

"Medic"

The Mission of an American Military
Doctor in Occupied Japan and
Wartorn Korea

Crawford F. Sams

Edited, with an Introduction and Notes, by
Zabelle Zakarian



ROUTLEDGE



“Medic”



Crawford F. Sams with distinguished physicians of the Institute of Infectious Diseases and the U.S. Army shortly before he left Japan in 1951. Tokyo, 6 April 1951. Seated: Dr. Shiga Kiyoshi (Vice President, Institute). Standing, left to right: Gen. James S. Simmons, obstructed, Gen. Raymond Bliss (Surgeon General of the U.S. Army), Gen. Edgar Erskine Hume (Theater Surgeon, Far East Command), obstructed, obstructed, Dr. Kitasato, unidentified, Brig. Gen. C.F. Sams. (Courtesy of the Hoover Institution Archives, Stanford University.)

“*Medic*”

The Mission of an American
Military Doctor in Occupied
Japan and Wartorn Korea

Crawford F. Sams

Edited, with an
Introduction and Notes, by
Zabelle Zakarian



An East Gate Book



Routledge
Taylor & Francis Group

LONDON AND NEW YORK



An East Gate Book

First published 1998 by M.E. Sharpe

Published 2015 by Routledge
2 Park Square, Milton Park, Abingdon, Oxon OX14 4RN
711 Third Avenue, New York, NY 10017, USA

Routledge is an imprint of the Taylor & Francis Group, an informa business

Copyright © 1998 Taylor & Francis. All rights reserved.

No part of this book may be reprinted or reproduced or utilised in any form or by any electronic, mechanical, or other means, now known or hereafter invented, including photocopying and recording, or in any information storage or retrieval system, without permission in writing from the publishers.

Notices

No responsibility is assumed by the publisher for any injury and/or damage to persons or property as a matter of products liability, negligence or otherwise, or from any use of operation of any methods, products, instructions or ideas contained in the material herein.

Practitioners and researchers must always rely on their own experience and knowledge in evaluating and using any information, methods, compounds, or experiments described herein. In using such information or methods they should be mindful of their own safety and the safety of others, including parties for whom they have a professional responsibility.

Product or corporate names may be trademarks or registered trademarks, and are used only for identification and explanation without intent to infringe.

Library of Congress Cataloging-in-Publication Data

Sams, Crawford F.

Medic : the mission of an American military doctor in occupied Japan and wartorn Korea / Crawford F. Sams : edited by Zabelle Zakarian.

p. cm.

“An East gate book.”

Includes bibliographical references (p.) and index.

ISBN 0-7656-0030-7 (hardcover : alk. paper)

1. Sams, Crawford F. 2. United States. Army—Officers—Biography. 3. United States. Army—Medical personnel—Biography. 4. Japan—History—Allied occupation, 1945–1952.
5. Korea—History—Allied occupation, 1945–1948. I. Zakarian, Zabelle, 1950- . II. Title.

UH347.S36A3 1998

355'0092—dc21

[B]

97-35989

CIP

ISBN 13: 9780765600301 (hbk)

Contents

<i>List of Illustrations</i>	vii
<i>Introduction</i>	ix
<i>Chronology of Sams's Life and Work</i>	xvii
Dedication	1
Epigram	2
Preface	3
The Move	5

Japan

1. The Perimeter	9
2. Tokyo	25
3. The Decision: SCAP	32
4. First Reconnaissance of Japan	44
5. Food Relief and Nutrition	54
6. The Reorganization of Health and Welfare	68
7. Statistics: A Health and Welfare Tool	77
8. The Preventive Medicine Program, Part I: Controlling Wildfire Diseases	81
9. The Preventive Medicine Program, Part II: Environmental Sanitation and Viral Diseases	92
10. The Preventive Medicine Program, Part III: Treatment and Prevention	102
11. The Veterinarians	114
12. Medicine and Dentistry	120
13. Pharmacy and the Pharmaceutical Industry	132
14. Nursing	140
15. Hospitals	144
16. The Atomic Bomb Casualty Commission	150

17. Narcotics Control	153
18. Welfare	157
19. Social Security	167
20. The Communist Activities	174
21. The Big Question	183
22. Summation of the Occupation	188
23. Life in Japan	189

Korea

24. 1945–1948	203
25. 1950–1951	209
26. The Breakout	223
27. North Korea	231
28. The New War	236
29. A Complication	243
30. A Korean Episode	246
31. The Relief of General MacArthur	255
32. The Twenty-second of April Offensive	258

Coming Home

Return to the United States	261
<i>Notes</i>	265
<i>Appendix I: Editorial Decisions</i>	295
<i>Appendix II: Photographs</i>	299
<i>Index</i>	301
<i>About the Editor</i>	313

