

# KOREA

## STORY



AMERICAN EX-PRISONERS of WAR  
NATIONAL MEDICAL RESEARCH COMMITTEE



THE KOREAN STORY compiled by:  
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ACKNOWLEDGEMENTS

Deep appreciation to Mr. Alfred G. Brown, Mr. Randal Briere and Mrs. Francis Lipe for all the material they contributed. To my wife, Peggy, who did all the typing and helped with the research.

A special thanks to Mrs. Shirley Thompson, one of Wisconsin's leading artists, who illustrated and contributed the front cover.

A PRISONER OF WAR

It is a melancholy state. You are in the power of the enemy. you owe your life to his humanity, your daily bread to his compassion. You must obey his orders await, his pleasure, possess your soul in patience, The days are very long, hours crawl like paralytic centipedes. Moreover, the whole atmosphere of prison is odious. Companions quarrel about trifles and get the last pleasure from each other's society. You feel a constant humiliation in being fenced in by railing and wire, watched by armed men, and webbed about by a tangle of regulations and restrictions.

- Winston Churchill

Prisoners of War are soldiers, sailors, airmen, marines, or civilians. They are not war criminals; they are veterans of the military services or civilian agencies. As men of honor they represent an unfortunate group, victims of enemy capture, taken while fighting for their country. It must never be that they are stripped of their self respect, their dignity or their inherent rights as human beings or as veterans of their country's combat forces. It is impossible to relieve their hardships and suffering, their loneliness, their psysical and mental illnesses and disorders, or to even reassure them with respect to their family and loved ones. THEY HAVE NOT BEEN FORGOTTEN - THEY MUST NEVER BE FORGOTTEN.

by Raymond W. Murray, M.D., Medical Consultant, V.F.W.

"A lot of people talk about making sacrifices for God and country- but you have made them. A lot of people talk about hell and what it's like- but you have been there... A lot of people talk about heroism- but you have lived it."  
by Rev. Edwin F. Taylor, chairman, YMCA Armed Services

THIS PACKET IS DEVICATED  
TO ALL AMERICANS WHO LIVE IN KOREA

Mr. Randall Rietel would like to dedicate to you a poem  
that was written in the Hanoi Camp of North Korea.  
He spent 36 months in captivity. It is dedicated  
to the 1600 Americans who died during the last winter.

A TIME TO REMEMBER

Not a bugle was heard  
Not a funeral bell  
Not, even a drum sounding  
A note of the day of the  
To that hill where they were buried.

Six years, two years, and 1600, they deep  
In a Korean hill they sleep  
Both young and old, people of one world  
"Why?" The year 1960 had to die.

Not a name was left to be a name  
But they were not buried in a name.  
Although they lie in unknown graves  
They were 1600 Americans buried.

The eleven were the six - the day, the  
To the night, the lit blue, only a little clothing  
Felt the light, the day.  
All the old men, back, billion and the day.  
Now 1600 gave light.

A pill, a powder, all medicine of any kind, may  
have given them from that distant hill,  
Those 1600 now lying still.

In the illness, to aging and turning  
Moot of them knew they would be no turning,  
Some went early, but most in pain  
Did the 1600 die in vain?

For those of us who may go back  
To enjoy life, they will still  
be there on that lonely hill  
Forgotten by some, yet remembered by most  
The day was the day. "The 1600 in the day of the day."

Thank you, Randy.

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# AMERICAN EX-PRISONERS OF WAR, INC.

NATIONAL HEADQUARTERS

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October 20, 1979

Dear Fellow Ex-POW:

Packet Number Nine, "The Korean Story" has been compiled and printed from the vast accumulation of research materials over a period of ten years. While this packet deals primarily with the ordeals, health problems, and post war traumas of the man held as a prisoner during the Korean War, it would be well if all former POW's were to read the contents. If we are to directly adequately help our POW comrade, we all need to be schooled in the different warfares, different weaponries, and the accompanying different disabilities. The use of advanced armament technologies did inflict totally different impairments than those used as basic weapons in World War Two battles.

Every Korean POW should read this material, make sure his personal physician reads it and yes-even have the family members read it. Much understanding can be gained by relating to the problems through the eyes of another and our packets are a valuable source of concise, accurate information which has been gathered in conjunction with Doctors worldwide. Stan Sommers, Med-Search Chairman, and his committee have used countless hours in conferring with authorities and compiling the results for your use.

The other packets made available to you by the Med-Search Committee should also be included in your personal library to be used as a reference in filing claims, helping your Doctor determine just what your health problems are and the treatment pattern that is best for you as an individual and a POW.

Share your good fortune in having returned home to your families and friends-help that former Camp "Buddy" who is now in need of assistance and direction to better his life and the lives of his loved ones.

Sincerely yours,

?

Herman E. Mendenhall,  
National Commander,  
American Ex-Prisoners of War, Inc.

HEADQUARTERS  
UNITED NATIONS COMMAND  
OFFICE OF THE COMMANDER IN CHIEF

To Our Returned Comrades-in-Arms:

It is with the deepest relief and joy that I welcome you back.

Throughout the long months of your imprisonment, throughout the times we knew were grim and painful, you were much in our minds and hearts. No less so are you now that you are where at last we can express our sentiments through care and assistance.

For your loved ones, your freedom is the fulfillment of fervent prayers. No one appreciates more than I do how eager and impatient they are to have you restored to them. I assure you and I assure them that it is my resolute intention to have you back home, in good health and in good spirits, just as fast as possible.

Because of the heavy personal sacrifices you have made in our great cause, we are humble in your presence. I am confident you never will have reason to doubt that those sacrifices have our respect and gratitude.

MARK W. CLARK  
General, United States Army

## INTRODUCTION TO THE KOREAN STORY

As the Korean Story unfolds you will relieve the life of 7,140 American servicemen who were incarcerated by a ruthless enemy. It is fact finding and accurate in detail and more terrifying than fiction. Can you imagine that 2,701 Americans, approximately 40%, died while prisoners of the North Koreans and Chinese? These deaths were a direct result of lack of medical supplies, lack of medication, dietary deficiencies, cruel and inhumane treatment in violation of the Geneva Convention.

The brutal cold winters the Americans went through without adequate clothing and with little or no heat in their living quarters is another factor, all suffered from some form of cold exposure,

There were several death marches. Of the 250 to 300 sick and wound d left in Death Valley on 21 Jan. 1951 only 109 lived to make the trip to Camp No. 5 on 13 March 1951. The trip took 7 days during which 11 more lost their lives. The guards usad rifle butts on those who fell behind. Seventy-five percent of the sick and wounded died soon after arrival at Camp No. 5 on 19 March.

The Tiger's march to Chungyang, about 120 kilometers, began on 31 Oct. and took 10 days. Eighty-one men out of 650 who started were lost on the march. The weather was bitterly cold and many prisoners had no shoes and wore only fatigues. Many prisoners who had dysentery and stopped to defecate wer.e shot.

Americans who were seriously ill were given "popout" shots by a Chinese doctor. Following the shot the patient would appear more alert but usually died within 24 hours.

For a 2-year period after repatriation, the Korean Prisoners showed a 40% greater death rate than expected from U.S. rates. The death rate remained significantly higher for a period of 14 years.

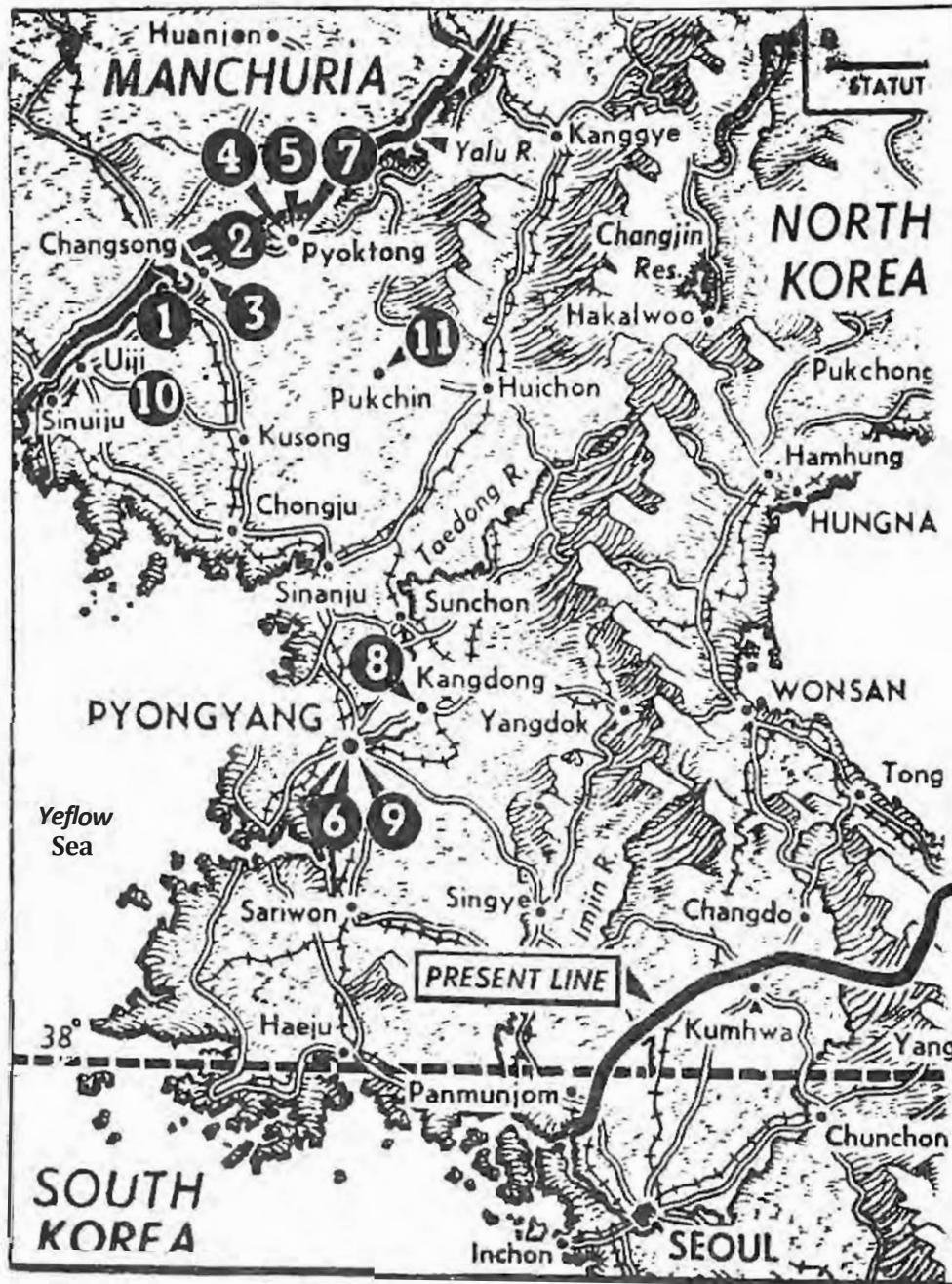
These great Americans who suffered so much while incarcerated continue to be plagued by delay d disease and ill-health which will only increase with age.

Stan Sommers

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**WHERE REDS HOLD ALLIED PRISONERS-Map** locates the eleven prison camps in North Korea where a U.N. command spokesman said the Reds are holding Allied prisoners. The camps lie between the North Korean capitol of Pyongyang and the Yalu River boundary of Manchuria. The 3,198 Americans the Reds acknowledge holding are in four camps-1, 2, 3 and 5-near the Yalu border northeast of Sinuiju.

#1	Chang-Song	#5	Pyok-Dong	// 9	Pyong-Yang
112	Pyok-Dong	#6	Pyeng-Yang	#10	Chon-MA
t/3	Chang-Song	#7	Pyok-Dong	#11	Puk-Chin
#4	Pyok-Dong	#8	Kang-Dong		





### Chaplains stayed with the wounded, even at the risk of being captured-

Thirteen Army chaplains died in Korea, 26 were injured in battle and a total of 567 received 683 decorations. But the man whose story best sums up the glory of the Chaplain Corps and points up its vital importance as **we** confront another Communist enemy is Emil Joseph Kapaun. A Catholic priest from Kansas, Kapaun was captured by the Chinese Communists when he stayed behind to care for the wounded of his 8th Cavalry Regiment. He had already proved himself in fire so thick that once his pipe was shot out of his mouth. But now in the bleak freezing hell of the prison camp Chaplain Kapaun became the center of resistance to the Communists' relentless efforts to break down American integrity and persuade men to confess to crimes they never committed and convert to Communism.

#### An example of faith and courage

He repeatedly risked his life to steal food and medicine that kept his men alive and would regularly share his starvation ration with those who needed it more. It was easy to welcome death as an escape from days and nights of continuous suffering. But Chaplain Kapaun's fierce faith inspired his men to cling to life. The death rate in a nearby camp where conditions were no worse was 10 times higher. The chaplain was a main target of brainwashing but he resisted with such a brilliant mixture of sarcasm, logic and courage, the Chinese gave up. They did not even punish him with the kind of brutality they meted out to others who broke camp rules. when on Easter Sunday, 1951. **with** a cross fashioned out of two crude pieces of wood and a rosary of barbed **wire**, he led a sunrise service.

But after six months in heatless huts. living on 450 grams of corn per day, half of which he persisted in giving away, Chaplain Kapaun's strength slowly ebbed and one grim day the Chinese guards announced they were taking him to the "hospital"-a place from which no one emerged alive. With his last strength the chaplain urged his men to keep faith, made one man promise to try to repair a broken marriage, and told another, who was weeping unashamedly, "Don't take it so hard, Mike...when I get up there I'll say a prayer for all of you." A few days later he was dead.

The following year, on the anniversary of his death, the prisoners asked for permission to hold a memorial service for Chaplain Kapaun. The Chinese curtly refused. "I was glad they did," said 1st Lt. Ray M. Dowe. Jr.. "for it told me that even though he was dead, his body lost forever in a mass grave. they were still afraid of him...He was the symbol of something they knew they could not kill-the unconquerable spirit of a free man. owing final allegiance only to his God."

War is a grim, desolating business. It can brutalize a nation, blunt its moral and spiritual perception. But it is hard to see how that can happen to America as long as our men go into battle accompanied by these soldiers who carry no weapons, whose purpose is not death but a deeper, more profound life. American chaplains have proven the values they preach by living the Gospel's noblest teaching: "Greater love than this no man hath. that he lay down his life for his friends." By now it should be clear that their story goes beyond patriotism to dimensions of the spirit we are only beginning to understand.

Thanks To Alfred G. Brown  
Life Member 416

## OPERATION BIG SWITCH MEDICAL INTELLIGENCE PROCESSING

General

Medical intelligence processing during Operation Big Switch was performed in co-operation with the Joint Intelligence Processing Board in Tokyo at the Tokyo Army Hospital and the 8167th Army Hospital, as well as aboard the military transports returning the repatriates to the Zone of the Interior, The Medical Intelligence Officer, Army Forces Far East, performed the medical intelligence processing in the Tokyo hospitals. The Medical Intelligence Officer, Eighth United States Army aided in intelligence processing in the packets responsible for the medical processing of repatriates. Reports of the medical intelligence processing aboard transports were submitted to the Chairmen of each of the respective Joint Intelligence Processing Boards on the transports and to the Surgeon, Army Forces Far East.

This analysis includes medical intelligence derived from the above processing and is supplemental to the medical analysis submitted by this office on Operation Little Switch. Whereas during Little Switch it was the desire to interrogate all repatriates, in the final exchange only those repatriates who were Medical Department personnel or who possessed medical intelligence information, as determined by Phase I & II screening, were interviewed,

The medical officers repatriated during Big Switch were able to give a much more comprehensive picture of the physical condition of the prisoners and the medical care available during the internment than was obtained from the non-medical and enlisted personnel returned during Little Switch.....

Experiences related by Medical Officers

Captain William R. Shadish, 0976 688 was Surgeon of the 2nd Bn, 9th Regt, 2nd Division, and was taken prisoner in early December 1950. The Battalion Aid Station and Collecting Company, along with other units, were caught by a deep road block near Kunmori. The patients included four truck loads of litter patients (nineteen patients *per* truck), five ambulance loads of litter patients (five to six patients per ambulance), and approximately 150 walking wounded. Major Coors, who was the senior medical officer in the area, asked permission on two occasions to take wounded out over an open road between Junmori and Anju. Permission was refused because it was thought the road block would only be temporary, but later the 23d Regiment found it necessary to withdraw over this latter road. Still later this road was also blocked. Major Coors requested permission for a few men to remain with the litter cases, but this was refused and he was ordered to leave the litter cases unattended and to attempt to get through the road block with the walking wounded. During the attempted break-through the group was hard hit and split up into many smaller groups which took cover. Those captured were marched by the Chinese to "Death Valley", approximately 65 miles south of Pyoktong, which is on the Yalu River. The march took 25 days and the PWs arrived at the Camp on 26 Dec. 1950.

Within 2 or 3 days after capture there were about one hundred prisoners in a group that included Captain Shadish; of these 10 to 20 were slightly wounded, No medical treatment was available; the prisoners had been stripped of all medical supplies and equipment and many had had their overcoats and shoes taken away. This group was joined by others during the march, and by the time they arrived at Death Valley there were approximately 500 prisoners in the group. The officers and enlisted men were separated on the 3rd and 4th day of the march. They would march 2 or 3 hours at night and then take a half-hour break. This had an adverse effect on the men because the long marching period made them perspire and they became very cold during the long break. During the day they stayed in Korean mud huts - as many as 25 men were crowded into 8 by 10-foot rooms too crowded for them to lie down. They ate in the morning about an hour after stopping, and again in the evening about an hour before departure. Food consisted of about 4 ounces of cracked corn. No utensils were available, Water came from wells, rice paddies, and melted snow. Two-thirds of the group developed bloody dysentery during the march, and as the men became weak those in the worst condition were helped by the stronger as long as possible. Those too weak to continue were left behind with an enemy guard. Frequently shots were heard and the guard who had been left behind with the prisoners would return to the column. Approximately 50 men were lost on the march.

Death Valley was divided into two sections, north and south, about 2 miles apart, and officers were placed in the south section. The north section was approximately half the size of the south section. In the south section there were 6 barracks-like buildings with 4 to 6 units per barracks, A unit consisted of a room and a kitchen area, There were 25 men in Captain Shadish's unit - so crowded that two-thirds of the group had to sit with their knees under their chins while the remaining one-third lay down. The men rotated positions. Korean-type floor heating was used, but wood was so scarce that heat was available for only one hour each day. Food consisted of 400 grams of cracked corn per man per day.

