to forget deeper memories. She was asked where she was from, what her favorite color was, what her mother's name was. She couldn't recall any of it. She was shown pictures of five different dogs and was told to pick the one out that was hers. She got it wrong. Evidently, this is all normal and crucial to the development of her program, but that's all hearsay.

The physical assessment is what really concerned me. Tabitha, while not on my watch, was allowed an absence from one session. During which, her physical exam involved more R&D overhaul of who is supposed to be MY test subject. They had her bathe in an experimental solution that, by their own description, alerts the sympathetic nervous system more efficiently as it pertains to the epidermis. Don't ask me how that's supposed to work, but whatever they want it to do, it did. After they conducted another Sensory Tolerance Index test, Tabitha's scores skyrocketed. Now everything was in critical range, with nothing scoring less than a 9.2. Her most sensitive areas have become impossibly ticklish. Dr. Hutch insists that it's fine, that she'll pull through and eventually get used to it, but I'm watching her right now. Between that and the increase in session duration, I don't know if that's possible.

Now, it doesn't take much for Tabitha to reach her apex limits. She's back on the table again for today. To really emphasize her new state of sensitivity, Hutch has fitted the Spider with feathers and given it the 'Fluffy' loadout of commands. As nice as that sounds, it's really doing a number on the girl. The machine has two stiff feathers brushing back and forth each armpit, four tracing her belly, one rotating into her navel, and two more stroking each sole at a constant pace. It's remarkable how well the thing is

able to hold her down too. Most of her energy was spent in the first half hour fighting against the straps holding her down. The Spider is able to keep a feather locked in position at her belly button no matter how she tries to twist and turn. What's still especially grueling to watch are the foot stabilizers. It keeps her toes locked back, her feet completely unable to move or protect themselves, so the feathers can continue to stroke uninterrupted. After all this time, I still get chills just thinking about it. The way it all makes her laugh and scream. I just wish I could get used to it since I seriously doubt she ever will.

I'll talk to Andre again about her file when I go to help out with his subjects. It's the best lead I got so far. I just hope it can put my mind at ease. More later.

Dr. N.

Center for Cognitive and Behavioral Conditioning
Data Log

Test Subject: #3029

Subject Name: Tabitha H.

Program Supervisors: Dr. Nina Franklin/Dr. Nathaniel Hutch

Test Protocol: Prolonged Gargalesis Stimulation and Endurance

Test Schedule: 6 Hour Sessions, 3 Sessions/day

Subject Release Date: 05/13/2028, extensions at discretion of supervisor

Supervisor: Dr. Nina F.

Testing Room:

Restraint:

Test Method:

Test Session Start:

Date: 10/11/2027

Time: 05:02

Notes:

Alright, so I know I should probably go home right now. Or get as far away from here as possible, but I have to keep cool. Also, this is just as good as any way to record what I've found. There's no session right now, but I need to pretend that I'm working. I'm going to compile all these log pages anyway to prepare to take these bastards to court.

It's a front. It's all a lie. The CCBC is complicit in kidnapping, trafficking, and god knows how many missing persons cases. Andre gave me the actual file on Tabitha, along with a few others. They weren't volunteers, nor were they sick in any way that would require this kind of practice. It's not even practice, it's just fucking torture. They were taken. Just stolen from their lives. They take people, mostly young people, put them through these deconstruction programs so that they can break them down and make them whatever they want. Then they scrub all evidence of their existence at all through actual citizenship databases to keep investigations off of their trail. It's sick! No one goes looking for someone that they can't even prove exists.

What's especially horrifying is that the government seems to know and continues to fund the operation. They'll probably claim that they didn't know when shit hits the fan, but I have a hard time believing that the CCBC could fool the US government into giving them funding without fully disclosing their operations. They're the ones that access those databases and look the other way. They're the ones profiting from CCBC donations and lobbyists. That's why they're still able to function openly, bunch of fucks.

I don't know how exactly, but I'm going to make sure that these fuckers pay for all the harm they've done. I may not have enough evidence right away to fully prove their involvement in illegal trading. That's why I have to stay and collect as much as I can before taking my leave. It's scary and super risky, but if I left now, I'd not only be underprepared and would likely lose my case, but I can imagine that I'd put a huge target on my back. No, I have to stay to make sure the evidence is air tight. In the meantime, I can't talk to anyone about this, especially not anyone here. I just have to show up, do my job, stay as inconspicuous as possible, and hopefully come out of all this guns-a-blazing. Until then, though, I have to keep doing this.