List of Illustrations

1. Burned-out Streetcar. Occupation of Japan, circa September 1945. 13
2. Remains of the Yamato Department Store. Occupation of Japan, circa September 1945. 13
3. Col. C.F. Sams at General Headquarters, SCAP. Tokyo, circa October 1945. 26
4. Col. C.F. Sams at General Headquarters, SCAP. Tokyo, circa October 1945. 26
5. Col. C.F. Sams at General Headquarters, SCAP. Tokyo, circa October 1945. 26
6. Temporary Shelters Built Along the Roadbeds of Railroads. Occupation of Japan, circa September 1945. 31
7. Brig. Gen. C.F. Sams Reviews an Organizational Chart of the Public Health and Welfare Section of SCAP. Tokyo, 11 January 1949. 40
8. Brig. Gen. C.F. Sams Visits with Japanese Children. Occupation of Japan, circa 1951. 46
9. Japanese Children Crowd Around Brig. Gen. C.F. Sams. Occupation of Japan, circa 1951. 47
10. Members of the United States Food Mission on a Visit to Japan. Tokyo, 6 February 1947. 61
11. The Promulgation of the Japanese Constitution at the House of Peers. Tokyo, 3 May 1947. 69
12. The Emperor and Empress of Japan at the Mass Celebration of the Promulgation of the Constitution. Tokyo, May 1947. 70

viii ILLUSTRATIONS

13. Staff of the Toyonaka Model Health Center with Gen. James S. Simmons and Brig. Gen. C.F. Sams. Toyonaka, Japan, 1951. 74
14. A Demonstration of the Cox Method of Producing Typhus Vaccine at the Institute of Infectious Diseases. Tokyo, 16 April 1947. 86
15. Two Women Receive Typhus Vaccinations at Yurakucho Station. Japan, circa May 1947. 87
16. Brig. Gen. C.F. Sams Reviews the Japanese B Encephalitis Research Project at Komagome Hospital. Tokyo, 31 August 1948. 99
17. A Social Worker at the Sugunami Model Health Center Interviews a Woman with Tuberculosis. Tokyo, 4 October 1948. 112
18. Brig. Gen. C.F. Sams Presents the Legion of Merit Medal to Grace E. Alt. Tokyo, 21 August 1947. 142
19. Officers of SCAP and the Atomic Bomb Casualty Commission on a Visit to the ABCC's Facilities. Hiroshima, 14 July 1949. 151
20. SCAP's Social Work Consultants Confer with Leaders of Japan's Social Work and Welfare Organizations. Tokyo, 7 October 1948. 162
21. Members of Japan's Imperial Family Attend the First Postwar Meeting of the International Red Cross of Japan Following its Reorganization. Tokyo, 10 December 1948. 198

Introduction

When the atomic bombs were dropped on Hiroshima and Nagasaki on the sixth and ninth of August 1945, Crawford Sams was on his way to the Philippines. Having served as chief of the Planning Branch of the War Department in Washington, D.C., Sams was eager to get back into "the fray." It had been two years since he had served in combat operations as theater surgeon in the Middle East. When the war in Europe had finally ended in May 1945, he not only had expected to be deployed to the Pacific theater for the conclusion of that phase of the war but also had been offered two assignments on General MacArthur's staff: one as a staff officer; another as a medical officer. After rounds of consultations and given the requisite concurrences, he felt he could be of "greater service to the Army and the Medical Department" as the chief medical officer of the military government section of the Far East Command; thus, with utmost courtesy, he had respectfully requested reassignment from Gen. Russell Maxwell's staff to the Pacific theater in July 1945.¹

Despite the rumors of surrender that followed the bombings, fighting continued in the Philippines, and Sams did not believe Japan's surrender was imminent. Since May 1945, the U.S. Army had assumed Japan would not surrender without a large-scale ground invasion. Such an invasion was planned for November 1945 and March 1946, which would allow time to prepare for the occupation. But the quirks of military history soon changed these assumptions.

Following Japan's surrender on the second of September 1945, occupation forces encountered tragedy—not triumph. During the war, the Japanese people had endured a heavy burden of disease. The toll of tuberculosis on civilian populations had been harsh, and owing to damaged sewage systems and interrupted vaccination programs, dysentery, typhoid, typhus, smallpox, and parasitic infections were raging. To safeguard the security and health of occupation forces in Japan, Sams, as head of the Public Health and Welfare Section of the military government, would have to control "wildfire" epidemics among the Japanese people as well as administer food and relief to millions of homeless evacuees and destitute repatriates.

Rapid progress in controlling communicable diseases occurred during the occupation of Japan, from September 1945 to April 1952. Drawing upon recent

advances in public health research and his formative experiences with disease control and prevention in Panama and the Middle East, Sams directed the Public Health and Welfare (PHW) Section of the Supreme Commander for the Allied Powers (SCAP) to mobilize public health and welfare services from a wartime standstill to a nationwide system. To treat and prevent the major causes of death and disease, the PHW Section set up nationwide programs for immunization, sanitation, and disease surveillance. It also administered food and relief supplies and reformed the pre-existing local health centers into a network of health and welfare information and services. These programs were gradually integrated with reforms in medical care and professional training, welfare and social insurance programs, and the disease and vital statistic-reporting system; the rehabilitation of the medical supply industry; and the resumption of public health training. The scope of these reforms included raising the standards of knowledge and practice for doctors, nurses, pharmacists, dentists, veterinarians, laboratory scientists, dietitians, and social workers. By establishing standards for professional training, and by drafting the legal authority to justify and sustain these programs in Article 25 of the Constitution, Sams also secured a new framework for public health and welfare administration and practice in Japan.