United States personnel, by permission of their captors established a hospital soon after arrival. Three rooms were used for the sick and wounded and one for medical personnel. Ten to fifteen American medics did the cooking and provided care. Major Coors was too sick with a pulmonary condition to act as surgeon. Col. Campbell, the senior officer of the group, appointed Capt. Shadish surgeon. Other medical officers in the group included Captains Lam, Eklund, and Kubinek.

Capt. Shadish separated the patients into 3 groups: the wounded, those who had pneumonia and other serious ailments, and those with dysentery and miscellaneous ailments. Each group was in a separate room with about 20 patients per room. There was not sufficient room in the hospital to accommodate all the sick. Capt. Shadish visited the sick who were not hospitalized twice a day. None of the sick from the north camp were brought to the hospital nor seen by Capt. Shadish. He had repeatedly asked the Communists for medicines, even suggesting the Red Cross as a possible source, but to no avail. The only medicine provided until 3 Jan. 1951 was Tannalbin, a Japanese product used for dysentery. This medicine was available in a quantity sufficient only to treat 2 or 3 percent of the dysentery cases. Treatment was limited to hot soaks, bandaging with torn clothing, and removal of shell fragments. On 3 Jan. 1951 30 to 50 .5 gram sulfaguanidine tablets were issued. Selected dysentery cases were given 8 tablets each.

Capt. Shadish and the prisoners were requested to sign peace appeals and to write propaganda letters to their wives. It was suggested that better treatment would be forthcoming if they co-operated, which some did. Soon after this rice was added to the hospital diet.

Prisoners were dying at the rate of 2 to 7 daily between 26 Dec. 1950 and 24 Jan. 1951. On 21 Jan. 1951 all but 250 to 300 sick and wounded began the march to Camp No. 5. American medics stayed with the sick and wounded, and this group moved into a school building in the north camp. One room, 25 feet square, was used as the hospital where 50 to 75 of the most seriously ill were kept. Two stoves were put up and labor details named to wash, draw water, and collect wood. These details were drawn from the sick and wounded. Morale was very low because of the high death rate. The highest number of deaths in one day was 14 on 24 Jan. 1951. Late in January the following medical supplies were received: 100 sulfadiazine tablets, 100 sulfaguanidine tablets, 100 aspirin tablets, 1 quart of 25 percent alcohol, 1 pint of an unidentified antiseptic, cotton, 3 rolls of three-inch gauze, blunt scissors, and finger forceps.

In February the Chinese officer in charge of the camp contracted pneumonia, At first he was treated by a Korean doctor from a nearby town who told him he was going to die. As a last resort the officer asked for Capt. Shadish. With the help of some sulphadiazine, found in the area where the Chinese guards were staying, the life of the Chinese officer was saved. As an act of gratitude, Capt. Shadish and Capt. Lam were invited to live and eat in the Chinese area where the rooms were heated and the food, which included beans, was better. The Communists allowed the American doctors to take what food they did not eat to the patients. This usually amounted to almost one quart of beans for each meal. Later the Chinese officer asked Capt. Shadish if he would hold sick call for the Chinese guards, which he did. The medical supplies in the Chinese area included a bottle of sulfadiazine containing 500 tablets; Capt. Shadish managed to steal 5 to 10 tablets daily for the prisoners in the hospital.

The prisoners suffered from the following diseases during their stay in the mining camp: 100% had dysentery at one time or another; 100% were suffering from severe weight loss; 100% suffered cold injury at one time or another, of which 15% suffered tissue loss; 25 to 30 prisoners developed infectious hepatitis in February 1951 - 50% of these died; and 100 to 150 prisoners contracted pneumonia of which only 6 survived. Nutritional edema began to develop during the latter part of February 1951.

If a patient developed dysentery and did not get up and walk around he died within 2 or 3 days; keeping the dysentery patients ambulatory was a serious problem. Many of these patients lost voluntary control and there was no means to clean their clothing until the last week or so at Death Valley at which time the clothing was boiled.

Capt. Shadish separated the pneumonia cases into 3 groups based on chest findings; gross consolidation, some chest involvement, and no chest involvement. Only those with some chest involvement were treated because this group offered the best chance of survival. One gram of sulfadiazine was administered to these patients every 4 hours. Capt. Eklund developed pneumonia and died suddenly while being carried to the latrine, He had been receiving sulphadiazine,

During the early part of January a Korean doctor came to the camp from a nearby village with a nurse. The doctor said he was a surgeon with 5 years training at Seoul, and offered to do 4 surgical cases from the camp every day. Several cases were sent to him, but he did such a poor job and produced so much surgical trauma that the patients refused his treatment.

Of the 250 to 300 sick and wounded left in Death Valley on 21 Jan. 1951 only 109 lived to make the trip to Camp No. 5 on 13 March 1951. Fifteen ox-carts were furnished as transportation, and the trip took 7 days during which 11 more lost their lives. It became difficult for many of the prisoners to continue the march after the 3rd or 4th day. The guards used rifle butts on those who fell behind. On the last day of the march a truck picked up 24 of the prisoners and took them to Camp No. 5. Seventy-five% of the sick and wounded group died soon after arrival at Camp No. 5 on 19 March.

There were about 2,000 prisoners in Camp No. 5. There were 6 companies including 4 companies of enlisted men of 400 to 500 men each, one officers' company of 165 men, and 1 Turkish company of 150 men. Capt. Shadish remained there until Oct. 1951 when the officers were moved to Camp No. 2, Shortly after Capt. Shadish arrived at Camp No. 5 he was sent to the dispensary area. In May 1951 the dispensary was enlarged into the "sick company". Many of the seriously ill patients would be held in the sick company rather than be sent to the hospital which was about a mile from the camp. Capt. Shadish remained separated from the officers group until July 1951 when he was relieved of his duties of taking care of the sick and wounded and sent to the officers company. He remained in the officers' company until October 1951.

Other medical officers in Camp No. 5 included Captains Anderson, Lam and Essington. Captains Anderson and Lam worked and lived at the hospital until 8 May 1951, and Capt. Essington was in the hospital only a week until he got into trouble with the Chinese by complaining about the lack of medical supplies. All 3 officers were sent to the officers' company.

Sick call was held in the dispensary area and each company had sick call every other day. The facilities in the dispensary area consisted of a kitchen, a dressing room 8 feet square, a pharmacy, a sick call room 6 feet square, and living quarters for the dispensary personnel. The dispensary personnel included a Chinese doctor, a Chinese pharmacist, a Chinese aid man, a Chinese interpreter, a Korean handy man, Capt. Shadish and Dr. Ferrie - the latter a British doctor who worked with Shadish in the dispensary until 8 May 1951 at which time he was sent to the officers' company, Medical supplies consisted of a few bottles of assorted vitamins, 1,000 aspirin tablets, 500 sulfaguandine tablets and 500 sulfadiazine tablets. One bottle of aqueous penicillin was observed, but was used only on 1 occasion, The supply of dressings were very limited, Medical equipment included a stethoscope, a thermometer, a pair of dull scissors, a scalpel, 3 hemostats, and 3 hand forceps. Medical items were woefully inadequate in quantity, The Chinese claimed that the supply in China was adequate, but that the bombings by American planes stopped the shipment of supplies to the camp.

Sick call was held from 1100 to 1730 hours. At first the Chinese doctor tried to limit sick call to the period from 1100 to 1400 hours because it was necessary for him to stay around to check the medications prescribed by the American doctors. There were 100 to 150 patients at sick call each day. The UNC doctors were not allowed to see patients except in the sick call area. Occasionally the Chinese doctor would visit the sick in the company areas when prisoners were seriously ill. About 75% of the patients the Chinese doctor visited would be given "popout" shots, Following the shot the patient would appear more alert but usually died within 24 hours, Popout shots, thought to be a camphor solution, were administered by a short: needle inserted into the precordial area,

arm, or buttock. Capt. Shadish felt that the shots were too great a stimulant and probably speeded up the patient's death by several days. The American doctors kept patient records which included identifying data, the date and result of examination, diagnosis, and treatment. The Chinese began keeping records in June 1951. Few patients were sent to the hospital because a patient had to be almost dead or have an obscure medical problem before the Chinese would allow him to go there. Despite this the UNC doctors were severely reprimanded if they allowed deaths to occur in the companies rather than in the hospital. The following medical conditions were frequently noted during the period from March to July 1951, during which Capt. Shadish was working in the dispensary area.

Dysentery: Dysentery was diagnosed as such when the stools contained blood and mucus. Severe cases with high fever were treated with sulfaguanidine (6 to 8 .5-gram tablets over a 48 hour period), The moderately severe cases were given two .5-gram charcoal tablets daily, but nothing else by mouth for 24 hours.

Nutritional Edema: Nearly all of the prisoners suffered from bone pain in the legs at rest. The pain was characterized as burning sharp, and severe. It usually disappeared without treatment 2 or 3 weeks after onset. Ten percent of the patients developed dependent edema 2 to 3 weeks after the disappearance of the bone pain. The edema reached its peak 10 to 15 days after onset, and then subsided without treatment to a one plus edema. The severe edema was usually accompanied by liquid stools. One to 2% of the edema cases developed cardiac involvement with heart enlargement, a systolic murmur, SOB, and precordial pressing pain. The mortality was confined to those with cardiac involvement. Thirty percent of the edema group developed massive edema involving the scrotum and the face. The facial edema was noted in the morning, and subsided during the day. There was little mental change noted and the appetite remained good. The most effective treatment was the addition of protein to the diet, but vitamin tablets were also given. When the sick company was formed the diet was more adequate in protein than that in the regular companies. Eight pounds of canned beef or eggs for each 110 men were added to the soup once daily, and once or twice a week a 60 pound pig was cooked. The Chinese, however, scooped out much of the solid meat before the sick company was served. Rice or steamed bread was issued to the sick company rather than the millet or sorghum being issued to the regular companies.

Pellegra: About 100 cases of pellegra occurred between March and July 1951. The skin became red, thickened and cracked on the dorsum of the hands and feet and the exposed part of the chest, This was usually followed by the formation of large blisters, There was severe loss of weight, anorexia, diarrhea, and marked mental depression. The prisoners refused to get up or eat and were mentally very dull. About 30% of this group died of starvation. Treatment consisted of salve for the dermatitis, charcoal for the diarrhea, and constant prodding to get the patient to get up and eat. A few patients exhibited both the nutritional edema and pellegra concurrently.

Fever of Undetermined Origin: Many patients developed a fever that could not be classified clinically as malaria, although the usual treatment given by the Chinese for this group was 2 tablets of atabrine daily for 5 or 6 days with no effect on the clinical course of the ailment. A fair number of these patients had headaches and recurrent fever which lasted 4 to 5 days. This cycle might be repeated several times.

Bronchitis: Bronchitis was prevalent with a dry cough constituting the most distressing symptom Neo-husteni, a Japanese product in tablet form, was dissolved in the mouth and was effective in relieving the cough. A few broncho-pneumonia cases occurred during the period from March to July 1951. This was in marked contrast to the prevalence of lobar pneumonia in Death Valley.

Mouth Lesions: Sore tongue and mouth and cheilosis occurred in almost all of the men, but few had frank scurvy. The painful lesions made eating difficult. About 10% of the men developed deep ulcerations in the buccal mucosa where there was contact with the teeth. Ulcerations would frequently progress to a cellulitis of the cheek. The mouth lesions spontaneously disappeared in 4 to 6 weeks and then recurred after another 4 to 6 months. The mouth infections were frequently spread throughout a company by the custom of passing a cigarette around and by the use of common food bowls. The treatment consisted of KNO<sub>4</sub> solution applied 3 or 4 times daily and vitamins B<sub>2</sub> and C to which the patients responded well. The infections and the scurvy disappeared in late 1951 when better food became available, but the cheilosis and sore tongues continued until 6 months before release.

Tuberculosis: About 20 cases were seen by Capt. Shadish during the period from March to July 1951. In most cases the patients died. The clinical manifestations were chest pain, pleural effusion, and/or hemoptysis.

Headaches: This complaint was most prevalent among the British who were treated with aspirin when the headache was severe.

Dental Conditions: Capt. Shadish did the dental extractions with dental equipment which consisted of a pair of forceps. At first, the anesthetic effect was produced with an injection of one-sixth to one-eighth grain of morphine intravenously. Later, when procaine became available, local infiltration and nerve blocks were performed. Gravel in the grain that was issued was often the cause of broken teeth and loose fillings.

The sick company was established by the Chinese in the latter part of May 1951, and was located in the same general areas the dispensary. The same Chinese dispensary personnel constituted the sick company. Eight Americans formed a sick company squad to help care for the sick and also performed the manual labor in the area. A Turkish medical sergeant joined the group as an interpreter, but later he was put in the dressing room with a Chinese aid man and a nurse. Six buildings were used for the sick company and the average census of bed patients was 110. Patients lay on the mud floor with one blanket per man and the non-ambulatory patients had to be carried to the latrine because bed pans were not available. There was no improvement in medical facilities in the sick company. Compared to the dispensary, however, the diet was more nutritious and the patients could be more closely supervised. Terminal cases were sent to the hospital. In June 1951 eleven poorly-trained and inexperienced young Chinese doctors took over the sick company. No information could be obtained regarding their training or other background.

Typhus and smallpox immunizations were given in Aug. 1951. The Chinese wanted to give the typhus shots under the scapula, which was said to be the site of inoculation among the Chinese; however, they agreed to use the arm as the site on the insistence of the UNC doctors. No refrigeration was available for vaccine storage. Not a single "take" was obtained from the smallpox vaccinations. A common needle was used for every 5 men, and a common syringe was used throughout. Twenty cases of hepatitis occurred among the officers following the inoculations.

After July 1951 none of the American doctors were utilized for the care of patients with the exception of the cases of dental extractions performed by Capt. Shadish. In the officers' company one of the doctors acted as a sanitation officer and inspected latrines, kitchens, mosquito breeding places, water discipline, and personal hygiene.

The officers were moved to Camp No. 2 in Oct. 1951. Captains Lam, Anderson, Essington, and Shadish and Dr. Ferrie were in the 1st Company which was principally for company grade officers. Capt. Boysen and Ors. Hickey and Paget, the latter 2 British doctors, were in the 2d Company which was for field grade officers.

The 1st Company dispensary was located 50 to 100 yards from the Camp No. 2 hospital. The staff, which worked in both the hospital and dispensary, consisted of 1 Chinese doctor, 2 Chinese nurses, 1 Korean nurse, 2 Chinese pharmacists (1 male and 1 female), and 3 Chinese aid men. The doctor spoke English and had had 5 years of surgical training in Shanghai. The average patient census in the hospital was 5 or 6. That patient care was somewhat improved over Camp No. 5 in that there was no over-crowding, bed pans and urinals were available, the nurses washed the patients' clothing, and more medicine was available.

A Chinese dentist visited the camp in the spring of 1953 and performed some extractions and fillings. Although his anesthetic technique was good he refused to clean the sockets following extractions and got several infections with sequestra. The carious material was scraped out of the tooth prior to putting in a soft plastic material which did not harden and soon fell out.

Capt. Shadish did extractions during the period in which the dentist was not available. There was one dental kit that was shared between Camps No. 5 and No. 2. The kit was at Camp No. 2 for only a few days every 6 months.

The medical cases seen at Camp No. 2 included occasional dysentery, pneumonia and nutritional edema. Ten to 15 men developed visual disturbances manifested by a central scotoma which later involved the peripheral visual fields. The patients were able to distinguish only gross forms. The scotoma usually improved on large doses of vitamin B1. Night blindness occurred each spring and involved 50% of the men moderately and 25%

severely, It would improve in 2 or 3 days with vitamin A treatment. Nontoxic goiters developed in 20 prisoners early in 1953, but iodine added to the drinking water caused these goiters to disappear. Infestation with ascaris occurred in almost all of the prisoners, Five percent of these cases developed diarrhea, stomach cramps, and nausea on attempting to eat. They were treated successfully with Santonin and MgSO<sub>4</sub>. Occasionally pin worms were detected. Eight men with chronic amebiasis were treated with sulfaguanidine emetine, or a solution of undetermined composition injected intravenously. These patients improved for a period of a month to 6 weeks. Fresh vegetables became available after April 1953. They were soaked in a KMNO<sub>4</sub> solution after being scalded for 4 minutes in boiling water before they were eaten.

Some of the medical supplies and equipment were observed to come from the following sources: biologicals, morphine, sulfadiazine, and sulfaguanidine from China; penicillin and bandages from the United States; dental forceps, scissors, hemostats, obstetrical forceps, and vaginal specula from Czechoslovakia; and vitamins and several unknown medications from Russia.

Capt. Alexander Boysen, 2d Bn Surgeon, 21st Regiment, 24th Division was taken prisoner in July 1950. He was captured alone on 12 July by North Koreans near Chochiwon, and after a few days was taken by truck to Pyongyang. At Pyongyang he met about 200 Americans including aid station and medical battalion personnel from the 24th Division. There were 10 to 20 wounded, 5 or 6 of them seriously. Many had had their shoes taken away and their feet were in bad shape from marching. The North Korean soldiers supplied a basin, bandages, and antiseptic with which Capt. Boysen dressed the wounds. While in Pyongyang the group was strafed by US planes and 26 prisoners were hit - 3 of these died. The group, minus the wounded, began their march north. The wounded were left with enemy guards but later they joined the group in Pyongyang. The group marched at night and the food consisted of rice balls issued once or twice daily. Water came from streams and wells. Upon arrival in Seoul on 19 July they bathed, shaved, and were issued shoes. They stayed in a school building for 2 days where the food consisted of rice, melons, and a side dish of soup issued twice daily. The group was then sent by rail (in coaches) to Pyongyang where they arrived on 25 July 1950.

They were billeted in a two-story school house in Pyongyang from 25 July to 5 Sept. 1950. Here they were joined by more prisoners including many civilians, which increased the group to over 700. A dispensary and hospital were established in the school house and a North Korean doctor and pharmacist (later discovered to be anti-Communist), were assigned to take care of the prisoners. Sick call was held every morning during which time 25 to 30 prisoners were seen. The hospital had 8 to 12 bed patients. Capt. Boysen and 5 or 6 medics worked with the North Korean doctor and pharmacist. Medical supplies included aspirin, sulfadiazine, iodine, powders for dysentery, and a very limited supply of dressings that had to be washed and reused. The hospital cases consisted principally of wounded with a few dysentery cases. Two Americans operated the mess and prepared 3 meals a day. Breakfast and supper consisted of rice and a side dish of soup which contained egg plant and/or cabbage. Lunch consisted of baked bread, onions and fried fish. Occasionally fresh fruit was served. Six prisoners died in Pyongyang.