I'm sorry Tabitha. I'll get you out. I promise.

Dr. N.

Center for Cognitive and Behavioral Conditioning
Data Log

Test Subject: #3029

Subject Name: Tabitha H.

Program Supervisors: Dr. Nina Franklin/Dr. Nathaniel Hutch

Test Protocol: Prolonged Gargalesis Stimulation and Endurance

Test Schedule: 6 Hour Sessions, 3 Sessions/day

Subject Release Date: 05/13/2028, extensions at discretion of supervisor

Supervisor: Dr. Nina F.

Testing Room: #219

Restraint: RC-7, stabilizing straps at wrists, chest, waist, thighs, and forehead

FS-6, ankle housing with retraction ties, auto-function, responsive kinetic sensors, rotary brushes

Chamber-8

Test Method: Focus-13

5 - LF Toes, 5 - RF Toes, 6 - Abdominals, 1 - L. Areolae, 1 - R. Areolae

Test Session Start: 14:30/Session #3

Date: 10/17/2027

Time: 14:42

Notes:

The job has been especially taxing since I learned the truth. It's hard just sitting on this information, unable to do anything. It's unbearable walking through those doors every morning knowing what it is the CCBC is doing and has been doing for years, probably. It's impossible to not feel like I'm making it worse, making them stronger by carrying out their fucked up mission. I'm now responsible for the misery of another human life. Even if it is just tickling, I've seen what that much tickling can do to a person. Tabitha is so sweet and kind and she, nor any of the others, deserve this kind of treatment.

But I've been good about keeping my head down. I've had to rush to the bathroom to vomit every now and then, but I'm still here for a reason. To do what's right. To do what needs to be done and save these people. I'll put up with any amount of sickness to see to that.

Still, it's taken a toll on my own mental well being. I don't sleep much anymore, despite feeling tired all of the time. I hardly eat. I don't know what I'm going to do about all of it. I'm not even sure I can do anything about it. But I'm going to try. I just need to stay quiet, get as much information as I can, and take this thing as high as it will go.

Right now, though, I still need to put Tabitha through the program. It's all in the interest of avoiding suspicion and giving me a better chance of ultimately getting her out of this hell. Today's session seemed a bit excessive, definitely something that seems more for sadistic pleasure than any sort of rehabilitation. Hutch designed it and now I have to watch it.

Tabitha is back in the restriction chair, but this is far different than any of the other times before. She's reclined back, her arms bound down at her sides. A modified Chamber covers her torso. It's been programmed to administer six prods tapping and scratching at her abdomen with two more locked onto both of her nipples, each equipped with small spinning brushes on the tips. The device still traces her movement patterns to best determine where and how to conduct the session. Down below, her feet are held firmly in place, but by the sole this time too. The stabilizer is using an alternate method, where it focuses its entire regimen on her toes. Tabitha's toes are still tied back, but spread apart to allow very small brushes to

Okay, I can't even continue writing that. If you were to see what I see, how she screams with laughter constantly, you'd be just as sick as me right now. I can't not picture being in her position and it's absolute torture. This is inhumane and I am determined to put an end to it.

Fuck the CCBC. I can't do this anymore.

Center for Cognitive and Behavioral Conditioning
Data Log

Test Subject: #3029

Subject Name: Tabitha H.

Program Supervisors: Dr. Nina Franklin/Dr. Nathaniel Hutch

Test Protocol: Prolonged Gargalesis Stimulation and Endurance

Test Schedule: 6 Hour Sessions, 3 Sessions/day

Subject Release Date: 05/13/2028, extensions at discretion of supervisor

Supervisor: Dr. Nina F.

Testing Room:

Restraint:

Test Method:

Test Session Start:

Date: 10/11/2027

Time: 21:02

Notes:

I've had enough. I've had enough for a while, but I just can't keep this on my conscious. I have to do something. This is probably not the smartest thing to be writing down, but I need to get all this out in the open in case anything happens. I'll be taking and compiling all of these logs together. I really hope they help in the long run.