Gen. James S. Simmons (1890–1954), who served as Dean of the Harvard School of Public Health from 1946 to 1954, and whom Sams considered his mentor in the field of preventive medicine, described these achievements in Japan during the occupation as unprecedented and unsurpassed in public health and military medical history.² Dr. Hashimoto Michio, who, as a young physician, witnessed these reforms and who later became an official of Japan's Ministry of Health and Welfare and Environment Agency, characterized the institutional memory of Sams's contribution as a turning point in the development of modern public health administration in Japan: "In the history of public health in Japan, the achievement and contribution of Dr. Sams is the great contribution to modern public health administration backed by [the] nationwide system of health center[s] during the chaotic postwar days."³ Despite their perspectives from within the field of public health, little has been written outside of Japan about public health and welfare reforms during the occupation; or about their implications for social, economic, and political change in postwar Japan; or even about the person who led them.⁴ Nor have we begun to assess the record that Sams himself has left.

The Manuscript and the Book

This book is based on the manuscript, "Medic," by Crawford F. Sams (1902–1994). Dr. Sams wrote "Medic" between 1955 and 1958, after he retired from military service. He wrote the manuscript with a general reader in mind and later included it in his collection of papers and photographs that he granted to the Hoover Institution Archives in 1979. The manuscript consists of over 734 typewritten pages. No drafts are known to exist.

“Medic” bridges autobiography and history in a narrative that embodies the archetypal notion of an odyssey or quest that culminates in service to society. By its method and tone, “Medic” resembles what James Atlas calls “an act of remembrance.”⁵ Sams uses this device to signify the results of a career that combined an interest in medicine with military service—one which began with World War I and culminated in the cold war—and to confirm and justify his convictions regarding public health and democracy. He also memorializes friendships between fellow officers and physicians not simply as a matter of military protocol or professional etiquette, but to preserve a meaning of friendship between officers and among nations that had been forged during the rigors of training and in the uncertainties of world war. Above all, his claim to the title “Medic” reflects a sense of irony and nostalgia.

“Medic” has five parts. Part I spans the period from 1910 to 1941, and includes Sams’s recollections of his youth; his medical training; his training as an army officer; his first tour of duty outside the forty-eight states, in Panama, where he first had responsibility for public health activities; and his experience as an instructor at the Infantry School in the period leading up to World War II. In part II, Sams recalls his then classified mission in North Africa to set up U.S. military headquarters prior to the declaration of war by the United States. He also surveys the medical problems he encountered in the Middle East theater from 1941 to 1943. In part III, he describes his tasks at the Medical Field Service School and in the War Department in Washington, D.C., from 1943 to 1945. He also recounts his tour of the European theater in the winter of 1944–45. These three parts describe Sams’s apprenticeship for what he referred to as “the ‘big job’ later on.”⁶

In part IV, Sams discusses what he considered to be his greatest challenge: the reforms in public health and welfare that he led in Japan from 1945 to 1951. His account of the occupation describes the programs and activities of the PHW Section of SCAP. It contains information that closely adheres to unclassified official reports of the PHW Section of SCAP. In length, part IV constitutes over forty percent of the manuscript and is at least twice as long as each of the other parts.

Part V covers Sams’s missions in Korea from 1945 to 1951, where he served as a health and welfare advisor to the U.S. Army forces that occupied Korea south of the thirty-eighth parallel between 1945 and 1948, and as chief of health and welfare of the United Nations Command during the Korean War from June 1950 to June 1951. He describes how, as a “medic” during the Korean War, he not only studied the evacuation of wounded soldiers and the operations of the MASH units (the Mobile Army Surgical Hospitals) in the combat zones to determine why the rates of missing-, wounded-, or killed-in-action were so high, but also braved a military intelligence mission to confirm reports of “plague” among North Koreans, in order to protect United Nations troops. He also describes his concluding assignments in the United States between 1951 and 1955. Part V covers most of the same period as part IV but is only one-third as long.

This book reproduces parts IV and V, which cover the last ten years of Sams's military service and which conclude with his return to his own country, his family, and civilian life. In length, they represent over half of "Medic." They are preceded by Sams's Dedication and Preface and are reproduced with minor revisions, which are discussed in appendix I. Occasional quotations from the earlier parts appear in this Introduction and in the notes. This book also includes a chronology of Sams's life and work, which is based in part on the manuscript, as well as a number of photographs from the occupation of Japan, the selection of which is discussed in appendix II.

The publication of Sams's account of his missions in Japan and Korea is intended to serve three broad aims. First, Sams's recollections of the occupation of Japan not only add to the dearth of publications available in western languages on public health and welfare reforms in Japan during the occupation but also enlarge our perspective of continuity and change in debates over the organization of medical care, the financing of health insurance, and the design of social insurance and welfare policies in industrial democracies. Second, in addressing the unanticipated role of public health reforms in the decision to resume industrialization in Japan, Sams presents a point of reference for comparative perspectives of the role of public health in patterns of economic development. He also invites us to consider whether the integrated methods used in the health and welfare field in Japan—the "multi-angle approach"—should be applied elsewhere in foreign aid programs.