Two patients were taken to civilian hospitals in Pyongyang. One was taken to the main Pyongyang hospital, a 5 to 6 hundred bed installation in the center of town where both civilian and military personnel were treated. Korean and Russian personnel were on the hospital staff. A leg and thigh amputation was performed under ether anesthesia against the advice of Capt. Boysen. Aseptic technique was used. The surgical instruments were old and of German manufacture. The other patient was taken to the North Side Peoples Hospital, a 2 to 3 hundred bed installation that treated only civilians. The patient was given a blood transfusion by the indirect method with an American prisoner as the donor. The Korean Surgeon who operated claimed to have received his medical training in Russia.

The prisoners were then taken to Mampojin by train in coaches and gondolas. They traveled at night and the trip took 6 days. Although it was uncomfortable cold, no pneumonia or cold injuries occurred. About 10 sick and wounded were put in one part of a coach and cared for by Capt. Boysen and 2 or 3 aidmen. Three men died on the trip. The food consisted of rice balls and soup. They stayed in Mampojin for a month (11 Sept. to 9 Oct) and were housed in barracks located north of the city. Conditions were

crowded, and although stoves were available the fuel supply was inadequate, Food was about what it had been in Pyongyang and the water was chlorinated city water. A hospital with the same staff as in Pyongyang was established in the prisoner's area. Sick call was held by Capt, Boysen and he saw 40 to 50 patients every morning. The sick call medical problems included URI, headache, diarrhea, scabies, and some louse infestation. The 10 to 12 hospital patients consisted of the wounded, one case of combined dysentery and beri-beri, and one case of pneumonia. There were 19 deaths during this month. The dead were buried in individual graves on a hill north of the camp and the graves were marked with the name, rank, and serial number of the deceased.

One case of appendicitis occurred during this period and the patient was taken to the North Side People's Hospital located about 1 mile from camp. This hospital, with a 50 to 75 bed capacity, was under civilian control and had 2 or 3 doctors on the staff. No North Korean military personnel were treated there. The Camp doctor (North Korean) made the arrangements for the admission of the patient, The operation was performed on an old metal operating table in a room 10 feet square. Capt. Boysen assisted during the operation. The surgeons scrubbed their hands with soap and water and a sterile brush, then wiped their hands with alcohol sponges. They wore caps, gowns, and face masks over street clothes. No rubber gloves were used and shoes were not allowed. The concrete floor of the operating room was washed down with soap and water following the operation, The old and worn German instruments included a knife similar to a straight edge razor, sponge forceps, 2 retractors, several hemostats, a needle holder, cotton thread, and a poor selection of needles. Pre-operation preparation of the area of operation included saving, washing with soap and water, rinsing with alcohol, application of an antiseptic, and the use of a field drape. Post-operative care included no feeding by mouth for 24 hours followed by feedings of soupy rice, penicillin twice daily (200 thousand units) for 4 to 5 days (the appendix had perforated prior to surgery), an unknown dosage of sulfadiazine for a few days, and bed rest for 9 days. The surgeon who operated said he had received 6 months training in Russia.

The North Korean doctor who took care of the prisoners said that prior to 1946 he had his own private hospital in Pyongyang and earned one hundred thousand won per month, Medicine was socialized by the Communists in 1946, and he was paid about ten thousand won per month and allowed to remain at his hospital. He was drafted in 1949 into the Security Police Force, of which he was still a member, and his wages were three hundred won per month.

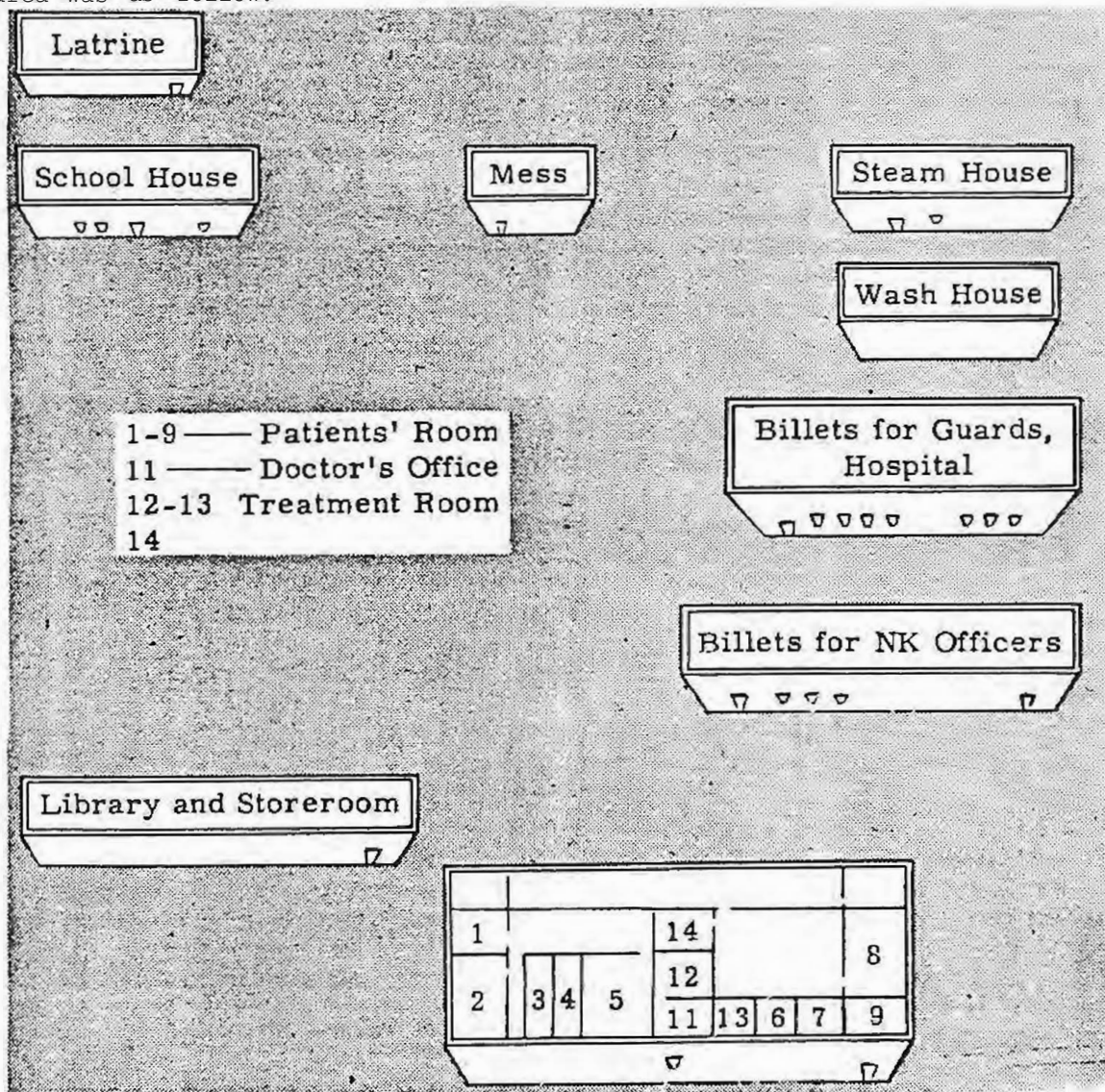
Between 1 and 31 Oct, 1950 the prisoners made several moves around the Mampojin area. The reason for the moves was that Chinese troops took over the barracks that had been used by the prisoners. Feeding became less regular and housing was much less adequate. For 5 days prior to 31 Oct. they stayed in a corn field. Eighteen men died during this period.

A Security Police officer, nicknamed "The Tiger" by the prisoners, took charge of them on 31 Oct. The Tiger's march to Chungyang-ni (about 120 kilometers northwest of Mampojin) began on 31 Oct. and took 10 days. Eighty-one men out of 650 persons who started were lost on the march. The Tiger ordered the sick and wounded to be carried; however, the condition of the other prisoners was so weakened that this was practically impossible. The group had been warned by the North Korean doctor and others that they would probably be brutally treated during the march. None of the North Korean camp staff who had been in charge in Pyongyang and Mampojin accompanied the group on the march. The weather was bitterly cold and many prisoners had no shoes and wore only fatigues, They marched 2 to 3 hours, then stopped for a half-hour break during which time the prisoners would be severely chilled. Food was haphazardly provided, usually no more than once daily, and consisted of rice and millet balls; many went a day or two without. it. The penalty for carrying food was death. Many prisoners who had dysentery and stopped to defecate were shot. Drinking water was obtained from snow. Housing varied - the first few nights they stayed on the ground without shelter and when shelter was available there was insufficient room to lie down. The Tiger said that the treatment they were receiving was punishment for their sins as capitalists. No Medical care was available during the march. The last few days a bus was available for the women, children, sick, and wounded.

The group arrived in Chungyang-ni on 9 Nov. 1950, and remained in this general area until 9 Oct. 1951 when they were sent to Camp No. 3. For the first 4 months they lived



in numerous mud huts until they were moved into a school house. The general layout of this area was as follow:



The prisoners were confined to the mud huts until Jan., after which they were allowed to go outside for 20 minutes each day. Food was brought to them and consisted of millet balls. Drinking water was obtained from a contaminated well and used without treatment. Later when soup was available the prisoners depended on it for their fluid intake.

Sick call was held every other day at the hospital. Capt. Boysen talked with the patients and then advised the North Korean doctor who decided on the treatment. There were 2 North Korean doctors; one handled the minor surgical cases and the other the medical cases, About June 1951 one of the North Korean doctors left, and Capt. Boysen began treating the minor surgical cases and continued to do so until he was not allowed to treat patients. A South Korean doctor, trained in Japan, replaced the doctor who left and was able to obtain more medical supplies. There was a sanitary detail of 10 prisoners at the hospital who dug latrines, boiled clothing about once a month, cooked for the hospital, and did other odd jobs. There were also 6 American medics who helped care for the patients. The hospital averaged 70 patients until June; then the number dropped to about 15. Four or 5 deaths occurred daily during the first several months. The hospital diet contained more rice than the regular diet.

The general health of the group was very poor. Malnutrition was severe and dysentery and scabies were prevalent. Medical supplies were very meager and included a limited amount of atabrine tablets, powdered sulfathiazole, 10% glucose ampules, phenobarbital tablets, and some unrecognized powders and pills,

In July 1951 the lot of the prisoners showed some improvement. At that time soy

beans were added to the millet diet, clothing was issued, and boiling of clothes reduced the louse problem.

The trip to Camp No. 3 began on 9 Oct. 1951. Of the original group of 700 who had been in Pyongyang, 293 survived. They marched for 3 days and traveled by barge for 6 or 7 days before arriving at Changsong. Capt. Boysen and the officers stayed only a few days in Camp No. 3 before going on to Camp No. 2.

Capt. Clarence L. Anderson was the 3d Bn Surgeon, 8th Cav Regt, 1st Cav Division, and was taken prisoner in Nov. 1950. He was captured by the Chinese and taken to a valley between 2 rivers about 8 kilometers south of Pyoktong, where approximately 750 Americans (43 officers and about 700 enlisted men) were quartered in Korean mud houses. In this valley there were two compounds: one for ROK Army prisoners and another for other nationality groups. Captains Anderson and Essington were resident doctors in a sick and wounded section composed of 3 Korean houses which held about 50 patients, mostly battle casualties. They were aided by 2 ROKA nurses and 2 South Korean high school girls (interpreters) who had been taken north by the North Korean Army. One nurse had been trained in Taegu (Presbyterian Mission Hospital) and the other in Seoul; both were described as very capable. Sgt Katsugu TANAGAWA (Nisei) served as interpreter and 4 other American medical aidmen assisted in the work. Dr. Kim, a North Korean doctor who had received medical training in Japan, visited the camp every day with 2 Chinese soldier orderlies who wore Red Cross arm bands. The Chinese camp commander was sympathetic to the prisoners and did what he could to help, but he apparently had no supplies. While in the valley there were 22 deaths (12 battle casualties and the others due to pneumonia and dysentery). Capt. Anderson performed one successful mid-thigh amputation for an infected compound fracture complicated by thrombosis and gangrene. His instruments were one dull scalpel, 2 rusty hemostats, one old saw (bone), and one wood file. His assistants were a Chinese doctor anesthetist and one ROKA nurse. The instruments were sterilized over steam and the anesthesia was barbiturate and morphine pre-operatively administered, intravenous penthotal, and 60 cubic centimeters of ether. The patient also received 1,000 cubic centimeters of glucose in saline intravenously. All supplies and equipment were obtained and provided by the Chinese Camp Commander who planned to repatriate these patients in Little Switch, should this event take place. Dressings were made of boiled, torn-up clothing, and these were re-used as frequently as the supply of fuel permitted reboiling. However, Dr. Kim insisted that dressings should not be changed more than once every 2 weeks, claiming that a Russian discovery had proved that wounds healed faster by this method. The American doctors had the freedom of the valley to hold sick call in the compounds.

On 22 January the sick and wounded were moved by trucks to the town of Pyoktong. All other prisoners (now about 1500) had marched there 4 days earlier. Everyone was quartered in houses with 10 men to a 7 by 8 foot-square-room. Here, after the march, the first man died for no apparent reason. Patients were placed in a building and the paper was off the doors and windows. During the first 10 days approximately 2500 to 3,000 men came in from Death Valley accompanied by Captains Lam and Shadish. Prior to their arrival there had been 256 deaths reported in this group. By Feb. the number of patients increased so that in addition to the hospital with 150 patients, including one section set aside for pneumonia (15 beds) and dysentery (25 beds) patients, there were 3 compounds of 30 to 50 beds each for patients not considered seriously ill. Sick call grossed 100 to 125 ambulatory patients per day. Deaths were now averaging about 20 per day. During Feb. there was an epidemic of fever, chills, malaise, and generalized aches and pains which, barring complications, subsided spontaneously within a week. Both Captains Anderson and Essington were affected and they believed the disease to be influenza. Except for complications such as pneumonia this disease caused no deaths. The principle causes of death (most of the severe battle casualties having already died by early March) were pneumonia, dysentery, malnutrition, and exposure. In addition there were deaths without explainable cause. A man, either well or slightly ill, would die suddenly. These individuals became apathetic, inactive, and often accurately forecast their death. For lack of a better term the 2 American doctors charted these deaths as due to "give-up-itis."

By early March 1951 the medical officers were restricted to the hospital area and the patients came there on sick call, Communist indoctrination had begun in late Feb. for all but doctors and patients, and the Chinese apparently did not want the medical officers to associate with the other prisoners lest they influence them. Deaths from mal-

nutrition had begun but the medical officers were directed to list deaths from this cause as "bowel disturbance." Inasmuch as the deaths were increasing, the Commanding General of the compound told the doctors they were to receive all the medicine they needed - 1,000 sulfadiazine tablets, 1,000 sulfaguandine tablets, 10 ampules of aqueous penicillin - two hundred thousand units, and 20 ampules of coglucal (2% calcium gluconate solution) and ordered that deaths must cease in 2 weeks. Dr. Lu directed that the total dosage for pneumonia (for those who looked as though they might survive) would be 12 sulfa tablets (6 grams) or sixty-six thousand units of penicillin. The deaths continued and the American medical officers maintained a list, which had been started in Dec., of the name, rank and serial number of each man who died. The death rate among the prisoners from the 2d Division was especially high due to lack of food, effects of the march and low morale. Finally on 8 March Capt. Essington was removed from the hospital to the officers compound, and all the Korean medical personnel were changed except Dr. Lu. Dr. Kim was replaced by North Korean peasant girls who had no medical training. This left Captains Anderson and Lam as the only doctors in the hospital.

In late March 1951 the hospital was moved to a temple on a hill above Pyoktong. There were no facilities of any kind in the temple. Deaths continued at a rate of 14 a day in the hospital, plus additional deaths in the compound. By 10 May 1951 the names of 875 prisoners who had died in the hospital were recorded on the death list. Additional deaths in the compounds brought the combined total to 1500 deaths out of a population of 5,000 prisoners. The death lists were confiscated and the American doctors were moved to the officers' compound to begin their Communist indoctrination. Some time before the doctors were moved to the compound a surgical section had been set up to take care of frozen extremities.

After the truce negotiations began. the Chinese polled the medical officers for name rank, and serial number of any UNC personnel who had died or had been killed either before or after capture. At that time Chicken liver transplants and pig liver inoculations were started at the hospital. The American doctors did not see these transplants and inoculations performed but they were told by Dr. Lu that they were a Russian discovery which was effective in the treatment of any debilitating disease. Most of the treatments seen in men returning from the hospital had either sloughed or had calcified. The American medical officers attributed the apparent good effects in persons so treated to the better food and physical treatment that accompanied these treatment. These prisoners had been given 4 meals a day which consisted of soft rice, steamed bread or hard wafer, fruit or jelly, eggs, and a little meat. By comparison the cost of the hospital ration was \$3.00 per month as compared to \$1.50 per month for the ordinary prisoners (at JMP 2220 to \$1.00 US). Chinese acupuncture was also practiced.

Due to better food furnished all prisoners the death rate dropped in June, and nearly all deaths after that time were due to "give-up-itis" which the medical officers believed was induced by segregation of all groups on the basis of grade, nationality, and/or race and by Chinese propaganda. In May, however, many cases of beri-beri, sore mouth and cheilosis appeared. Later there was an almost universal defect of day vision (an inability to see things in the central field of vision), Night blindness developed in July and anemia was very apparent. When the diet improved these conditions disappeared. Medical officers were told that they "must learn who to save as well as how to save."

On 10 May 1951 Captains Anderson and Lam were told that they must leave the hospital and start their "education." They returned to the officers' compound in Pyoktong and helped with sick call. The drugs were now more plentiful and living conditions improved. After Aug. 1951 there were no more deaths in the officers' compound in Pyoktong, and no more deaths among the enlisted men after Oct. 1951 except for one drowning and one electrocution by lightning, both of which occurred after April 1953.

In Oct. 1951 the officers moved to Pi'Chon-ni, 10 miles southeast of Pyoktong. The medical officer prisoners were now officially divorced from medical care activities; however, they laid up a small stock of medicine by sending fake patients to the dispensary and then collecting the drugs given them. The most severe disease encountered was pneumonia; however, the supply of sulfa drugs and penicillin was adequate to treat all cases. The first Chinese doctor assigned to the compound was described as an actual "quack". He remained until Aug. 1952 when he was replaced by Dr. Tang (Chinese) who came from and had practiced in Westlake, Shanghai and had been trained at Tientsin. Dr. Tang reportedly became a Communist while in Tientsin in order to continue his training.