I'm probably breaking a dozen federal laws doing this, what with the CCBC being the government's guilty secret and all, but I don't care. I can't take it anymore. Throw me in prison, I don't give a shit. Being there having done what I know what's right sounds a million times better than spending another day here torturing innocents and pretending like nothing's wrong. I'm going to break Tabitha out. I know it's not everyone. Maybe I can't save everyone, but at the very least I want to save her. I need to. She needs to get somewhere safe and far away from this place.

I'm going to head into the housing wing tonight, find Tabitha's room, escort her out on the grounds of an impromptu session, bring her to ground level, head into Dean's office and bust out the window. He's gone for the night and it's toward the dark half of the building. Plus his window has hedges beside

it. I'll leave normally and drive around to pick her up. As long as I can keep her hidden in the back seat, I should be able to clear the security check no problem. It's not the most elegant plan ever. I'm sure that I'll be charged with all sorts of shit, but I just need to get her out. Her testimony will be instrumental in taking down the CCBC. I've already told her to be prepared to leave and to not tell anyone after the last session. It's hard to tell how much she's still able to understand after what all she's been through. But that's why I have to get her out. Maybe doing so will allow us to incite an investigation that frees all the others too.

I'm nervous. My heart is pounding. If this doesn't work, I hope these logs get into the right hands. But it will work. It has to. Wish me luck.

Center for Cognitive and Behavioral Conditioning
Data Log

Test Subject: #4040

Subject Name: Nina F.

Program Supervisor: Dr. Nathaniel Hutch

Test Protocol: Prolonged Gargalesis Stimulation and Endurance

Test Schedule: 7 Hour Sessions, 3 Sessions/day

Subject Release Date: TBD

Supervisor: Dr. Nathaniel Hutch

Testing Room: N/A

Restraint: Tomb; maximum binding, maximum instrumentation, suppression O mask, sensory visor FS-24, ankle housing with retraction ties, auto-function, and responsive kinetic sensors

Test Method: Maximum Sensory Overload

All - Left Plantar Aspect, All - Right Plantar Aspect, All - Abdominals, All - Left Axilla, All - Right Axilla, 1 - L. Areolae, 1 - R. Areolae, 1 - Clitoris

Test Session Start: 01:00/Session #1

Date: 010/13/2027

Time: 01:38

Data Log #1

Notes:

Today is Wednesday, October 13th. I have with me here today our newest subject. Subject #4040. Miss Nina Franklin.

As you might be aware, #4040 was a member of our staff during the later half of this year. After working as a program supervisor alongside myself, I suppose she started to develop a special interest in what it must be like to go through the program herself. #4040 was quite enthusiastic when she approached the Chief of Staff about wanting to participate in her own behavioral and psychiatric assessment. It's very good that she did, because doing so allowed us to find quite a few undesirable behaviors in need of urgent correction. We promptly offered her our services and #4040 instantly signed up to be a volunteer. She was actually quite thankful. I believe that she begged for it, saying

something along the lines of ‘please fix me, please give me the most intensive program you have’. #4040 was an upstanding staff member so we were happy to oblige.

After conducting a Sensory Tolerance Index test, we found #4040 to be one of the most receptive subjects we’ve ever treated. It came as quite a pleasant surprise. We even had to remodel the scoring system to accommodate her results. Now, the range goes up to 20 after #4040 scored 15s for her left and right axilla, a 16 for her abdomen, and 18s for her left and right plantar aspects (the soles of her feet). She was the first volunteer we’ve had to reach what we’ve since starting labeling as ‘hyper critical’. She still adamantly insisted that we give her the most thorough program we could devise. She was practically begging for it. In her words, it was cute. So right away, we registered her for advanced care in the Prolonged Gargalesis Stimulation and Endurance program.

#4040 was treated with our experimental solution. I believe she mentioned it in one of the logs that we found on her person when she approached us about volunteering. We insisted that it was neither necessary, nor was it advised as such extreme amounts of sensory overload could irreversibly damage the prefrontal cortex and completely shut down memory and cognition all together. Still, she insisted that she be treated with it to help amplify her experience, so we made sure to let her soak in the solution for an extra hour or so. When we got her out, she was already laughing, claiming that the water dripping down her tickled.