Third, in contrast to Sams's peacetime work in Japan, his account of the strenuous efforts to control disease among civilians, refugees, and troops in Korea offers a "medic's" view of the cold war. Sams's depiction of this turning point in international relations can not only broaden our understanding of the unresolved conflict between Koreans but also challenge us to examine our policies concerning the conduct of subsequent and perhaps future occupations, if not wars; for in recounting the military, humanitarian, and ideological reasons to control diseases during the occupation of Korea and the Korean War, he also reveals the convictions and ideals that guided his generation of U.S. military leaders.

Sams's Apprenticeship and Transformation

Two decisions set the course of Sams's odyssey: his decision to combine a career in medicine with military service; and his decision to set aside a longstanding interest in neurosurgery and neurosciences in favor of preventive medicine. Sams, like his father, pursued a dual career. (His father, who died when Sams was fifteen years old, was a lawyer who preferred the more humble profession of teaching and public school administration.) Upon completing high school in East Saint Louis, Illinois, in 1918, Sams enlisted in the army at the age of sixteen and served for fourteen months during World War I. He later found mentors in Col.

Marshall Randol and David Prescott Barrows, the President of the University of California, who was also a commanding general of the California National Guard in which Sams served while he was an undergraduate student in psychology at the Berkeley campus in the early 1920s. Colonel Randol had dual status in the U.S. Army and the National Guard and had selected Sams for training as an army line officer. Between 1925 and 1929, Sams interrupted his military service to attend medical school at Washington University in Saint Louis. Later, however, he noted that his transition as an officer of the army medical corps was not difficult because he had had training as an army officer and had learned to fit into a military organization before studying medicine.

From about 1904 to 1930, medical education and the practice of medicine in the United States had been undergoing major reforms. Although medical specialties as we know them today did not formally exist, Sams worked on the cutting edge of new developments in the fields of neurosurgery and neurosciences. In medical school, he worked closely with Dr. Ernest Sachs, an eminent neurosurgeon. He published three scientific papers by the time he had completed medical school and introduced the use of spinal anesthesia at Letterman Army Hospital in 1930–31. His goal was to establish a neurosurgical service in the army.

Sams's second decision was shaped by his early training in research as well as his postgraduate medical training at Walter Reed Army Medical School, where he graduated first in his class in 1931. He credits Dr. Rispler, a German-trained scientist at the Monsanto research department in Saint Louis, Missouri, where Sams worked upon returning from military service after World War I, for having taught him "the scientific method, the ethics of scientific integrity, and the great necessity for thoroughness in doing a job, particularly in the fascinating field of research, seeking the truth." At Walter Reed, he not only learned "how to keep people well" but also found a mentor in the field of preventive medicine, then Maj. James S. Simmons.⁷

During his assignment in Panama from 1937 to 1939, Sams was responsible for malaria control at eleven military installations in the Canal Zone. While travelling along jungle trails in the interior of Panama that had been treated for mosquito control, he observed that, contrary to current practice and belief, the mosquito larvae were able to withstand the army's methods of controlling mosquito breeding. He then devised experiments to study the survival of the larvae under various conditions and developed more effective methods to control their breeding, thereby reducing the rate of new cases of malaria. In recalling this experience, Sams wrote:

In so many fields in which I have been engaged, I have run into some interesting problems which did not fit the things I had been taught in the textbooks. If one is trained in observation and analysis and evaluation, then you are, in effect, soon continuously engaged in one or more phases of research, and I would like to emphasize that research in medicine is only partially accom-

plished in laboratories. Few of the real problems of health in masses of people, particularly in environmental control, are solved in the laboratory.⁸

His experience with malaria control was formative in convincing him of the importance of preventing infection and disease, rather than treating or suppressing the clinical signs of disease with drugs. It led to his decision to work in the “primitive and neglected” field of preventive medicine rather than pursue neurosurgery:

The two years of work and research on malaria and in attempting to develop and apply the methods which we learned [at Walter Reed Army Medical School] were most stimulating, and I think it was, perhaps, the experience which finally turned me from my long felt desire to be a neurosurgeon to a quiet satisfaction with a career in trying to keep people well. I found the stimulation of being able to keep people well far greater than that of trying to patch up a few individual cases after they had become ill.⁹

What Sams learned about malaria control in Panama—“that the control should be based on preventing the individual from being bitten by an infected mosquito rather than relying on suppressive drugs”—he applied during the war in the Middle East theater, in 1941–43, to protect U.S. troops.¹⁰ In the Middle East, Sams gained experience with methods of prevention through immunization and environmental controls, which he later applied to the control of smallpox, typhus fever, cholera, diphtheria, typhoid, tuberculosis, and dysenteries in Japan and Korea.