He was not politically ardent and was therefore restricted in his contacts with the prisoners. He was described as having good medical training, He used riboflavin tablets, Vitamin S complex injections, and ascorbic acid to treat the appropriate avitaminosis. In addition there were two well-trained Chinese nurses and one poorly-trained Korean nurse, In Nov. 1952 the temple hospital in Pyoktong was said to have added a fluoroscopic apparatus and a small laboratory. A dentist visited the compound 3 times while Essington and Anderson were there, but except for some temporary fillings in Nov. 1952 they did mostly extractions. The Pi'Chon-ni dispensary consisted of a house with accommodations for 4 to 8 patients, The remainder of the history was uneventful.

There was no separate medical supply system such as that of the United States Army. There was but one common supply channel for all supplies, and this was closely controlled by the line commander. Expendable supplies were issued on the "as necessary per case" basis by the camp commandant. The medical officer submitted a list of patients with diagnosis one day and picked up the allotted medicines on the next. The camp commandant re-used medicine to those patients who were not absorbing the political training.

Malaria: This was prevalent in May and June 1951 among the prisoners who had been in South Korea in Aug., Sept., and Oct. 1950. It was not known to exist in the indigenous population of North Korea. Quinine was used for treatment.

Relapsing Fever: During the malaria outbreak the Chinese doctors treated a few "Quinine resistant malarias" with neoarsphenamine with good results.

Dysentery: This was very prevalent, It was treated with "Tannalbumin" and "Tanabarb." Prisoners were cautioned to boil all water, but a shortage of fuel often made this measure impractical.

Malnutrition: Nocturia of about 15 times a night was experienced by everyone about 4 to 6 weeks after capture when on a rice diet. There was no polyuria in daytime. This continued until May 1951 when the prisoners received Kaoliang in place of rice. These conditions reappeared in Dec. 1951 when rice was again the principal component of the diet,

Severe pains in the long bones and joints, principally in the legs, occurred in the winter of 1950-51. Heat and position had no effect, so the prisoners had to move about to get well and then it took about 6 weeks to get rid of the pain.

Vitamin B deficiencies as manifested by beri-beri, sore mouth, and cheilosis became apparent in May 1951 but cleared up during the summer when the diet improved,

Central amblyopia occurred, particularly in May and June 1951. It was described as the inability to see words on a printed page in the central field of vision; words on both sides, however, above and below could be seen. This was apparent only in daylight and not at night.

Night blindness occurred in July 1951 and was more marked in the winter of 1952.

Anascara was prevalent among the prisoners in June 1951.

Amnesia appeared among the prisoners and was most common in May and June 1951. The principal difficulty was in recalling medical terms and the names of friends and relatives. This condition disappeared when the diet improved.

Hemorrhagic Fever: When the characteristics of this disease were described to Capt. Anderson, he stated positively that he had seen no disease of this type during his captivity.

#### Repatriation of Sick and Wounded During Little Switch

It was the opinion of those repatriated during Little Switch that all the sick and wounded had not been returned, but that the majority had been returned. It was also said that most all of the sick and wounded were examined by consultant doctors from China just prior to repatriation. During Big Switch it became apparent that the majority of the sick and wounded had not been returned during Little Switch. The men returned in Big Switch indicated that in most instances there were less than half the sick and wounded returned and that a substantial number of those sent back were considered to be progressives and had no obvious physical impairment. Furthermore they indicated that most of the sick and wounded who were not returned had not been examined by Chinese physicians prior to Little Switch. The following is a list of physical conditions suffered by those prisoners who were not repatriated during Little Switch: chronic chest conditions, amputation of portions of lower extremities, digestive disturbances, multiple cysts of skin, chronic amebiasis, mental illness, back injuries, severe malnutrition, cold injury, epilepsy, malaria, hemorrhoids, and hernia, The criteria used to determine who was to be

returned during Little Switch were not known to the returning prisoners.....

#### Events and Conditions Following Little Switch

CONDITIONS IN THE MAJOR PRISONER OF WAR CAMPS - Food improved noticeably in all of the camps following Little Switch. Baked bread became available in ample quantity and meat, particularly pork, was served in large quantities - frequently as a regular dish rather than in soup as was previously done. Eggs were added to the diet so that 1 egg per man per day was issued; however, usually only half of the issued eggs were edible. Eating utensils were issued so that each man had a plate, spoon, cup and glass bowl.

Camp sanitation and hygiene improved. Inspections of the camp area were made by the Chinese medical personnel once or twice monthly and corrective action was taken on any deficiencies noted. The quarters were sprayed with DDT solution twice monthly, mosquito netting was issued to each of the prisoners in June and July, the windows in the quarters were covered with cheese cloth. This aided somewhat in reducing the fly problem. Double-deck bunks were made by the prisoners and this increased considerably the available room space in the quarters. Atabrine was issued (2 tablets every 3 days) to all prisoners who had a history of malarial attacks during confinement.

PRISONERS CAPTURED AFTER LITTLE SWITCH - After Little Switch wounded prisoners were checked by a Chinese aidman during the first 24 hours following capture. Those not able to walk were carried by Chinese litter bearers 20 to 30 miles back an aid station where their wounds were checked again. The seriously wounded were put in Chinese hospitals until they were able to travel, and then they were sent north by truck to Camp No. 9. Camp No. 9 was located at a point about a 16 to 24 hour ride from the MLR. From Camp No. 9 the seriously wounded, in some instances, were sent to hospitals located within a day's truck ride from the camp where better care could be given than in the hospital located at the camp. In the last few weeks before repatriation the prisoners were assembled at Camp No. 9 and taken to Kaesong for repatriation. There were 36 sick and wounded, other than Korean, in the hospital at Camp No. 9. The main hospital had been bombed out on July 10, after which the patients were moved to a temporary location about one-half mile from the camp.

The aid stations near the MLR were usually located in caves. The hospitals were located in multiple mud huts in villages and in bunkers built into the side of a hill. There was one case of a very large hospital located completely underground. The aid stations were usually manned by medics with equipment carried in a medical bag, and treatment was limited to dressing wounds.

One prisoner stayed for almost a month in a six-story hospital built completely underground. This hospital was capable of holding 4 to 5 hundred patients. It was located 30 to 40 miles south of Camp No. 9. The entrance to this hospital was 100 yards or so up the side of a mountain and was reached by a pulley car on a track. The first floor housed examining rooms, operating rooms and an X-ray room. The second through fifth floors were for patients, while the sixth floor was an entertainment room for showing movies and staging shows. This patient was on the 3rd floor which was about 90 feet square. The patients were on raised blocks, with 10 patients per block and 10 blocks per room. The size of the staff was not known, but the patient observed 4 Chinese doctors who made daily rounds to see all of the patients. There were 10 to 15 nurses. This patient heard that this was the last hospital in the chain of evacuation to China. It appeared that the most attention was paid to getting casts and bandages in order and getting records straightened out. There was a turnover of about 100 patients on his ward every 3 to 8 days-.....

.....While the group was in Seoul, and again in Mampojin, a reasonably competent North Korean doctor, a pharmacist, an American medical officer, and several American medics provided medical care for the prisoners. Sick call was held daily and a few rooms were used as a hospital where the serious cases were treated. Limited quantities of medicines were available but were apparently adequate for the few patients requiring treatment. The relatively good care received ended abruptly in Oct. 1950 when Chinese troops occupied the barracks which had been used by the prisoners. This forced the prisoners to sleep outside or in severely over-crowded mud huts. The food was provided less regularly and in smaller quantities, and rice was replaced by millet. The weather was becoming very cold but no additional clothing was provided, Many acts of brutality were inflicted by the North Korean Security personnel. The prisoners were forced to

make a ten-day march during which no transportation was provided for the sick and wounded. During the march, many prisoners needed medical care, but none was provided, As a result of this harsh treatment 81 prisoners out of a group of 650 died during the ten-day march.

The discussion of the second period relates to prisoners captured between the period from Nov. 1950 and April 1951. These prisoners after their capture were frequently stripped of their shoes and/or coats. Battle casualties were neglected for many weeks, and in those few cases where care was eventually provided it was usually inadequate. The sick and wounded were required to make long marches to the rear areas. The food consisted principally of small portions of indigestible, boiled cracked corn and housing was usually in over-crowded mud huts where the men frequently could not lie down. As a result of these extremely poor conditions many persons suffered from malnutrition, dysentery, heavy louse infestation, pneumonia, and cold injuries. there were a few American medical personnel and some poorly qualified North Korean doctors with some of the groups, but medical supplies and equipment were practically nonexistent. In one group of 150 cases of pneumonia only 6 survived, and in another instance there was only sufficient medication to treat about 2 to 3% of the dysentery cases. It has been estimated that at Camp No. 5 alone these poor conditions resulted in the death of over 1,000 prisoners out of an estimated 5,000 in the camp during the period from Dec. 1950 to July 1951.

The third period relates to the care accorded prisoners from the summer of 1951 until repatriation in Aug. 1953 when the Chinese began enforcing their so-called good treatment policy toward UNG prisoners. Prisoners who required medical treatment were usually given first aid within the first few hours after capture. The prisoner's first dressings were also checked at a number of aid stations during his evacuation to the rear. If his condition warranted it, litter bearers carried him 20 to 30 miles to where there was either a Chinese or North Korean hospital or to a point where truck or ox-cart transportation could evacuate the prisoners to a hospital, Patients evacuated in this manner would be kept in the hospital until such time as their physical condition warranted evacuation to 1 of the main prison camps. These prisoners were treated on the same wards as and received treatment similar to the Chinese and North Korean patients. When surgical procedures were required they were performed only with the permission of the prisoner. It is difficult to evaluate the quality of medical care compared to Western standards because no American medical personnel capable of making such an evaluation were treated in enemy hospitals. In most instances the surgical equipment was limited, but the supply of drugs appeared fairly adequate in that penicillin and sulfa drugs, along with many paliative-type drugs were available. Moderately good aseptic technique was practiced. The surgical results obtained were fair in most cases. Food was adequate and in selected cases special diets were provided.

The quality of medical care at the camps was apparently not as good as in the regular Chinese and North Korean hospitals, but it was adequate to meet the needs of the camps after Aug. 1951. The diet improved and included rice, vegetable soup, occasionally meat, and later a variety of other foods. Adequate clothing was issued in the summer of 1951 and twice yearly thereafter. Housing became less crowded and more adequate heating was provided. Immunization commenced in early 1952 and were administered regularly thereafter. Hygiene and sanitation continued to improve. The many improvements noted in this 3rd period reduced the deaths after Aug. 1951 to practically zero.

The repatriated American medical officers described in some detail the medical problems which existed among the prisoners and the medical treatment available, A number of very interesting medical problems occurred during the various periods of internment. In 1950 and early 1951 dysentery, malnutrition, and-the effects of exposure to cold were prevalent. Many deaths occurred because of lack of medical care, From late 1951 until repatriation the general health of the prisoners improved as a result of better food, housing, clothing and medical care. Many mild vitamin deficiency diseases existed until repatriation. Few death occurred after August 1951.

The majority of the sic.k and wounded prisoners were not repatriated during Little Switch.....

Marijuana was a definite problem in Camps No. 1,3, and 5; 5 to 30% of the prisoners used it regularly. The Chinese in charge of the camps made unsuccessful attempts to stop the use of the drug.

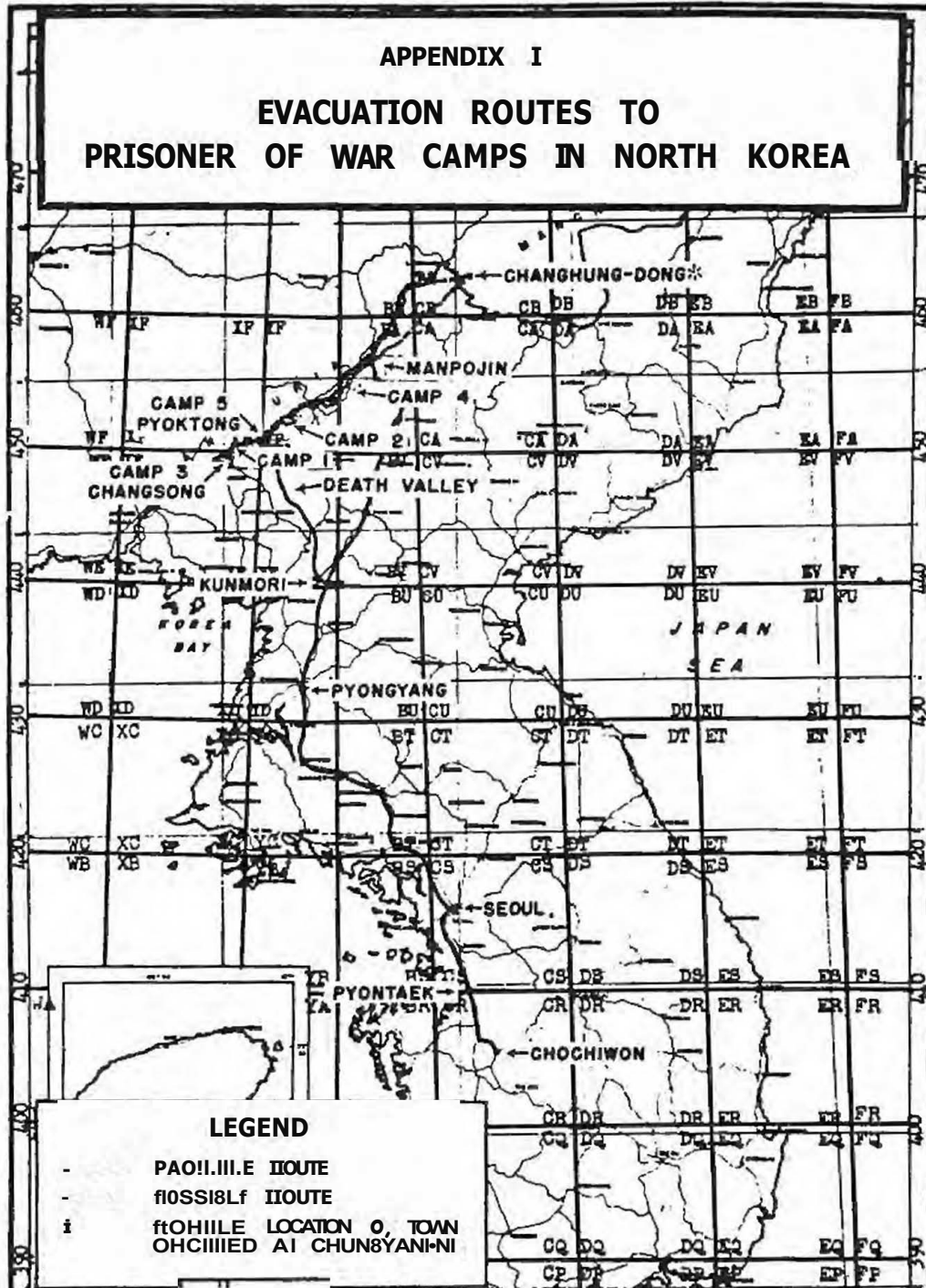
Bacteriological warfare propaganda was directed at the prisoners and the civilian

population in North Korea, but it had little effect on the prisoners. The propaganda frightened the civilian population and made them more responsive to preventive medicine and sanitation procedures.

Rather complete immunizations were carried out periodically after the early part of 1952. The immunizations were apparently quite effective and generally there were no adverse reactions except in the case of the first plague shots administered in 1952.

Several Medical Corps and Medical Service Corps personnel were known to have died during internment. Five of these were medical officers.

Conditions in the main prisoner of war camps improved following Little Switch. Prisoners captured after Little Switch were not taken to the permanent prison camps, but to Camp No. 9. The medical care afforded the sick and wounded was fairly good, was administered in regular Chinese medical installations, and was apparently of a quality equal to that provided the Chinese sick and wounded.





Escaping massacre, these liberated American soldiers rest in a truck at the Pyongyang (Korea) Airfield, awaiting their flight to Japan. The ex-POW's were suffering from hunger and fatigue when they were rescued by U. S. Forces.

ACME PHOTO · 10/26/50

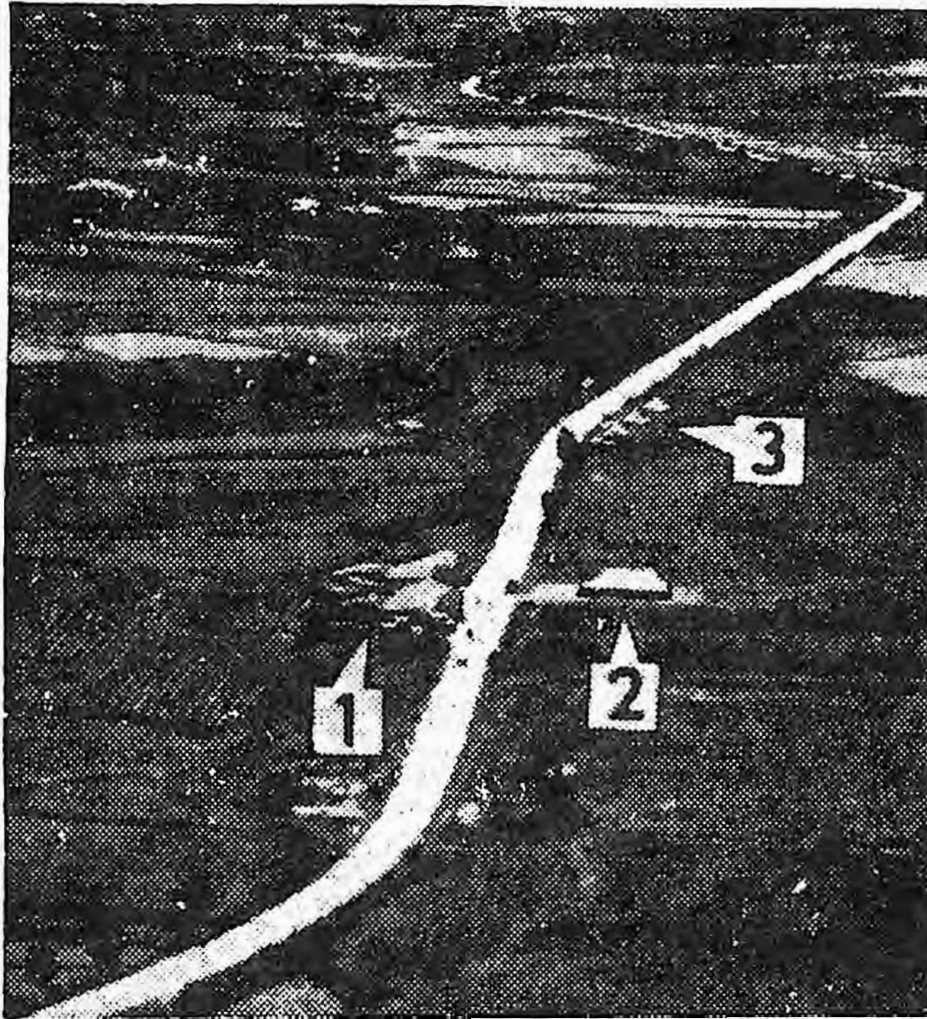


**FLYING OUT**

**PYONGYANG, KOREA:** Survivors of the North Korean's brutal massacre of prisoners outside the city of Pyongyang, are made comfortable in the Army transport plane that will evacuate them to a hospital in Japan. The crew chief distributes blankets to: (L to R): Eugene G. Jones, Herrin, Ill; Allen J. Gilford, Pemberton, N.J.; and John E. Martin, Ferndale, Mich.