As per her request, we have designed the most thorough and intensive program we could manage on such short notice. Fortunately, we were able to find the perfect room in which to conduct her program. Basement level is where we keep a lot of discarded machines and surplus supplies. While we have not kept it in regular, practical use, it does still have the perfect amount of functional application for what we have designed. She was very eager to get started. We found her a room buried deep within the basement level where we set up R&D’s newest device. They call it the Tomb. They’ve had it for a while, but it’s always tested a little too risky to try on our volunteers thus far. #4040, however, proved to be a perfect candidate for it.

The Tomb is a marvel to observe. The amount of functions of which it’s capable is better than anything else we have in use. First off, it pretty much encases the entire body so no portion of the patient is exposed. You’d think that this would negatively affect monitoring, but the Tomb is able to monitor all vitals, nervous responses, brain waves, you name it. It does all that probably more efficiently than anyone here, including myself. #4040’s a lucky girl. It’s equipped with restraints that operate on the same kinetic response sensors that we’ve found so useful in the mainline programs, though we’ve never used so many on one patient before. Five holds each arm above her head as she’s

lying down in the machine. A couple more at her chest and forehead. A hefty one at the waist and five more for each leg. You could put a body builder in one of these things and they'd never be able to move an inch.

The Tomb also includes a mask that covers her mouth in order to administer oxygen at regularly gauged rates to keep her steadily awake. It's impressive how much it also eliminates sound, though the rest of the machine does a good job of that as well. We've fitted her with one of our state-of-the-art sensory visors as well, but we don't want her to be too distracted from her program, so we've set it up to display a black that eliminates all light, 250x darker than a human's closed eyelid. The headphones it comes with do something similar by canceling noise better than any market product. They can be programmed, however, to be linked to a microphone upstairs so we can all still keep her company through auditory encouragement. I think I left it in Todd's office, but I'm not sure.

The machine itself is capable of over a hundred different functions with which to carry out the Prolonged Gargalesis program. We've found that a gentle feather against her neck gets her shrieking with laughter in her new state of sensitivity, but she did beg for the best program we can come up with, and the Tomb is the best device to implement it. The interior has over seventy individual prod appendages, each able to be attached with feathers, bristles, light tasers, and more. They can pretty much go wherever we program them to. Rotation brushes are stationed all over, most notably at her armpits, breasts, and belly. There's even a couple of smaller ones that come up from in between her legs to tend to more delicate spots. We wanted to make sure that all of her higher scoring areas got the most attention we can provide.

Of course the Tomb utilizes a similar model to the upstairs foot stabilizing housing. Inside of it, her ankles are kept firmly secured with each individual toe tied back and spread. With how high her feet scored on her ST Index test, a light breeze down there would be more than sufficient stimulation for the duration of her program, but we had just a little more in mind for them. She did beg for them to be tickled most after all. In the stabilizer, they too are unable to move even a twitching millimeter. It's capable of administering more brushes, feathers, and prods to the surface of her soles. Plus, ten smaller rotating brushes are able to latch onto the pads of each of her toes with vibrating flossers stationed in between them. The stabilizer also comes with an automatic nozzle for each foot to clean between every session with more of the experimental solution, leaving her even more prepared for the next.

The great thing about the Tomb is that, because it automatically monitors the patient, there's little need for manual input or human involvement with her program. The machine itself looks after her. It starts and stops the program based on the schedule that we set for it. So while I'm listed as supervisor,

all I need to do is make sure to refill the nutrient paste dispenser and empty the septic tank once a day. Once a week, she'll be let out for another bath just to make sure she's staying clean and responsive to the program. Until then, she's becoming well acquainted with each of the Tomb's fun little tools, all alternating in meticulous intervals to make sure she doesn't get too bored playing with one for too long. The guys down at R&D even fitted the interior with a small camera so that a live feed can be accessed by every monitor and screen in the building. Something tells me that she's going to be quite the entertainer for us all here at the CCBC.

Now, if you'll excuse me, it's very late. I'm heading home and going to bed. Goodnight, Nina.
Dr. Nathaniel Hutch, PhD

P.s, I asked Dean what we wanted to do with her after her program finishes. We both thought that was funny.