The Theme and Significance of Sams’s Recollections

During the early days of the occupation of Japan, the purpose of disease control was to maintain order. The PHW Section of SCAP had been directed to mobilize public health reforms “to prevent widespread disease and unrest.”¹¹ This objective had been ancillary to those of democratizing Japan and disarming its military forces, which the Potsdam Declaration set forth as terms of surrender on 26 July 1945. Yet in the immediate aftermath of the war, the tasks of controlling disease and preventing unrest, themselves technically and administratively complex, became diplomatically precarious; for until communicable diseases were controlled, these remnants of prewar modernization and militant nationalism would cast their shadows on democracy. Yet once initial fears gave way to order, friendly allied officials even found public health reforms “necessary and beneficial.”¹² The PHW Section’s reforms, which had been ancillary to military objectives, thus became integrated into the occupation’s political mission to revive and strengthen democratic tendencies within Japanese society.

The central theme of Sams’s recollections is that the control of communicable diseases was the handmaiden of democracy in that it served the aim of demon-

strating the value of individual human life to peoples and governments worldwide. Sams memorialized this theme at a meeting of the American Public Health Association in San Francisco in the fall of 1951, shortly after the conclusion of the peace treaty with Japan:

. . . I know of nothing more important in demonstrating to the people of Japan and other nations of the world—particularly those in the Far East—what we mean by the worth of the individual, which we consider to be the essence of democracy, than the literal gift of life which the occupation has brought to some 3,000,000 Japanese who would have died between 1945 and 1951 had these modern programs not been established and had the prewar death rate continued at its normal level.¹³

Sams's trust in public health as a positive feature of democracy not only reflects a highly internalized personal sense of the worth of modern public health programs but also implies that the dynamics of scientific knowledge and political power were no less crucial to the reorganization of public health and scientific medicine during the occupation than they were to their institution in Japan. The association of the control of communicable diseases with a transformation of political goals and governmental institutions in postwar Japan has roots not only in the revolutionary inspirations—both scientific and political—shaping the development of modern public health administration in Europe, but also in modern Japanese history and the founding of modern public health administration in Japan during the Meiji era (1868–1912). In later nineteenth-century Japan, as the Meiji reformers tested the idea that technical weakness could be surmounted by a social and political transformation, scientific medicine based on the European model challenged the social and cultural understanding of disease based on traditional medicine of Chinese origin. Political reform was subsequently decisive for sanctioning and instituting western scientific medicine at the outset of the Meiji period. As Harry Harootunian writes:

. . . The course and character of [political] conflict in Tokugawa Japan . . . [was] accompanied by shifts in the structure of knowledge and its relationship to power (what is appropriate and inappropriate).¹⁴

As we encounter the richness of this theme in relation to the occupation of Japan, as well as its bitterness in relation to the Korean experience, Sams's record reminds us that the organization of health and welfare develops within an historical and cultural setting and that public health and welfare institutions are transformed at the interface of science, law, politics, economics, and culture. His frequent references to friendship, between officers and between nations, also remind us that former enemies from different cultures with different historical orientations can establish a benevolent relationship even after a diplomatic and military collapse.

Acknowledgments

The publication of "Medic" has been a goal that Crawford Sams personally inspired but never solicited. He worked in quiet ways. In writing his memoirs and in making his collection at the Hoover Institution Archives open to anyone who was interested, Dr. Sams desired to provide a source for historical research and understanding.¹⁵ Long afterwards, he continued to grant personal interviews. I am grateful to Dr. Sams for allowing me to visit with him at his home in October 1991.¹⁶ During the course of our meeting, he patiently answered my questions without imposing himself on the line of inquiry, while demonstrating to me the acuity of his memory and the self-possession of his thoughts. He also spoke with high esteem and affection about the people and places pictured in the photographs throughout his home.

Owing to the common interests among scholars, archivists, and publishers, this "forgotten treasure" has been recovered. Among the professors who have guided my interest in this work in subtle and instrumental ways over a period of years and to whom I owe my appreciation are Kim Ha Tai, J. Thomas Rimer, Nathaniel B. Thayer, and Charles S. Pearson. I also wish to thank Elena Danielson and the staff of the Hoover Institution Archives as well as Doug Merwin and Mai Shaikhanuar-Cota of M.E. Sharpe for their courtesies and commitment to this project. Kim Cavallero and Angela Piliouras of M.E. Sharpe also deserve thanks for their efforts on behalf of this book.

In the course of my research and editorial work on this book, I have been rewarded with numerous courtesies extended by individuals who participated in some of the events and organizations that are mentioned in this book. Their courtesies are a tribute to Dr. Sams's mission in the Far East. I thank them and hope the results will be of interest to the readers. I am, of course, especially grateful to Yvonne Johns and Patricia Dwyer for their assistance in answering my questions and for their cordial good wishes and confidence for the publication of their father's autobiography.