(ACME PHOTO FROM US AIR FORCE) 10/25/50





**MAY BE FREEDOM ROAD FOR ALLIED PRISONERS**-This road, leading south from Kaesong to the truce site at Panmunjom village (1) in South Korea may be the highway down which Allied POWS may be escorted by the Communist captors if current negotiation for prisoner exchange become effective. Truce tent (2) has been joined by permanent buildings since this picture was taken. Group of tents for service personnel at the truce site is in center background (3). A Corporal assigned to the truce camp for the past eight months told newsmen: "It will be worth it all if we can see just *one* exchange prisoner coming down that road."

Thanks To Alfred G Brown  
Life Member 416



*Lt. Col. Clarence I. Andenon, Major Alexander M. Boysen, Capt. Sidney Eesensten, Capt. Gene N. Lam*

*a*

*Capt. William R. Shnnish, (MCI, U.S. Army)*

The following report constitutes a general recital of the experiences and observations of five American medical officers who were prisoners of war of the Communists in Korea. No attempt has been made to present this material as a scientific study. The period of observation started in July, 1950, and continued until September, 1953, when the last group of prisoners of war was repatriated. A large part of the accumulated prisoner of war experience is included. Some of the smaller groups composed largely of men who were captured after Jan. 1, 1951, were not observed directly by any of the captured medical officers.

#### THE PHASES OF CAPTIVITY

The entire period of captivity is divided into three general time phases. The first phase started with capture and ended with arrival in the first permanent camp. It was characterized by lack of food and shelter, forced marches, and exposure to the elements. Men were forced to march through snow storms without adequate clothing or foot covering. Food was supplied and prepared by the local inhabitants. Frequently there was no food for 24 to 72 hour periods. The only water available for drinking was snow or water from polluted sources, such as standing wells, creeks, and rice paddies. With few exceptions, the prisoners got to rear areas by marching and carrying the wounded, either on improvised litters or on their backs. Injuries resulting from prolonged marches and exposure to cold were common. Dysentery made its first appearance. Medical supplies were nonexistent, and treatment was limited entirely to first aid, using improvised splints and rag dressings. Most of the prisoners experienced severe mental depression.

The second phase began with the arrival at the first permanent camp and ended about October, 1951, when the first beneficial effects of the armistice negotiations were felt. This was a phase of profound deprivation of all the necessities of life. The diet was grossly inadequate. The Thanksgiving, 1950, meal of one group of 500 men furnishes a typical example. Each man received a millet ball weighing less than 200 grams, and the whole group was given soup prepared by boiling nine heads of cabbage in water. Group sanitation and personal hygiene were at their lowest levels. The men were housed in small, unheated overcrowded vermin-infested Korean farm houses. No clothing was issued until July, 1951. Medicine and medical care were inadequate, and morale reached its lowest ebb. In the face of all these conditions, sickness and death became the order of the day.

The third phase began in October, 1951, with gradually increasing quantities of food, clothing, and medicine. This period was characterized by many fluctuations in the attitude of the captors toward the prisoners, which appeared to follow changes in the political situation and the armistice conference. The diet remained inadequate in protein and vitamin content. Housing was gradually improved to a point of relative comfort, and clothing was sufficient for survival. Sanitary conditions, while never good, underwent a gradual improvement. Medical care never became adequate. Avitaminoses were prevalent.

#### MEDICAL CARE

The health of all United Nations' prisoners was neglected throughout the period of captivity. Before the onset of armistice negotiations the Communists showed no uniform desire to keep the prisoners alive. By the spring of 1951 the food shortage had become so acute that weeds growing adjacent to the prison compound were harvested and eaten. Most of the serious disease epidemics occurred during the first year of captivity. Pneumonia and dysentery were epidemic at this time. Some of the captured medical officers were allowed to see patients. Medicinal and surgical supplies, however, were obtained on a day-to-day basis. The so-called hospital compounds were frequently the oldest buildings in the camp. The patients slept and lived on the floors of these filthy, crowded compounds. It was common for them to awaken in the morning and find that the man sleeping on either side had died during the night. No provision was made for the prisoners to be properly clothed, and their diet was always poor. At times they were put on a special diet consisting of an unseasoned preparation of soupy rice.

Penicillin and the sulfonamides were available sporadically and in such small quantities that it was not possible to treat all who needed these drugs. On one occasion we were given 2 million units of aqueous

penicillin for the treatment of approximately 100 cases of pneumonia. Our captors refused to allow more than 6 gm. of sulfonamide for the treatment of any single pneumonia patient. Frequently, the only medicaments available were cough tablets for pneumonia and charcoal tablets for dysentery. Surgical problems were handled in an equally haphazard manner. It was necessary to wait several weeks to obtain a few surgical instruments and the barest minimum of anesthetic materials. Incision and drainage of abscesses was usually carried out without anesthesia, by using improvised instruments, such as a knife made from the arch of a combat boot.

Deaths—Virtually all of the deaths in the Communist prisoner of war camps were caused directly or indirectly by starvation, exposure, and the harassment by the enemy. The lack of medicaments was not the most important factor. During the first month or two of captivity most of the deaths occurred among the wounded. During the succeeding three to five months most of the men died either from pneumonia or dysentery, or from a combination of these two. After the first five or six months of captivity the majority of deaths occurred among persons suffering from pellagra or beriberi. During one five-month period there were between 5 and 28 deaths per day in one camp in North Korea. None of these men had illnesses that would have caused death had they been under normal conditions.

After October, 1951, the prisoners were put on a subsistence diet and were given sufficient clothing and reasonably warm housing. All of the men continued to suffer from periodic loss of day and night vision, and bleeding from soreness of the mouth and lips. There were occasional cases of pneumonia and dysentery. Sickness and death became so common during the first year and a half of captivity that the prisoners began to feel that any sickness would be fatal. In an attempt to overcome this attitude, the captured physicians coined a very unfortunate term, "give-up-itis." The use of this term had its desired immediate effect on the prisoners. It made them realize that the individual's fighting spirit had to be maintained at a high level for him to survive any illness. The term, "give-up-itis," has recently gotten wide circulation in the public press. The erroneous impression has been created that prisoners of war who were in good physical health gave up and died; this is not true. Every prisoner of war in Korea who died had suffered from malnutrition, exposure to cold, and continued harassment by the Communists. Contributing causes to the majority of deaths were prolonged cases of respiratory infection and diarrhea. Under such conditions, it is amazing, not that there was a high death rate, but that there was a reasonably good rate of survival.

**Chinese Physicians.**—During the summer and fall of 1951, all of the British and American doctors were gradually replaced by Chinese. Most of the Chinese doctors exhibited a wide range of medical incompetence. Most of them had a maximum of six months' formal schooling, and we saw only one physician who appeared to be well trained. The Chinese doctor who was put in the most responsible position was one who was best oriented politically. The average Chinese doctor who conducted sick call in the prisoner of war camps elicited only the chief complaint and prescribed medicine for symptomatic relief. It was a general rule that only one symptom would be treated at a time; therefore, if a patient suffered from night blindness and diarrhea, it was necessary for him to decide which of these complaints was bothering him more before he went on sick call. He would not be treated for both conditions.

The Communists introduced us to several unusual types of medical treatment. One Chinese doctor used a series of short needles attached to spring vibrators for the treatment of pain. The needles were placed in the skin around the painful area and then were made to vibrate. As one might suspect, some cases of back pain and headache were cured by this treatment. At one time a Chinese doctor decided that all of our visual disturbances were caused by glaucoma. He injected hypertonic sodium chloride solution subconjunctivally. Another notable treatment, was used for avitaminosis. Bile was obtained from the gallbladders of pigs when they were butchered, and it was then dispensed to all who complained of vitamin deficiency disorders. This treatment had its desired effect in keeping patients away from sick call. In the summer of 1951 a great Russian panacea

was used in treating 56 seriously ill patients. This consisted of the subcutaneous transplant of small pieces of chicken liver that had been incubated in a weak solution of penicillin. These patients were immediately put on an attractive, high calory, high protein, high vitamin diet. In all cases, the chicken liver either sloughed through the operative site or became a hard, tender nodule. None of these men died, and we were thus allowed to witness another miracle of soviet medical science.

#### INDOCTRINATION

The most important single consideration that placed the prisoners of war in North Korea apart from any other group of American prisoners of war was Communist indoctrination. This indoctrination had a profound effect on the general health of the group. The medical profession and the American people as a whole have a great deal to learn from a study of the techniques, purposes, and effectiveness of Communist indoctrination as it was used on Americans in North Korea. There is no reason to believe that the Communist indoctrination techniques that were used on the prisoners or war were different in any way from the general pattern of indoctrination that is being used in Communist-dominated countries today. It is important to realize that every aspect of the daily life of the prisoner, from the moment of capture to the time of release, was part of the general plan of indoctrination. At the time of capture, each prisoner was given the general theme of indoctrination: "We are your friends. Your conditions of living are bad now, but we will work together to improve them. We will correct the errors in your thinking. Once you have learned the truth, we will send you back to your families."

**Steps in Indocrination-**The first necessary step was to break down the normal resistance to an alien ideology. This was accomplished by keeping the prisoners cold, hungry, and in a state of disorganized confusion until each person realized that resistance meant starvation and death. It was emphasized repeatedly that the prisoners were no longer members of the armed forces of their nation, and all attempts to maintain a military organization were harshly punished. The planners of this indoctrination program did not condone the shooting of large numbers of prisoners. Instead, they resorted to starvation and exposure to cold. After a few months of this treatment the resistance of the survivors had softened. The second phase of indoctrination consisted of an intensive formal study program. For a period of approximately one year, most of the waking hours of the prisoners were spent in some form of supervised study. Food was gradually improved and more clothing was issued. It was made painfully clear to each prisoner that living conditions would be improved only so long as there was no resistance to the study program. The formal study program consisted of an endless repetition of two main themes; first, that the United States government is imperialistic, run by and for the wealthy few, and second, that Communism reflects the aims and desires of all the people and is the only true democracy. The main propaganda technique that was used was ceaseless repetition of the main theme.

During the third phase all formal studies were stopped. The groundwork had been laid, and, to a large extent, the purposes of the indoctrination program had been fulfilled. Books, pamphlets, and newspapers became available in quantity. During this time, the Chinese conducted many individual and small group interviews. They attempted to find points of individual susceptibility on such grounds as race, religion, or economic status. The most intensive subject for special indoctrination was the bacteriological warfare hoax. Throughout the period of captivity there were many instances of individual brutality. Solitary confinement, beatings, withholding food and water, and exposure to cold were common punishments. Resistance leaders were taken away from the main body of prisoners and kept either in solitary confinement or in small groups of recalcitrants. No one escaped the indoctrination program. When a captured medical officer stated that he had no interest in politics, he was told, "Up to this time your education has been incomplete. You have only learned how to cure. We Communists will teach you whom to cure."

**Purposes.**-The indoctrination program had a two-fold purpose: first, the selection and conversion of susceptible persons, and, second, group neutralization. During the first year of captivity there was a continual regrouping of prisoners in an attempt to isolate resistance groups. They were separated according to rank and later according to national and racial groups. There were a few persons

who eventually accepted the Communist ideology, but they constituted only a small minority of any single group. The second purpose of indoctrination, group neutralization, was far more important and somewhat more successful. The Communists fostered discontent and distrust within the groups. So long as there was no unity of purpose, there could be no effective resistance.

#### COMMENT

The experiences of this group, therefore, form a valuable basis for the understanding of Communist aims and techniques. Many persons in the United States are probably guilty of a certain smugness about the possibility of Communism actually taking over our Country. It is worth while to keep in mind two well-known facts: first, no country has ever been taken over by Communists because the majority of the people in that country wanted it; second, no country once it has been taken over by Communism has ever reverted to another form of government. Communist tyranny has been maintained by the application of indoctrination techniques similar in every respect to those that were practiced on the prisoners of war in North Korea. A relatively small group of Communists with a definite plan would have little difficulty in wresting power from a government that is paralyzed by a coalition of small groups concentrating on their own short-sighted self-interests.

The people of the United States must realize that the spread of Communism anywhere in the world, whether by armed aggression or by internal infiltration, constitutes a dire threat to our survival as a nation. Americans must work against Communism by being vigilant; they must work for democracy by constantly striving toward the democratic ideal of an enlightened people participating in their government. Physicians have an influence that is often of proportion to their numbers. That influence should be used to fight Communism by intelligently promoting democracy.

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Read before the Section on Military Medicine at the 103rd Annual Meeting of the American Medical Association, San Francisco, June 24, 1954.

POW

THE FIGHT CONTINUES AFTER THE BATTLE

THE REPORT OF THE SECRETARY OF DEFENSE'S **ADVISORY** COMMITTEE

ON PRISONERS OF WAR      AUGUST 1955

OFFICE OF THE SECRETARY OF DEFENSE  
WASHINGTON 25, D.C.

Defense Advisory Committee on Prisoners of War

Dear Mr. Secretary:

Your Defense Advisory Committee on Prisoners of War has been in constant session for the past two months and is pleased to submit this report of its deliberations and findings.

We are certain that many persons have expected this Committee to recommend courses of action which would be as revolutionary as the speed and techniques of the latest guided missile or jet aircraft.

However, our task deals with human beings and the Nation. We can find no basis for making recommendations other than on the principles and foundations which have made America free and strong and on the qualities which we associate with men of integrity and character. It is in this common belief that we have determined on courses of proposed action which we are convinced are best for the United States and for its position among free nations.

The Code of Conduct we recommend sets a high standard and a reasonable course for members of the Armed Forces of the future. The conscience and heart of all America are needed in the support of this Code, and the best of training that can be provided in our homes, by our schools and churches and by the Armed Forces **will** be required for all who undertake to live by this Code.

America no longer can afford to think in terms of a limited number of our fighting men becoming prisoners of war and in the hands of an enemy in some distant land. Modern warfare has brought the challenge to the doorstep of every citizen and so the Code we propose may well be a Code for all Americans if the problem of survival should ever come to our own main streets.

And then too the United States must constantly be aware of her high position of world leadership, and the Code we propose must consider the standard of the Ten Commandments and of our Constitution, as well as our pledge to the United Nations.

No Code should overlook the watermarks of America's greatness or bow to the easier courses which might entrap more easily our men as alleged war criminals and weaken their fiber for the many ordeals they may face. We must bear in mind the past and future significance of the reservation made by Soviet Russia and other Communist nations to Article 85 of the Geneva Conventions of 1949 on prisoners of war.

Past history, the story of Korea and the crises which faced our prisoners of war in that conflict from capture through Operation Big Switch and after, were all carefully considered and are presented in our report. The prisoner of war situation resulting from the Korean War has received a great deal of adverse publicity. As is stated in our account, much of that adverse publicity was due to lack of information and consequent misconceptions in regard to the problem.

A few statistics may prove reassuring to anyone who thinks the Armed Forces were undermined by Communist propaganda in Korea.

A total of about 1,600,000 Americans served in the Korean War. Of the 4,428 Americans who survived Communist imprisonment, only a maximum of 192 were found chargeable with serious offenses against comrades or the United States. Or put it another way. Only 1 out of 23 American POWs was suspected of serious misconduct.

The contrast with civilian figures tells an interesting story. According to the latest F.B.I. statistics, 1 in 15 persons in the United States has been arrested and fingerprinted for the commission, or the alleged commission, of criminal acts.

When one realizes that the Armed Forces come from a crosssection of the national population, the record seems fine indeed. It seems better than that when one weighs in

the balance the tremendous pressures the American POWs were under. Weighed in that balance, they cannot be found wanting.

We examined the publicly alleged divergent action taken by the Services toward prisoners repatriated from Korea. The disposition of all cases was governed by the facts and circumstances surrounding each case, and was as consistent, equitable and uniform as could be achieved by any two boards or courts. As legal steps, including appeals are completed and in light of the uniqueness of the Korean War and the particular conditions surrounding Americans prisoners of war, the appropriate Service Secretaries should make thorough reviews of all punishments awarded. This continuing review should make certain that any excessive sentences, if found to exist, are carefully considered and mitigated. This review should also take into account a comparison with sentences meted out to other prisoners for similar offenses.

In concluding, the Committee unanimously agreed that Americans require a unified and purposeful standard of conduct for our prisoners of war backed up by a first class training program. This position is also wholeheartedly supported by the consensus of opinion of all those who consulted with the Committee. From no one did we receive stronger recommendations on this point than from the former American prisoners of war in Korea--officers and enlisted men,

In taking this position and recommending this Code, it was pointed out to the Committee, and the Committee agrees, that in return America must always stand behind every American upon whom befalls prisoner of war status and spare no reasonable effort in obtaining their earliest possible release back to our side.

Sincerely,  
(signed by all the committee)

The Honorable Charles E. Wilson  
The Secretary of Defense

#### BACKGROUND

##### The Fortunes of War

Fighting men declare it is neither dishonorable nor heroic to be taken prisoner. In the sense that the victim does not covet it, but finds himself unable to avoid it, capture is an accident. Often, like a motor crash, it comes as complete surprise. Often, too, it is accompanied by injury. Nearly always the upshot is painful and in the end it may prove fatal. And, as is the case with many accidents, it is "bad luck."

FIGHTING MEN SPEAK OF "THE FORTUNES OF WAR." IN COMBAT, LUCK CANNOT SMILE ON ALL PARTICIPANTS. SOME ARE BOUND TO LOSE. THE MAN TAKEN CAPTIVE IS ONE OF THE UNLUCKY--A SOLDIER OF MISFORTUNE. THAT CAN BE ONE DEFINITION FOR WAR-PRISONER.

But the prisoner is always a soldier, adversity despite. Fortune can change. In the U.S. Submarine Service there is the maxim: "Luck is where you find it." The POW must keep on searching. It may come by way of chance for rescue or chance for escape. Opportunity or luck may favor him through prisoner exchange. They also serve who only stand and wait. The Lord helps those who hustle in the meantime.

These are the views of fighting men. And of men who have been prisoners of war--those who have "had it." Their convictions, derived from experience, serve to dispel a popular fallacy--the misconception that a prisoner of war is, perforce, a hero. Conversely they do not chalk his capture down to inferior performance. Everything depends on the individual and the circumstances involved,

##### Public Interests and Misconceptions

Clearly one should not generalize about POWs, lump them all into a single slot, or jump from "some to all" conclusions. Public opinion tends to settle for generalities because they are convenient. The "single slot" is easy to handle. The some-equals-all deduction, quickly arrived at, does not entail bothersome thinking. But these handy and quick devices serve to distort factuality, Misconceptions result. If, in addition, there has been misinformation or lack of information, public opinion may go far askew.

In the case of American POWs--in particular, those taken prisoner in Korea--misconceptions are abundant. For the most part they are based on erroneous generalities and some-equals-all deductions. Too, for reasons which will become clear, the public has heretofore not been fully informed on the details necessary for balanced judgment.. ,..

## A Code of Conduct

Although all the Services had regulations, the U.S. Armed Forces have never had a clearly defined code of conduct applicable to American prisoners after capture. There are piece-meal legal restrictions and regulations but no comprehensive codification. However, despite this lack of a code, American troops have demonstrated through all wars that they do not surrender easily, they have never surrendered in large bodies and they have in general performed admirably in their country's cause as prisoners of war.

## THE AMERICAN FIGHTING MAN AND KOREA

### THE KOREAN BATTLE

Our cause was simple and just, but our objectives in the Korean War were frequently confused in the public mind.

The Korean War had three aspects. There was the Civil War aspect--North Koreans fighting South Koreans for control of a divided country. There was the collective aspect--the first United Nations' attempt to stop a treaty breaking aggressor. And there was the Cold War: aspect--the Western powers blocking the expansion of Communist imperialism.

The causes of the war, United Nations' objectives and the need for: American intervention were not clearly delineated in the public mind. This lack of understanding prevailed among citizens and American fighting men.

The Communists attempted to exploit to the fullest this condition in both international propaganda and in dealing with our prisoners of war.

Armed with Soviet weapons, North Korean Communist forces invaded South Korea on June 25, 1950. Six days later a battalion of the U.S. 24th Infantry Division was rushed to Korea from Japan. The division was soon in action against the enemy on the outskirts of Seoul.

The United States began a piecemeal build-up of the fighting forces in Korea. The first units to reach Korea were not well prepared for combat. Thousands of reserves were flown to Korea. Many were veterans of World War II, but five years at a factory or office job can slow up a man's trigger finger. However, by November 1950, the North Koreans had been completely beaten, their capital was in Allied hands, and their remnant forces were scattered and disorganized. The victory was almost at its climax when the Chinese Red avalanche crashed over the Yalu,

That was on October 25th. A month later the Chinese opened a massive counter-offensive hurling our forces into retreat. Early in December, American and Allied Forces were trapped at the Chang-Jin Reservoir, By fierce fighting they broke the trap and fought their way to Hungnam where they were evacuated. There ensued a winter of back-to-wall battling in subzero cold, It was during this gruelling period that most of the American POWs were captured.

### IMPRISON LENT, NORTH KOREA

During the Korean War a total of 7,190 Americans were captured by the enemy. Of these, 6,656 were Army troops; 263 were Air Force men; 231 were Marines; 40 were Navy men. The Army bore the heaviest burden of prisoner losses.

The captives were marched off to various prison camps in the North Korean interior. Altogether there were 20 of these camps.

### "DEATH MARCHES"

The first ordeal the prisoner had to suffer--and often the worst--was the march to one of these camps. The North Koreans frequently tied a prisoner's hands behind his back or bound his arms with wire. Wounded prisoners were jammed into trucks that jolted, dripping blood, along broken roads. Many of the wounded received no medical attention until they reached the camp. Some were not attended to until days thereafter.

The marching prisoners were liable to be beaten or kicked to their feet if they fell. A number of the North Korean officers were bullwhip barbarians, products of a semi-primitive environment. Probably they had never heard of the Geneva Conventions or any other code of war. The worst of this breed were responsible for the murder of men who staggered out of line or collapsed at roadside. They were particularly brutal to South Korean captives. Evidence indicates that many ROK prisoners were forced to dig their own graves before they were shot (an old Oriental custom applied to the execution of

criminals), Some Americans, with hands tied behind back, were shot by enemy.

So the journeys to the prison camps were "death marches," Especially in the winter of 1950-1951 when the trails were knee-deep in snow and polar winds flogged the toiling column. On one of these marches, 700 men were headed north. Before the camp was reached, 500 men had perished.

#### FACILITIES, FOOD, AND CARE WERE POOR

The camps were what might be expected in a remote corner of Asia. Prisoner rations were scanty--a basic diet of rice occasionally leavened with some foul kind of soup, The Red Chinese and Korean authorities pointed out that this Larder conformed with the rules of the Geneva Conventions--the prisoner received the same food as the soldiery holding him captive, Of course, the Chinese were inured to a rice diet. The average American could not stomach such fare. Sickness broke out in the camps, Many of the men suffered long sieges of dysentery.

The next suffered much from cold in winter and heat in summer. Water was often scarce; bathing became difficult. Barracks were foul and unsanitary,

In the best of the camps the men behind the barbed wire were sometimes given tobacco, a few morsels of candy, occasional mail, As will be noted, such items were usually offered as rewards for "cooperative conduct."

A few Red Cross packages got through. However, the enemy consistently refused to permit the International Red Cross to inspect prisoner of war camps. There was good reason.

#### CAMPS VARIED FROM BAD TO WORSE

In the worst of the camps, the prisoners existed by the skin of their teeth and raw courage, Men in the "bad" camps were known to lose 50 pounds weight in a matter of weeks.

The "bad" camps included the so-called "Bean Camp" near Suan, a camp known as "Death Valley" near Pukchin, another camp called "The Valley," apparently in the vicinity of Kanggye. Among the worst camps were the "Interrogation Center" near Pukchin and a neighboring disciplinary center called "The Caves." This last was literally composed of caverns in which the men were confined. Here they were forced to sleep without blankets. Their food was thrown at them. There were no latrine facilities. In "The Caves" the prisoners were reduced to a degree of misery and degradation almost unbelievable. Those sent to "The Caves" were prisoners accused of insubordination, breaking camp rules, attempting to escape, or committing some other crime (so-called). The testimony of survivors suggests that the "crime" was seldom fitted by the punishment. Some men who refused to talk to military interrogators were threatened with, or sent to "The Caves."

#### "PAK'S" WAS NO PALACE

Possibly the worst camp endured by American POWs in Korea was the one known as "Pak's Palace." This was a highly specialized interrogation center located near the city of Pyongyang, The place was a brickyard flanked by Korean houses. It was a North Korean establishment dominated by a chief interrogator, Colonel Pak. Pak was ably assisted by a henchman who came to be called "Dirty Pictures" Wong by the POWs.

The camp was under the administration of a Colonel Lee, and there were several other interrogators on the team. But Pak and Wong were symbolic of the institution, Pak was a sadist, an animal who should have been in a cage, The team employed the usual questionnaires, the carrot-and-prod techniques to induce answers. Failing to induce them, they contrived to compel them. The "Palace" wanted military information. Coercion was used as the ultimate resort. And for Pak, coercion began soon after a prisoner refused to talk. Then Pak would use violence, Abusive language would be followed by threats, kicks, cigarette burns, and promises of further torture.

Several U.S. Army and Navy officers were questioned at "Pak's Palace," A few Army enlisted men went through this brickyard mill. The great majority of POWs held there were Air Force officers. They took a bad beating from Colonel Pak.

But the prisoners found ways to get around the beating. One way was to convince the captors that you were dumb, stupid, the low man in your class. Undergoing interrogation, one officer convinced his inquisitors that he was the stupidest officer in the service, He was awarded a contemptuous slap, and that was about all.

To the surprise of some prisoners at the "Palace," the interrogation team would some-

times open up with a wild political harangue. Then came the word that the enemy had established a system of indoctrination courses. The prisoner might start the hard way--and be punished by restricted rations and other privations. If he began to show the "proper spirit"--to cooperate with his captors--he was lectured and handed Communist literature. A docile prisoner who read the literature and listened politely to the lectures, was graduated to a better class. Finally he might be sent to "Peaceful Valley." In this lenient camp the food was relatively good. Prisoners might even have tobacco. And here they were given all sorts of Marxian propaganda. The graduates from "Peaceful Valley" and others who accepted Communist schooling were called "Progressives." Prisoners who refused to go along with the program often remained in tougher circumstances. They were considered "Reactionaries."

But the enemy followed no rigid system. Rather, his treatment of prisoners was capricious. Sometimes he showed contempt for the man who readily submitted to bullying. The prisoner who stood up to the bluster, threats and blows of an interrogator might be dismissed with a shrug and sent to quarters as mild as any--if any prison barracks in North Korea could be described as mild.

All in all, the docile prisoner did not gain much by his docility--and sometimes he gained nothing. The prisoner who defied Pak and his breed might take a beating, but again he might not. The ordeal was never easy. But things weren't easy either for the combat troops battling out there in the trenches, .....

#### THE TURNCOATS

The 21 turncoats who decided to stay with the Communists--here was another group of "exceptions." Their number included men accused of informing--which suggests a good reason for electing to remain in the enemy's country. Evidence indicates that few of these 21 were "sincere" converts to Communism. Expediency, opportunism, and fear: of reprisal doubtless influenced some of the group .....

#### PRISONERS UNRECOVERED

The Korean Armistice Agreement contained a proviso that "each side would directly repatriate all those prisoners of war who desired repatriation." The Communists did not honor this agreement. After repatriation operations were concluded, the U.N. command listed 944 servicemen as "missing" and presumably in enemy hands. Nineteen of this number were finally accounted for by the Communists. By our own U.S. efforts this list has been reduced to 470, some of whom we have reason to believe were at some time in the hands of the enemy. In the United Nations, the United States has consistently demanded an accounting for them.

THE COMMITTEE BELIEVES THAT THE COMMUNISTS SHOULD BE HELD STRICTLY ACCOUNTABLE FOR THE 470 MEN STILL MISSING IN ACTION. INFORMATION INDICATES THEY WERE AT ONE TIME OR ANOTHER IN COMMUNIST HANDS.

All have been declared legally dead. Nevertheless, the Communists should account for them in accordance with a signed agreement with the United States.

The Communists admitted holding 15 Air Force men and two Department of Defense civilian employees. Their detainment was a direct violation of the Armistice Agreement and the Geneva Convention.

#### CONCERN OF EX-PRISONERS

The Committee also concerned itself with the question of service men who were discharged at the close of the Korean War--men who have been returned to civilian status. Also repatriated POWs who may have remained in uniform.

Because of the misconduct charges brought against a small number of POWs, and the accusations of misconduct levelled at a slightly larger number, some of the former POWs may have grown uneasy about the matter. The Committee considers that no man with a clear conscience need worry about a possible charge.

The repatriated POW has been entitled to special compensation for the period of his confinement. Every repatriated POW could receive this money by applying for it, with this exception: The war-prisoners who voluntarily, knowingly, and without duress gave aid to, collaborated with, or in any manner served the enemy, are excluded. All repatriated prisoners who receive this compensation have been cleared of any such misconduct charge.



THE ROAD AHEAD FOR AMERICA AND THE ARMED FORCES

TOTAL WAR FOR THE MINDS OF MEN

America must view the Communist treatment of captives as but another weapon in the world-wide war for the minds of men. The nation must recognize the duplicity of an enemy which pays no more than lip service to the Geneva Conventions.

However, the United States cannot oppose duplicity with a similar policy. To do so might be fighting fire with fire. But the United States refuses to sacrifice principle for expediency. Such a justification of means for end would mean the abandonment of the cause for which American fights. The national conscience would revolt at such a solution.

The nation must continue to oppose Communism, or any other treat to Democracy, with American weapons and principles. The machines of war are assured by American enterprise, science and industry. The principles, home-forged by America's founders, are more than an heirloom heritage for showcase display. They are precepts which must be practiced if the nation is to remain the guardian of man's liberties that it is.

The responsibility for the maintenance and preservation of the United States and all it stands for is one which must be shared by every citizen. Every American is in the front line in the **war** for the minds of men .....

THE RECOMMENDED CODE OF CONDUCT .....

No prisoner of war will be forgotten by the United States. The support and care of dependents of prisoners of war is prescribed by law. Every practical means will be employed to establish contact with, to support and to gain the release of all prisoners of war, .....

I

I am an American fighting man. I serve in the forces which guard my country and our way of life. I am prepared to give my life in their defense.....

II

I will never surrender of my own free will. If in command I will never surrender my men while they still have the means to resist, .....

III

If I am captured I will continue to resist by all means available. I will make every effort to escape and aid others to escape. I will accept neither parole nor special favors from the enemy.....

IV

If I become a prisoner of war, I will keep faith with my fellow prisoners. I will give no information or take part in any action which might be harmful to my comrades. If I am senior, I will take command, If not, I will obey the lawful orders of those appointed over me and will back them up in every way .....

V

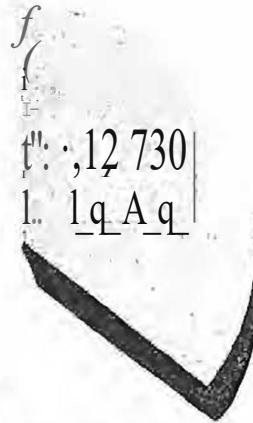
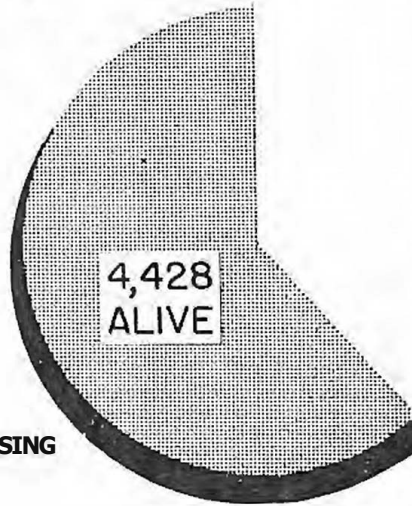
When questioned, should I become a prisoner of war, I am bound to give only name, rank, service number, and date of birth. I will evade answering further questions to the utmost of my ability. I will make no oral or written statements disloyal to my country and its allies or harmful to their cause.....

VI

I will never forget that I am an American fighting man, responsible for my actions, and dedicated to the principles which made my country free, I will trust in my God and in the United States of America.....

**OUT OF 1.6 MILLION IN KOREAN CONFLICT  
7,190 WERE CAPTURED**

20 JULY 1955  
NO 1



**AN ADDITIONAL 470 WERE MISSING**

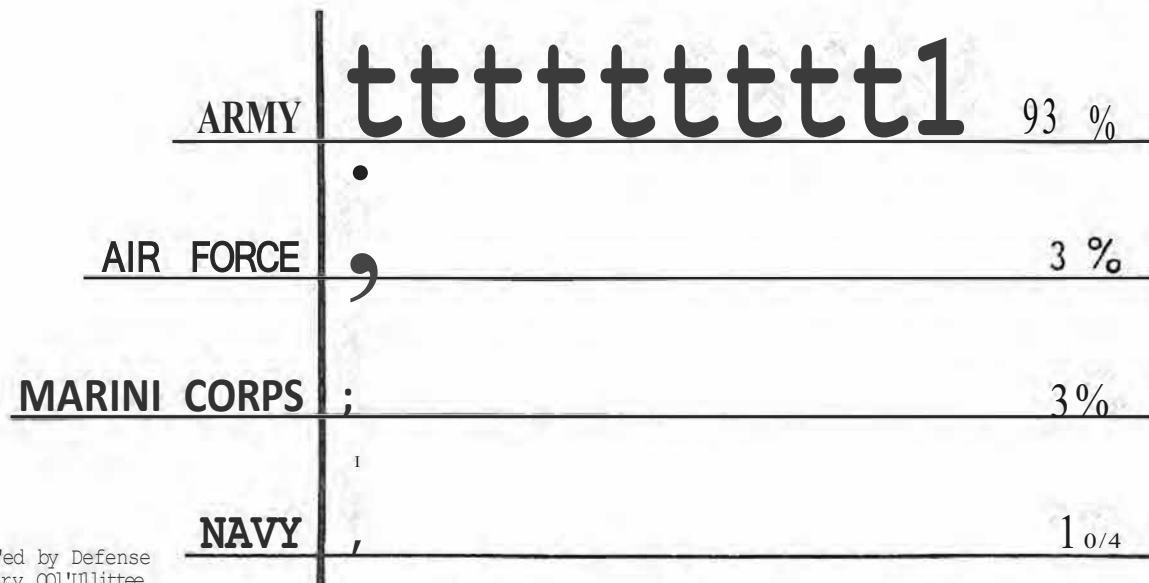
- 21 Refused Repatriation
- 11 Retained by the Communists Against Their Will (Subsequently Released)

Prepared by Defense  
Advisory Committee  
on Prisoners of War

8

**7,190 CAPTURED - KOREA**

20 JULY 1955  
NO 2



Prepared by Defense  
Advisory Committee  
on Prisoners of War

COMMUNIST INTERROGATION, INDOCTRINATION AND EXPLOITATION  
OF AMERICAN MILITARY AND CIVILIAN PRISONERS

REPORT OF THE COMMITTEE ON GOVERNMENT OPERATIONS  
made by its  
PERMANENT SUBCOMMITTEE ON INVESTIGATIONS

December 31, 1956--Filed under authority of the order of the Senate of  
July 27, 1956, and ordered to be printed  
United States Government Printing Office, Washington, 1957

Mr. McClellan, from the Committee on Government Operations,  
submitted the following

REPORT

Made by its permanent subcommittee on investigations.

INTRODUCTION

What is brainwashing? Were the American prisoners of war in North Korea brainwashed? Has the Department of Defense taken any action to prepare American soldiers for such treatment as their Chinese captors inflicted? These were some of the pressing questions confronting this country and which led to an investigation and hearing by the subcommittee.