Chronology of Sams's Life and Work

1902 April 1	Born East Saint Louis, Illinois
1910	Worked as a groundskeeper at his family's vacation resort in southern Illinois, the first of a series of jobs he held outside of school
1917	Death of his father, Fountain F. Sams, a lawyer and teacher
1918 June	Graduated East Saint Louis High School
1918–1919	Enlisted in the army during World War I
1919 October–1921 December	Laboratory Assistant and Junior Research Chemist, Monsanto Chemical Company, Saint Louis, Missouri
1920 January–1921 December	Studied Chemistry at Washington University, Saint Louis, Missouri
1922 January	Entered University of California at Berkeley Enlisted as Private, 159th Infantry, California National Guard
1925 June	Bachelor of Arts in Psychology, University of California Promoted to Captain, 143d Field Artillery Ordered to active duty
1925 September 2	Married Elva Viola Allen
1925 December	Graduated First in the Battery Commanders Course (for training line officers), Field Artillery School, Fort Sill, Oklahoma

- 1925 December (*continued*) Began riding and training horses while learning to play polo at Fort Sill
Purchased his first car, a Maxwell coupe
Resigned from military service to attend medical school
- 1926 Birth of first daughter, Yvonne
- 1927 Master of Science in Neuroanatomy, Washington University School of Medicine, Saint Louis, Missouri
- 1929 June Doctor of Medicine, Washington University School of Medicine
- 1929 June Commissioned First Lieutenant, U.S. Army Medical Corps
- 1929 July–1931 July Intern and Staff Physician, Letterman General Hospital, San Francisco
Demonstrated the use of spinal anesthesia and encephalography; hoped to start a neurosurgical service
- 1930 Birth of second daughter, Patricia Ann
- 1931 July First experiences with native people outside of the United States, and with tropical diseases in Nicaragua and Panama, while on his way to Washington, D.C., via army transport with his family
- 1931 December Honor Graduate, Walter Reed Army Medical Postgraduate School, Washington, D.C.
- 1932 May Promoted to Captain
- 1932 June Honor Graduate, Medical Field Service School (for training doctors as medical officers, especially for war-related functions), Carlisle Barracks, Pennsylvania
- 1932 June–1933 June Commanding Officer, First Ambulance Company (a mule-drawn ambulance company), First Medical Regiment, Carlisle Barracks, Pennsylvania

- 1932 June–1933 June
(continued) As a mounted officer, bought and broke his first horse, Xanthippe, a four-year-old thoroughbred mare
- 1933 August–1934 July Advanced Company Officers Course, Infantry School, Fort Benning, Georgia
- 1934 July–1936 July Instructor and Director, Department of Military Art (Tactics, Techniques, and Logistics), Medical Field Service School, Carlisle Barracks, Pennsylvania
- 1936 August–1937 June Command and General Staff School, Fort Leavenworth, Kansas
- 1937 July–1939 July Assistant and Acting Department Surgeon, Panama Canal Department (an unprecedented assignment for an officer of the rank of Captain)

Responsible for malaria control, his first broad-scale public health challenge
- 1939 August–1941 August Medical Instructor, Infantry School, Fort Benning, Georgia.

Became the first army medical officer to be trained as a parachutist; organized the medical service for injured or wounded paratroopers
- 1941 February Promoted to Major
- 1941 September–1942 May Surgeon and Acting Chief-of-staff, U.S. Military Mission in North Africa, headquartered in Cairo (then a secret mission to establish the Middle East theater)
- 1942 February Promoted to Lieutenant Colonel
- 1942 May–1943 September Theater Surgeon, U.S. Army Forces in the Middle East, headquartered in Cairo
- 1942 August Promoted to Colonel
- 1943 September–
1944 December Director, Department of Military Art, Medical Field Service School, Carlisle Barracks, Pennsylvania
- 1944 January Chief, Program Branch, Logistics Division, U.S. War Department, Washington, D.C.

- 1944 December–1945 February Toured the European theater to assess needs for medical personnel and equipment to treat soldiers, displaced persons, and prisoners-of-war
- 1945 February Chief, Planning Branch, Logistics Division, U.S. War Department, Washington, D.C.
- 1945 July–1945 October Chief, Health, Education, and Welfare Division, Military Government Section, U.S. Army Forces, Pacific, the Philippines
- 1945 August 26–30 Moved from the Philippines to Japan with the advanced echelon of the theater headquarters
- 1945 October 2–1951 June Chief, Public Health and Welfare Section, General Headquarters, Supreme Commander for the Allied Powers, Japan
- 1945–1948 Advisor for Health and Welfare to the U.S. Army Forces in South Korea
- 1947 January Arrival of his wife and younger daughter for residence in Japan
- 1948 April 26 Promoted to Brigadier General
- 1950 June–1951 June Chief, Health and Welfare, United Nations Command, Republic of Korea
- 1950 September–1951 June Special mission for military operations in Korea
- 1950 November Loss of his son-in-law, Capt. Charles M. Struthers, in North Korea
- 1950 December Departure of his wife from Japan to resume residence in the United States
- 1951 March–April Nominated, selected, and rejected for the position of Surgeon General of the U.S. Army
- 1951 April–July Request for retirement from the army denied
- 1951 July–1953 Assistant Commandant, Medical Field Service School, Fort Sam Houston, Texas
- 1952 July–1953 January Resignation from the army denied
- 1953–1955 July 31 U.S. Army Medical Service, First Army, Governor’s Island, New York