Brainwashing is a loose term difficult if not impossible to define with exactness. It means many things to many people. It has been interpreted by some to be a mysterious and irresistible type of treatment based on certain psychological knowledge possessed by the Communist countries. To others it is continuous interrogation of prisoners, and to still others brainwashing is a misnomer for certain police practices that have existed for many years. Through the subcommittee hearings we attempted to portray the type of treatment received by our prisoners of war from the Communists which is popularly known as brainwashing. We hope that through these hearings and this report the American public will have a better understanding of the Communist methods of interrogation and indoctrination. How these methods originated, what are the purposes, how they are applied, how much success is achieved, are questions for which the subcommittee has attempted to find some answers. We feel that it is only through an understanding of this problem that we can hope to meet and solve it. Ignoring it, pretending it does not exist because what is revealed may be embarrassing, can lead only to disaster.

During the Korean war which started on June 25, 1950, 7,190 American troops were captured by the Communists. Of this number, 6,556 were Army, 263 were Air Force, 231 were Marine Corps, and 40 were Navy. Only 4,428 of these prisoners were repatriated to the United States. In December 1953 hearings of this subcommittee on Korean war atrocities established that several thousands of American prisoners died or were murdered in prisoner of war camps. The present investigation of the Communist method of interrogation and indoctrination supplements these earlier hearings but relates to an entirely different phase in the lives of prisoners and one which has never been explored.

The armed services of the United States have had various studies made of what happened in Korea to the American prisoners of war and have willingly furnished much of these studies to the subcommittee. We wish to acknowledge the full cooperation of the Army, Navy, Air Force, and Marine Corps, as well as the Department of Defense, in furnishing this information and for the help and assistance given to this subcommittee during the investigation and hearings.....

ARMY

In December 1953 this subcommittee held hearings on "Korean war atrocities" wherein wherein testimony was heard from a large number of soldiers who had been prisoners of war. Those prisoners who were not deliberately murdered at the time of capture were beaten, wounded, starved, and tortured. They were humiliated, molested, publicly displayed and ridiculed before the civilian populace. They were forced to march long distances without benefit of adequate food, water, shelter, clothing, or medical care. Testimony during those hearings developed the circumstances surrounding the Hill 303 massacre, the Bamboo Spear Case, the Naedae murders, the Chaplain-Medic massacre, the

Kaesong massacre, as well as forced marches of prisoners of war.

The present investigation supplements those hearings. It has to do with the treatment afforded American prisoners by the Chinese Communists from the standpoint of interrogation, indoctrination, and exploitation.

Testimony was received that 6,656 prisoners of war in the Korean conflict were members of the United States Army. Only 3,323 were repatriated to this country. The rest of the prisoners died, were murdered, or are still prisoners of the Chinese Communists.

It is the official position of the United States Army that the procedures and practices employed by the Chinese captors were not brainwashing. In a pamphlet entitled "Communist Interrogation, Indoctrination, and Exploitation of Prisoners of War," issued by Department of the Army in May of 1956, the following appears on page 51:

Reports of the treatment of American prisoners of war in Korea have given rise to several popular misconceptions, of which the most widely publicized is "brainwashing." The term itself has caught the public imagination and is used, very loosely, to describe any act committed against an individual by the Communists. Actual "brainwashing" is a prolonged psychological process, designed to erase an individual's past beliefs and concepts and to substitute new ones. It is a highly coercive practice which is irreconcilable with universally accepted medical ethics. In the process of "brainwashing," the efforts of many are directed against an individual. To be successful, it requires, among other things, that the individual be completely isolated from normal associations and environment. Several celebrated cases of authentic "brainwashing" have been reported during the last decade in Communist Europe and recently in China. However, it is obvious that such a time-consuming, conditioning process could not be employed against any sizable group, such as a prisoner-of-war group, because of the excessive time and personnel required. In Korea, American prisoners of war were subjected to group indoctrination, not "brainwashing." Many POW's were put in solitary confinement for various reasons, such as punishment for infractions of camp rules. However, this type of isolation was not used in conjunction with any "brainwashing" process. The exhaustive efforts of several Government agencies failed to reveal even one conclusively documented case of actual "brainwashing" of an American prisoner of war in Korea. [Underlined supplied]

Essentially, the Chinese had four goals with regard to their prisoners of war. The first was to secure propaganda materials for psychological warfare efforts. The second goal was to extract valuable military information from the prisoners. A third was to attempt to convert our men to communism as a way of life. The fourth was to undermine the American prisoners' faith and trust in his country, his Government, and his political leaders. In support of their main objectives, there were also other objectives which had more direct effects on the lives of the prisoners. The Chinese Communists attempted to organize a net of informers in order to facilitate control of the prison population. They attempted to recruit collaborators to assist them in implementing their indoctrination program. These collaborators would give propaganda lectures, would write articles, or would attempt to talk other prisoners into signing peace petitions.

The Korean war started in June of 1950. The Chinese assumed control of the Communist military operations soon after they entered the conflict in October of 1950. The technique employed against the prisoners that is described herein came into existence only after the Chinese entered the conflict.

Most of our fighting men in Korea were well aware of the fantastic brutalities committed against American prisoners of war by the North Koreans from July 1950 until October 1950. The Chinese, in setting up their organization, adopted a so-called lenient policy and the organized physical brutalities generally ceased. However, as pointed out elsewhere in this report, there was a deliberate plan on the part of the Communist Chinese whereby poor food, poor clothing, and inadequate medical attention resulted in a tremendously large number of deaths of prisoners for the period ending either in the spring or early summer of 1951. In the main though, where physical brutalities and tortures were used in connection with indoctrination or interrogation, it was the exception rather than the rule.

The techniques used by the Chinese were very similar to those utilized by the Rus-

sians in the treatment of German prisoners of war in 1941 and the Japanese prisoners in 1945. In fact it was established at the hearings that although prisoners were handled by the Chinese, the treatment of prisoners was direct by the Russians.

The hearing established that Soviet Russia had key personnel in every major section of the Communist prison command. There was a Russian who served as liaison for interrogation and indoctrination. Several Soviet propaganda experts actively supported the Chinese in this phase. One such expert was from the Moscow Academy of Propaganda where career Communist propagandists are especially trained.

In addition to the Soviets serving on the propaganda staff, two western newspapermen served as advisers to the Communist propaganda chief, These were Allen Winington, a foreign correspondent for the London Daily Worker, and Wilfred Burchett, an Australian newspaperman. They were primarily responsible for the preparation of propaganda in a manner that would be most acceptable to the Western World,

It was these two western newspapermen who were primarily responsible for the preparation of the Chinese propaganda for the United Nations prisoners and worked actively with English-speaking prisoners in order to try to persuade them to accept communism and betray their own countries.

A major command was set up by the Chinese Communists under a full general for the interrogation, indoctrination, and exploitation through propaganda of the American prisoner. This unit was known as the educational and training section.

The Chinese established a very rigid system of segregation. Prisoners were segregated according to rank, according to race, and according to nationality. Officers were segregated from the enlisted men in an attempt to destroy any positive leadership in the enlisted men's camps. Segregation served two other purposes. First, for control of the prisoners, and second, to achieve their objective, that is, to make a direct appeal to certain national groups and racial groups. Indoctrination material was tailored to fit the particular group.

Shortly after capture, prisoners were marched to areas called collecting points. There the prisoners were assembled, briefed, and then assigned to permanent compounds. An English-speaking Chinese Communist officer would give a so-called welcome address, which consisted of an accusation against the United States for its participation in the war, While there, the prisoner was subjected to his first interrogation and he generally executed a form on which he listed his unit, his next of kin, his social and economic status, and the name of his commanding officer.

After he was placed in a permanent camp, the interrogations continued and were more or less constant, being intermingled with the courses on indoctrination. The purpose of the interrogations was to obtain valuable military information. Harassment, deception, repetition, walking conferences, and writing essays and personal histories, were some of the techniques used, Thus, the prisoner might be called for an interview at odd hours of the day and night, might be awakened from his sleep or summoned during meals. He might be approached by individual interrogators on a friendly basis and invited to go for a walk around the compound, One of the most widely used methods in obtaining information was the writing of long, comprehensive essays on any phase of American life. Many of these documents gave information about other prisoners. The enemy studied these essays and always called the prisoner back for clarification which automatically gave more information to the enemy.

Indoctrination was conducted by trained, skilled, and dedicated Communists. It consisted of two phases, the first characterized by violent attacks on the United States and our economic system, and the second characterized by the technique of comparison. During the first phase, they attacked the political and military leadership of the United States. They said that General MacArthur had resigned to become chairman of Remington-Rand to make rifles to kill innocent Koreans. They said that Glenn L. Martin does not make aircraft for civilian use, but makes bombers. They claimed that the United States had violated the U.N. Charter, These are but a few examples,

Throughout the second phase, which took place in the permanent compound, we have again harassment, repetition, and humiliation of the prisoner. These indoctrination courses were compulsory and lasted for a period of approximately 1 year, during which period of time interrogations were in progress. The courses were given under the following titles: "Cause of the Korean War," "The 60 Big Families in the United States," "The U.N. Charter and the U.N. Organization," "Admission of the New China to the U.N.,"

"Profits by Wall Street," "Illegality of Truman's Order Moving Troops into Korea," "Capitalism," "Capitalism At Its Highest Stage," "Decline of Capitalism," "Socialism," "Construction of New China," and "Capitalists of World War II." They were aimed at exploiting the system in the United States and fostering the Communist cause.

The indoctrination program also contained a very heavy diet of Communist news. Among the publications which were available for reading was the New York Daily Worker and a number of other Communist American publications.....

Mail has always been a tremendous moral factor to the prisoners. The Communists established a system of releasing only letters whose contents reflected bad news. Letters bearing good news from home generally were not delivered, This created worries and loneliness on the part of the prisoner.....

One of the aims of the Chinese Communists, handling the American prisoners, was to make them accept communism as a social and economic system above and beyond their prior beliefs. Basically all of the American prisoners were subjected to this indoctrination program. Only 7 percent gave any indication of accepting any part of the ideology of their captors, and only 1 percent could be regarded as being converted to communism to any extent.

There was no pattern established as to geographical location, religious conviction, education, or the like on the part of the American prisoner.

It is important to note that the type of behavior, of accepting a reward in return for cooperation with the enemy, of collapsing in the face of the enemy's blandishments and coercion did not take place in the middle of a metropolis like Washington, but in the environment of deprived, physically and psychologically sick conditions which existed in the Korean prison compounds.

#### MEDICAL TREATMENT

Maj. Clarence L. Anderson, who was a prisoner of war in Korea for 34 months, and 4 other American physicians, who were prisoners, made a comprehensive study of their experiences along medical lines. He testified that from the start of the Korean war until the spring or summer of 1951, 38 percent of all prisoners of war died, These deaths were to a great extent attributable directly to the treatment by Chinese Communists.

Food consisted mainly of corn or millet resulting in the average prisoner losing 40 to 50 percent of his body weight. There was much illness associated with this malnutrition; in fact, many prisoners died of starvation.

Stephen S. Jackson, Assistant General Counsel of the Defense Department, testified that the total personnel imprisoned by the United Nations Command in Korea was 173,219, The total number who died while in United Nations Command custody was 3,432. This percentage of death of prisoners in our custody is lightly less than 2 percent as opposed to the 38 percent who died in the hands of the North Koreans and Chinese Communists. The prisoner-of-war food ration established by the United Nations Command was designed to take into account the national diet of the prisoner and to be of such quality and quantity as to maintain the prisoner's weight and health. Approximately 2\ pounds of food was issued to each prisoner per day and consisted of rice, barley and wheat, vegetables, fish, meat substitute for fish, dried beans or lentiles, and condiments.

Major Anderson said that no supplementary clothing was issued to American prisoners captured in the summer of 1950. Housing for the most part consisted of typical small Korean farm buildings constructed to mud with a thatched straw roof. These houses had been abandoned by the North Koreans and were in an extremely poor state of repair. As a result, a number of prisoners froze to death during the winter when temperatures got down to 30 degrees below zero.

American prisoners who were doctors were allowed to practice medicine during the first several months of their imprisonment, but only under the auspices of their captors. The medicine issued to them was totally inadequate. As an example, in one case enough penicillin was issued to treat only 1 individual [or pneumonia, when in fact, there were 100 cases. Anesthetic equipment and surgical equipment was available rarely and then only for brief periods of time. As a result, operations were performed by American doctors in many cases without anesthesia. Surgery was usually done in a mud hut with no adequate preparation for the sanitation of the room. The medications that were available were never of sufficient quantity to be of any particular importance.

The hospital compounds were totally inadequate. There was no provision for nursing

of the men who were hospitalized. Cold air entering the hospital from spaces between boards resulted in an unhealthy situation. For all practical purposes, the hospital was the death house.

In the spring of 1951 the American physicians were prohibited from practicing medicine and were subjected to indoctrination. The Chinese felt that they were not properly indoctrinated on how to cure illness and specifically, they did not know what types of people on whom they should practice medicine and try to save.

The Chinese doctors were not properly trained for their job. On the average, their medical training consisted of from no formal training whatever to approximately 6 months in a hurry-up aid-man course designed for bandaging, which is somewhat similar to the course we give to our aid-men. Many experimental operations which are not recognized by the medical profession were performed.

Many persons who would come to sick call complaining of a pain in any part of his body was treated by the so-called needle doctor. This treatment consisted of a short, rather blunt needle connected to a spring device and handle which was placed under the skin in various parts of the head of the patient. After the needles were so placed, the doctor would thump the handle of the needle so that the spring would cause a vibration. This treatment was expected to cure almost any ailment. It had the practical result of keeping prisoners from reporting sick to Chinese doctors,

Another practice was the administration of chicken liver. In this case a piece of chicken liver, approximately the size of a 25-cent piece, was implanted in the prisoner under the skin on the right side of his chest. Allegedly, this treatment was designed as a cure-all. Prisoners selected for this treatment were men suffering for the most part from malnutrition and various diseases associated with malnutrition. The treatment was purely voluntary but many prisoners took it, even though the chicken liver might cause infection because the Communists increased the diets and the caloric and vitamin content of the food for those who would volunteer and to these soldiers who were virtually starving to death, it was worthwhile.

#### AIR FORCE

Dr. Herman J. Sander, Director of the Maxwell Field Research Unit of the Air Force Personnel and Training Research Center, was in charge of a study of the nature of Communist exploitation techniques experienced by Air Force prisoners. Of 263 Air Force personnel who were captured, 235 were repatriated to the United States.

Dr. Sander testified that most of the Air Force prisoners were not subjected to the same group indoctrination that the Army was. Practically all of the Air Force personnel were considered by the Communists as useful subjects for special attention. The primary objective of the Chinese was to use them for propaganda purposes, particularly in connection with genn-warfare confessions. However, they were also selected for a very thorough interrogation for military information,

The reasons for the special emphasis placed by the Chinese appears to be threefold: (1) Air Force personnel would logically be selected as susceptible to charges of having dropped germ warfare, (2) amongst captured Air Force personnel there would be a higher percentage of officers and therefore a greater potential for propaganda purposes and for intelligence, and (3) Air Force personnel generally are more knowledgeable as to the military situation than ground force personnel and have a higher degree of training and technical skill. For these reasons Air Force personnel were subjected to special treatment.

During the early period of the Korean war, prior to the entry of the Chinese, Air Force personnel generally were placed in solitary confinement in crude shacks, holes, caves. The holes were often half filled with water. Neglect, malnutrition, and failure to provide medical treatment for wounds caused a large number of deaths.

With the advent of the Chinese into the conflict and their assuming control, the interrogations became more thorough, calculating and rational. Each prisoner would have one interrogator virtually living with him. There was a tremendous emphasis on getting detailed background information on the individual. The Communists desired to know to what organization or clubs the prisoner belonged, what his parents did, how much property he owned, and the kinds of recreational activities in which he participated.

The effects of political indoctrination as contrasted to interrogation upon Air Force personnel was practically negligible because so few were kept in the mass camps where it went on.

Because the Communists wished to give them special intensive interrogation, most of the Air Force prisoners, both officers and enlisted men, were placed in a special officers' camp about October 1951. Here while being interrogated the prisoner would be placed in a hut with no contacts except his guard or interrogator. Interrogation sessions ran for as long as 61 hours without relief.

Dr. Sander said that on February 21, 1952, the Communists' worldwide germ-warfare campaign went into high gear. Air Force prisoners, captured after January 1952, underwent a very severe treatment, solitary confinement in small huts and caves, lack of medical attention, inadequate food existed, but the pressure from the standpoint of interrogation was constant,

Forty-eight Air Force personnel were subject to this coercive interrogation after January 1952, primarily with a view to obtaining false confessions on germ warfare. A total number of 59 Air Force prisoners were subjected to some pressure; 38 actually made some kind of confession, and the Communists used 23 for propaganda purposes, publicizing them throughout the world. Films of statements of six were shown as part of their major propaganda effort.

Fifteen percent of those pressured agreed to confess after 1 month or less. Others held out for an extremely long period of time, and many refused to give the Communists any kind of statement even after 24 weeks of interrogation,

Dr. Sander testified that the methods were so severe that if any blame was to be assessed upon the returnees it should be placed upon the Communists rather than upon the personnel who returned. He stated that the use of the word "brainwashing" has been greatly misinterpreted. He testified that the system used by the Communists in Korea was neither mysterious nor irresistible.....

#### MARINE CORPS

Col. William N. Frash, United States Marine Corps, testified that 227 marines were captured during the Korean war, and 196 were repatriated to the United States. Marine prisoners were segregated as to officers and enlisted men and were billeted in the same compounds as Army prisoners. They were subjected to the same treatment as Army prisoners insofar as indoctrination, interrogation, and exploitation were concerned.

Three marines were subjected to action by the military for their collaboration. Two went through a court of inquiry and were cleared subject to restricted assignments, and the third was given a letter of reprimand and released from the Marine Corps.

Colonel Frash said that none of the other marines who were prisoners are known to have collaborated with the Chinese Communists or North Koreans. None, in fact, participated in the Central Peace Committee, the Communist publication Toward Truth and Peace, in Communist-sponsored oratorical contests, in Communist debating societies, or in Communist-sponsored plays. Fourteen marines admitted signing petitions, but a thorough investigation satisfied the Marine Corps that these men had not degraded themselves or their country.

During the period of their captivity, the marines assisted each other and maintained their military organization within the prison camp. For the most part they took an interest and cared for their fellow marines who were in difficulty. The existence of a strong discipline, a well-organized chain of esprit de corps and faith were given credit for the very commendable showing of the Marine prisoners of war.....