- 1954–1955 Special Board of the U.S. Army Surgeon General for the Study of Korean War Casualties
- 1955 July 31 Voluntarily retired from the army after thirty-three years of service
- 1955–1958 Wrote the manuscript, “Medic”
- 1956 May–1968 Research Physician, University of California, San Francisco Medical Center
- 1979 September Granted his personal papers to the Hoover Institution Archives, Stanford University
- 1988 November 20 Death of his wife, Elva
- 1993 March 3 Married Tuli Kalau Fifita
- 1994 December 2 Died Stanford, California
- 1994 December 9 Buried at Arlington National Cemetery, Arlington, Virginia

This page intentionally left blank

“Medic”

This page intentionally left blank

This book is dedicated to a young doctor who had all the attributes for a distinguished career as an army medic. His all too brief career was cut short when he was killed in action defending his patients as a battalion surgeon of the First Battalion, Ninth Infantry of the Second Infantry Division, near Kunuri, North Korea, on 27 November 1950. He was Capt. Charles M. Struthers, Medical Corps, United States Army. This young officer represented all that I could have desired in a son of my own: he was my older daughter's husband.

The old saying that a good horse master must first learn to master himself is equally applicable to the commander of men. The man who would successfully command others must first learn to control and command himself. When the army lost its horses it lost not only a means of transportation but also a means of training leaders and commanders and trainers of men.

—Crawford F. Sams, “Medic”

Preface

Over the years between 1948 and 1955, I was approached by a number of highly competent writers who desired to collaborate on, or to undertake the authorship of, a book recording my experiences as an army medic in many parts of the world.¹ At that time there was considerable interest in the results of our work in the Far East. A number of authors favorably mentioned aspects of my work in their publications.² My friends in and out of the service repeatedly urged me to write a book that would be of general interest so that what they called a unique experience could be made a matter of record. Gen. James S. Simmons, a lifelong friend and one of my most respected mentors, who was then Dean of the Harvard School of Public Health, was particularly insistent, as he felt that a book of this kind had not been written in recent years.³ He felt it would be of interest not only to those in the medical field but also to the public as a whole.

I deferred writing the book until now for a number of reasons.⁴ Many of the historic events in which I participated were a matter of controversy, and many of the programs on which I worked required the passage of time to determine whether they had been effective. Many of the events, which at the moment seemed of great importance, have fallen into their proper place in the scheme of things. Sufficient time has now elapsed to obtain a reasonable perspective of what was important and what was comparatively unimportant.

Some of the historical events in which I participated, and which I discuss in this book, have been written about by many other participants. I have attempted to give one man's version of what happened, as I saw it. This version, when added to those of others, because none of us see events in the same way, may serve a useful purpose in arriving at a conclusion as to what really happened. I have made no attempt through footnotes or bibliography to provide the references and documentation that are part of an historical document or official report. This book is a narrative of my own experiences and my own views; however, all of the factual statements included in it can be documented from my own files or from other sources. The interpretation of events is my own and is, therefore, biased by my own background, my own experience, and my professional interests.

In discussing the medical problems in which, of course, I was basically interested, I have tried to present them in a nontechnical manner. I have discussed only those that I feel might be of interest to the average reader.

4 PREFACE

I have from time to time mentioned the names of numerous individuals with whom I worked on various large-scale programs. To those whom I have mentioned and to the several hundred individuals whose names I have not mentioned for lack of space, I acknowledge a debt of gratitude and appreciation, because to them belongs the credit for such success as some of our programs may have attained. Without the support of my superiors and without the wholehearted loyalty and hard work of my subordinates, none of these accomplishments could have been achieved.

Crawford F. Sams
Atherton, California
1958

The Move

Just before dawn on the thirtieth day of August 1945, the alarm bells sounded. An announcement over the speakers directed all crew members to take battle stations and all passengers to report to boat stations with steel helmets and the ever present life jackets. All watertight doors in bulkheads were to be closed following the movement topside. This announcement was our first predawn “stand to” since the navy command ship *Sturgeon* had been plowing steadily northward under destroyer escort from Manila.¹ A predawn “stand to” was routine in the combat area or when the radar had picked up approaching unidentified aircraft, submarines, or surface craft. But the war was supposed to be over: At least, a surrender ceremony was scheduled to take place in Tokyo Bay on the second of September.

Conjectures spread in whispers among the passengers at the boat stations. The Japanese Imperial Government had publicly announced that they had accepted, with certain modifications, the terms of surrender, which had been formulated and announced at Potsdam. A Japanese delegation that had been brought to Manila on 19 August had received from the commander-in-chief of armed forces in the Pacific detailed instructions on preparations to be made by the Japanese for receiving allied troops in Japan.—What had happened to General MacArthur and the handful of officers who were scheduled to arrive by air at Atsugi Air Field near Yokohama this afternoon?—The Japanese had been informed of the *Sturgeon*’s arrival.

Our conversation was not the idle gossip of uninformed men, for the *Sturgeon*’s passenger list read like a *Who’s Who* of the army, navy, and army air force of the Pacific war.² Aboard were the senior officers of General Headquarters, as well as the senior officers of the Sixth Army, commanded by Gen. Walter Krueger, which had fought its way from Australia; the Eighth Army, commanded by General Eichelberger; and the Tenth Army, commanded by General Stillwell. Gen. Courtney Hodges and his senior officers of the First Army, which was being redeployed from Europe to the Philippines, were also aboard. The British, the Australians, the Dutch, and even the Russians, who had so recently entered the Pacific war, had their senior representatives on the *Sturgeon*.

All of these officers had been engaged in preparing for the greatest air and amphibious operation of all time: the invasion of the island of Kyushu on the Japanese homeland. This invasion had been scheduled for November 1945, with a subsequent landing in the Kanto Plain on Honshu island in March 1946. Divisions in the Philippines and on Okinawa were being re-equipped and retrained.

Supplies were being stockpiled, major construction of bases was under way, and shipping was being assembled. The redeployment of troops from Europe had begun when negotiations for surrender were initiated by the Japanese; but upon surrender, instructions had been given to plan the movement of troops to Japan for the occupation of that nation for the first time in its long history.

Was this “stand to” preliminary to an attempt on the part of the Japanese to sink the *Sturgeon*? Had there been a drastic change of plans? Was the war to be renewed as a result of one more act of treachery on the part of the Japanese? What a prize the *Sturgeon* and its passengers would be for the Japanese if she were sunk. Of course, no one was indispensable in war, and any or all of the senior officers could be replaced in time. But what of the delay, the temporary uncertainty on the part of the troops if all of their senior leaders were removed at once? What about the time necessary for new leaders to learn to work together with that smooth teamwork that time alone can bring about, so that each can anticipate the actions of the others in a given situation? Time was all important, for only two months remained to prepare for the invasion in November. If the war was to be resumed, would there be time enough with new staffs and leaders? Many of these officers had been the victims of Japanese treachery and deceit in the Philippines in 1941, and at Pearl Harbor, and during the many operations on the long hard road up from Australia or across the mid-Pacific.

As I stood with one of the groups at my lifeboat station as the first light began to glow above the horizon, not one word was uttered about the personal safety of these men who were dedicated to the ultimate defeat of the common enemy, Japan. Our concern was for the course of the war. Was the goal for which we had striven for almost four years, and which had seemed so close, to be withdrawn in one final attempt on the part of the Japanese to seize victory from defeat, as the Germans had tried at the Battle of the Bulge in December 1944? It was known that there were approximately seventeen Japanese divisions in the Kanto Plain, that midget submarines were still available to the Japanese, and that several thousand kamikaze pilots and planes were in the homeland as we were approaching.

Only a handful of American troops of the Eleventh Airborne Division were at Atsugi Air Field. Other divisions were loading in the Philippines; some were en route. Were the peace negotiations a giant hoax to draw us into a trap?

We quietly discussed these and many other thoughts as the sun came up over the horizon to starboard. On the port side, we could see the rugged cliffs and hills of Japan surmounted by the profile of Mount Fuji, in all of its perfect grandeur as it reflected the light of the rising sun, hinting at the meaning of the symbol on the Japanese flag. For almost all of us it was our first glimpse of Japan.

The “all clear” sounded, but over the speakers came the warning for no one to go below decks unless required by duty until the ship was docked. Then came the explanation for the “stand to”: There had been trouble in Japan. Although the emperor’s message announcing the surrender had been broadcast, certain diehard elements of the Japanese armed forces had refused to accept defeat, and there

had been some fighting in the streets of Tokyo. As a result of damaged communications, the Japanese Imperial General Headquarters had been unable to reach all of their units to announce the cessation of fighting. Some of the units that had been reached refused to believe the message of defeat was authentic. It had been feared that some Kamikaze pilot or some returning submarine might make one last desperate effort to die in glory for the emperor by attacking the Sturgeon as she approached the sacred homeland.

Mines constituted an additional hazard. Although a path had been swept up the channel, there was always the possibility that a mine had broken loose into the channel we were negotiating; hence, with due prudence, the skipper had ordered the "stand to" as a precautionary measure: There were too many valuable eggs in his basket to run the risk of losing them through accident or otherwise.

As we proceeded slowly up Tokyo Bay, we could see Japanese anti-aircraft guns on the hills. Yokosuka, the great Japanese naval base, was protected by coastal defense guns protruding from what appeared to be fortifications tunneled into the cliffs. Two burned-out Japanese destroyers beached on a small island in the bay were our introduction to the terrible destruction that we were to encounter throughout Japan. Ahead we approached the fleet of the U.S. Navy, including the U.S.S. *Missouri*, on which the ceremony of surrender was to take place. With flights of aircraft from the carriers on constant patrol overhead, the seaworn grey of the ships lying at anchor off the port of Yokohama was a most reassuring sign that there had been no change in plans. The great might of the United States, which had almost singlehandedly brought Japan to her knees, had indeed reached the Japanese homeland; the war was finally over.

A small Japanese harbor craft approached the Sturgeon and a Japanese pilot came aboard. He took the Sturgeon into the dock adjacent to the customhouse. It was the first American ship to dock in Japan since the United States declared war with Japan on 7 December 1941.

So began the greatest experiment in human relations in history.

This page intentionally left blank

JAPAN

This page intentionally left blank