#### GENEVA CONVENTION VIOLATIONS

Testimony was given by Lt. Col. Robert F. Grabb, International Affairs Division, Office of the Judge Advocate General of the United States Army, that at the outbreak of the Korean conflict, the North Korean and South Korean governments and Communist China had not been signatories to the Geneva Convention of 1949, and, therefore, were not bound by it. The United States, which was a signatory, did not have the United States Senate's consent to its ratification and therefore was also not bound. The International Committee of the Red Cross in Geneva, Switzerland, however, urged upon the participants in the conflict the acceptance of the provisions of the convention.

On July 4, 1950, Syngman Rhee of South Korea announced that his Government would recognize the convention. On July 5, 1950, the United States Government announced its intention to abide by the terms of the convention. On July 13, 1950, the Minister of





PRISONERS OF WAR

by RAYMOND W. MURRAY, M.D., Medical Consultant, V.F.W.

It is most appropriate that special attention and consideration be given to the experiences of veterans who have been, or who are prisoners of war in enemy prisons, camps or concentration areas for variable periods of time ranging from a few months to many years. It is extremely difficult to realistically evaluate the physical, mental and emotional effect of such imprisonment on the veterans. There are many variables in individuals with respect to physical and mental reaction and resistance, and equally variables in short term and long term effect of prisoner of war experiences. Presently the national conscience is constantly being reminded of prisoner of war imprisonment, and the physical and mental effect of malnutrition, deprivation, degradation, torture, punishment, lack of communication and little or no medical care and attention. Suffering, torture, malnutrition and disease have been described in detail by escapees, survivors and various observers internationally concerned with prisoner of war evaluation and welfare. It must be remembered that prisoners of war receive little or no care and attention, medical or otherwise, individual records are not kept and communication with home, loved ones or friends is practically non-existent. The provisions of the Geneva Convention are consistently ignored and while it is known that hundreds, perhaps thousands of Americans are prisoners of war at the present time, very few individual names are known and contact through recognized international sources is impossible. No one has factual knowledge of the hundreds that die as prisoners of war. They are disposed of and forgotten, and records are nonexistent. With the end of hostilities repatriation calls attention to prisoner of war survivors and the evidence of man's inhumanity to man. Malnutrition, starvation, avitaminosis, dysentery and the multitude of diseases, parasitic and otherwise suffered become evident. Tuberculosis is a common experience together with other respiratory and metabolic diseases. It is exceedingly important to evaluate the emotional, mental and neurological condition of every repatriate, as prisoners of war frequently suffer changes in their personality with intellectual deterioration, loss of memory, lack of concentration, fatigue and mental disturbances. This "syndrome" is a progressive one and results in further deterioration in time. More will be said of the prisoner of war syndrome later. Memory is short and the experiences of one generation are rapidly forgotten in the next. Memory is also personal and while time may soften suffering, the memory and the effects remain, at times becoming more significant with the passage of years.....

It is most alarming, but significantly apparent, that effects of torture, starvation, malnutrition, mental stress and maltreatment of prisoners of war in World War II and the Korean Conflict are only just now becoming evident. Few, if any, statistics are available with respect to individual experiences as prisoners of war. Following the cessation of hostilities prisoners were repatriated. The evidence of torture, atrocities, starvation, malnutrition, disease and mistreatment both physical and mental was obvious, based on observation, statements by the individual and affidavits by comrades. These are the only records, .., .., .. There was seeming rapid recovery in the great majority of cases and these men were returned to duty or discharged as physically fit and without apparent disability.

In the period immediately following World War II relatively few claims were made to the Veterans Administration, for recurrent illness, or disorder, based upon prisoner of war experiences or for latent manifestations significant of, or due to, prisoner of war conditions. Ten to fifteen years ago it became increasingly apparent that prisoner of war service connected claims were, percentage wise, significantly higher. Such problems are never ignored by those charged with responsibility for veterans care and benefits, primarily the V.A., the Congress and Veterans Organizations. It was quite evident that few statistics were available to permit proper evaluation of such claims and medical history of disease, illness and latent complications offered little factual scientific help. The questions that were raised with respect to the possible lasting effects on the health and mental condition of prisoners of war, from the severe priva-

tions suffered, offered an excellent opportunity for research on such questions, Accordingly the Veterans Administration requested the National Research Council to develop a program of epidemiologic and follow-up studies on U.S. servicemen who were prisoners of war in World War II and the Korean campaign. Such research and investigation has been most revealing and significantly representative contributions of this program here, and in foreign countries, together with authoritative medical texts will be considered in this article, These studies afford a current evaluation of ex-prisoners of war with respect to what extent their prison experiences have affected their survival, their health and their adjustment to civilian life and peacetime environment .....

In February, 1970, M. Dean Nefzger published an article: - Follow-up Studies of World War II and Korean War Prisoners, in the American Journal of Epidemiology, This work was within the program of follow up studies on veterans developed by the National Research Council and financed by the Veterans Administration. The report was a continuation of the work of Cohen and Cooper, extending the follow-up to about 20 years and including Korean prisoners in a follow-up of about 12 years. Again I shall summarize the report with respect to particularly pertinent findings, observations and conclusions. The report indicates that prison experience is a manifold of inadequate food, exposure, disease, physical abuse, and emotional torment. The findings of Cohen and Cooper were confirmed and, further, it was shown that mortality among Korean prisoners was 40 percent greater than expected, and was in general higher than their World War II counterparts, Tuberculosis and cirrhosis of the liver were found to be the cause of significantly higher mortality than in control groups, suggesting a direct effect of infection during imprisonment or an indirect effect of later infections which are a reflection of lowered resistance, as a consequence of malnutrition, In 12 years of follow-up, statistics indicated a far greater percentage of mortality among Japanese and Korean prisoners of war than in comparable control groups. It was concluded that the apparent excess of deaths from diseases of the digestive system, including cirrhosis, resulted from malnutrition during imprisonment, .....

.. In many cases, the effects of such malnutrition would escape detection in ordinary physical examinations because some symptoms are not as detectable as they are in such disorders as beriberi and pellagra. Moreover, the after effects of malnutrition vary and, in certain cases do not show up until long after the prisoners of war have been released from confinement .....

It has been stated that medical authorities have incorporated in current textbooks of medicine effects of malnutrition and deprivation both in the civil population and in prisoners of war. Both short term and long term effects are described, and the fact that symptoms may not be apparent for years is repeatedly described, and the fact that symptoms may not be apparent for years in repeatedly stressed. I would cite Cecil-Loeb Textbook of Medicine, 12th Edition (7) where under the heading undernutrition, starvation hunger edema and anorexia nervosa, it is indicated that prolonged inadequate caloric intake is accompanied by progressive loss of adipose tissue and body protein causing lassitude, loss of ambition, hypotension, collapse and death. When survival is possible long term effect is observed in anorexia nervosa and in terminal cancer, particularly of the esophagus, and wasting diseases .....

From the text Cardiovascular Disorders 1968 (8) it is indicated that beriberi heart disease, while rare in the United States, is found in the Orient, in prisoner of war camps and is due in large measure to lack of thiamine which interferes with the removal of pyruvic acid in carbohydrate metabolism. Clinical features are variable and there is no laboratory diagnosis possible.

From the textbook Heart by Luisada (9) page 404 - "Malnutrition and starvation may be followed by severe cardiovascular disturbances. Prolonged starvation causes reduction of size and decreased functional capacity of the heart"--"Prolonged protein and carbohydrate starvation and electrolyte imbalance seem to be responsible for these changes even without vitamin deficiency. (9) .....

There are thousands of veterans who are former prisoners of war, many from World War I, many more from World War II and the Korean campaign. The references cited in this article have definitely indicated that residuals of prison experience in World War II were far more significant than in World War I and further that disabilities and residuals were much greater in those who were prisoners of the Japanese in World War II than in prisoners from the European or Mediterranean area.

Significantly prisoners of the North Koreans suffered equally if not more than those of World War II. .... It should be evident from the research and data here presented that this was inevitable and to be expected. It has been shown that "prisoner of war syndrome" is a progressive one and medical and mental residuals become evident over many years, proportional to the degree of torture, mental and physical effects of malnutrition, starvation and lack of sanitation, care and suffering experienced over years of imprisonment. Korean disability claims on the basis of residuals of prisoner of war experiences are proportionately increasing and they will continue to increase proportionately as time goes on. Further deterioration in the physical and mental condition of these veterans must be anticipated and expected. Experience from World War II has proved this to be true. Understanding, sympathetic care and treatment must be given these men and complete evaluation made of their disabilities in terms of being residuals of their prisoner of war suffering.....

•,•It is the residual effect of imprisonment, not apparent at the time of release from active duty that concern me and certainly concerns the Veterans Administration. The long term physical and mental effect of starvation, malnutrition, maltreatment, disease and mental stress may at any time become significantly apparent and unfortunately not be recognized as service connected. These veterans, former prisoners of war, must remain the concern of the Veterans Administration for as long as they live and latent disability recognized as service connected from prisoner of war experience. The research and studies of former prisoners of war prove unequivocally the lasting residuals which adversely affect their health and survival.

Title 38, United States Code, "Veterans Benefits", is a codification of laws in the field of veterans' affairs coming within the jurisdiction of the Congress of the United States. These laws are amended from time to time, including compensation and pension tables. These are the laws in force, and as amended are administered by the Veterans Administration. Public Law 91-37b (S.3348) approved August 12, 1970, amended Title 38, section 310 to include the following:

"That in the case of veterans who were prisoners of war for a period of 6 months or more of the Imperial Japanese Government or the German Government during World War II, or the Government of North Korea, The Government of North Vietnam or the Viet Cong forces during the Vietnam era, and who develop certain diseases related to dietary deficiencies such as (1) avitaminosis, beriberi (including beriberi heart disease), Chronic dysentery, helminthiasis, malnutrition (including optic atrophy associated with malnutrition), pellagra, or any other nutritional deficiency, which became manifest to a degree of 10% or more anytime after such service or (2) psychosis which became manifest to a degree of 10% or more within two years from the date of separation from such service, effective January 1, 1971,"

NOTE: The following is quoted from the Report from the Committee, House of Representatives, which is interesting: "The Committee is highly sympathetic with the problems of former prisoners of war and wishes to stress its desire that the Veterans Administration administer this provision of law, as well as all existing laws and regulations on the subject, in the most liberal fashion possible,"

It is sincerely hoped that the amended version of Title 38, U.S. Code will be administered by the Veterans Administration with sympathy and sincere understanding, to "Gare [o- him who shall have borne the battle", and suffered the consequences as a prisoner of war.

- (1) Osler, William, Alarming Effects of World War II Torture Camps Coming to Light - Editorial, The Forum, Fargo, North Dakota, Saturday November 9, 1968.
- (4) Nefzger, M. Dean, Follow-up Studies of World War II and Korean War Prisoners: American Journal of Epidemiology, Vol. 91, No. 4 - 1969, pgs. 123-138.
- (7) Beeson, Paul B., M.O., and McDermott, Walsh, M.D., Cecil-Loeb Textbook of Medicine, 12th Edition, Volume II - pgs. 1149-1157 and pg. 1608.
- (8) Brest, Albert, N., M.D., and Hoyer, John H., M.D., Cardiovascular Disorders - 1968 - F.A. Davis Co., pgs. 860-861.
- (9) Luisada, Aldo A., M.D. - Heart - 2nd Edition - 1954 - The Williams and Wilkins Company, Baltimore, Maryland.

FOLLOW-UP STUDIES OF WORLD WAR II & KOREAN WAR PRISONERS

II. MORBIDITY, DISABILITY, AND MALADJUSTMENTS, by GILBERT W. BEEBE

This review is by Perry M. Nealis, Ph.D. of the University of Wisconsin, Department of Psychology. Mr. Nealis also wrote "Is the POW's Life a G.A.S." which appeared in the March 1975 issue of the Bulletin.

The specific causes of immediate and longterm effects of captivity on the repatriated prisoner of war are difficult to identify because of the multidimensional nature of such stress. The prison experience may include numerous components such as malnutrition, social and perceptual deprivation, disease, and physical abuse. Any of these conditions taken singly, or collectively, could be the etiologic factor in certain illnesses that persist beyond the actual period of captivity.

To further complicate diagnosis, the medical histories of prisoners of war for the period of imprisonment are rarely available to medical investigators who seek to identify specific causes of illnesses that appear related to the prison experience. A method of study which is often employed, however, is a follow-up procedure that involves repeated observations of the patient made at periodic intervals following repatriation. These observations may include physical examination, mental health questionnaires, analysis of health records, and similar data collection procedures, . . .

The third follow-up study of World War II and Korean War Prisoners was reported by Beebe in 1975. Hospital admission rates for these men were compared with controls from 1946 to 1965 (1954 to 1965 for PWK's [Prisoners of War of Korea]), Symptoms, disability and maladjustments were analyzed in 1966-1967 for all groups as well. Approximately 1000 PWJ's (Prisoners of the Japanese) and PWK's and about half that number of PWE's (Prisoners in Europe), were included in Beebe's study. Study questionnaires, VA files, and the Cornell Medical Index Health Questionnaire were employed in the data collection procedure, . . . . .

In general, PWK's reported weight losses and visual symptoms of malnutrition to about the extent as did PWJ's. Although just one-fourth of the PWK's had malaria, more than half of the PWK's reported one or more symptoms of intestinal diseases. Pain in the lower extremities was also experienced by a majority of PWK's . . . . .

Hospital admissions for these groups tended to reflect the severity of their prisoner experience. The PWJ was hospitalized an average of one and one-half times between 1946 and 1965. This figure was almost identical for PWK's. For PWE's the hospital admission rate was about half that of PWJ's and PWK's.

Beebe also compared ex-prisoners of war with controls as to the causes of hospitalization from 1946 to 1965 (1954 to 1965 for PWK's). World War II Pacific prisoners of war tended to be hospitalized more frequently than controls for infective and parasitic diseases, nutritional disorders, and mental disorders. The same comparison for PWK's revealed similar trends toward hospitalization more often for infectious disease and for mental disorders than for other causes, PWE's generally did not differ from controls with respect to causes of hospitalization, except for a three-year period immediately after World War II when a significantly high number of PWE's were admitted for psychoneurotic or personality disorders.

Hospital admission rates for individual diagnosis were also reported to Beebe. Forty-two diagnostic categories were included such as respiratory diseases (e.g., tuberculosis), nervous disorders (e.g., diseases of brain and peripheral nerves), endocrine disorders (e.g., diseases of lymph nodes), heart diseases (e.g., arteriosclerotic heart disease), and psychiatric problems (e.g., anxiety and psychoneurosis). Ex-Prisoners of war were compared with controls by statistical methods for each of forty-two diagnostic categories.

This analysis revealed some startling results . . . PWK's differed from controls in fourteen of the forty-two categories with the greatest differences found in diagnosis of pulmonary tuberculosis, dysentery, infestations (e.g., worms), and anxiety reaction. PWE's rates exceeded control rates in only four of the categories: anxiety reaction, psychoneurosis, nervousness, and upper gastro-intestinal tract symptoms. Again, these findings suggested that the severity of the prison experience for PWJ's and PWK's was more pronounced in some respects than for PWE's.

The Cornell Medical questionnaire revealed that PWJ's and PWK's also reported a greater number of complaints about their health than did PWE's. While PWE's did not differ significantly from controls on the various survey items, PWJ's and Pt-IK's more frequently complained of fatigue, dizziness, headache, muscle pain and sleep disturbance. This trend of increased morbidity among PWJ's and PWK's was also reflected in compensation diagnosis for VA he.nefits. Both groups had a higher percentage of cases in a majority of the diagnostic categories than did non-POW-veterans. For example, PWJ's and PWK's were more frequently diagnosed as having beriberi, peptic ulcers, pulmonary tuberculosis, skin diseases, and psychiatric disorders than controls. PWJ's were particularly high in number for VA diagnosis of arthritis (7%), conditions of the spine (2%), malaria (27%), and diseases of the digestive system other than peptic ulcers (25%).

In summary of Beebe's study, it appears that PWJ's and Pt-IK's experienced unusually high numbers of health problems due to infectious and parasitic diseases, PWE's were more fortunate in this regard although these men were hospitalized quite frequently for psychiatric disorders, in fact, to about the same extent as PWJ's and PWK's. It can also be noted that medical diagnosis correlate well with the POW's reports of personal health during captivity. Although this correlation does infer cause, it does lend credibility to the accuracy with which ex-prisoners of war can recall in detail their health problems during captivity.

Morbidity and disability appear to be elevated for ex-prisoners of war relative to control veterans and civilians.. Perhaps the most remarkable difference between ex-prisoners of war and controls is the seemingly long-lasting psychiatric disorders common to the E'OW. Additionally, PWJ's and PWK's apparently suffer from persistent diseases of the infectious and parasitic type.....

.....These findings taken collectively are not surprising in light of the official Army casualty figures for prisoners of war: only 60% of PWJ's and PWK's survived to repatriation whereas 99% of PWE's survived captivity.

These survival rates suggest that the repatriated prisoner of war may have been of better-than-average physical health and emotional stability. If this is the case, then the excess morbidity experienced by these men in the years that follow repatriation is quite alarming. If for no other reason than this, it would seem appropriate to devote additional study to health problems experienced by ex-prisoners of war.

In closing, it should be noted that the findings discussed here are based on summary data that are contained in the three follow-up studies previously cited. One must exercise caution in generalizing from these results, which are based on group averages, to individual cases because individual differences often are greater than group averages suggest. In other words, the individual should view his particular case independently of any other case, but he should seek adequate medical advice and treatment with consideration given to the infonnation contained in these follow-up studies.

Reference: Beebe, G.. Follow-up studies of World War II & Korean War., II. Morbidity, disability and maladjustments. American Journal of Epidemiology, 1975, 101(5), 400-422.

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 NEWSPAPER CLIPPI'NGS

One remembers a comment by George S. Schuyler, concerning the release of Gen. William F. Dean from a communist prison camp. The Chinese psychologist who had been trying to break him said: "General don't feel bad about leaving us. You know we will soon be with you. We are going to capture your country." Asked how, he replied: "We are going to destroy the moral character of a generation of your young Americans, and when we have finished you will have nothing with which to really defend yourselves

against us." Those are powerful words to remember. And as has been said they provide, beyond doubt, the single best explanation of what's really happening.

U.S. WAR DEAD	
Revolutionary War	4,435
War of 1812	2,260
Mexican War	13,271
Civil War	364,511
Spanish-American	2,446
World War I	116,516
World War II	409,399
Korean War	54,246