



## When Intelligence Made a Difference

— COLD WAR —

### Medical Intelligence Mission to North Korea, March 1951

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Historians have long observed that war brings disease: plague (Peloponnesian war), typhus (Napoleon's Russian campaign), and cholera (Crimean War), as examples. In early 1951, during the Korean War, intelligence sources inside North Korea reported a mysterious deadly epidemic called "black death." American commanders became alarmed that bubonic plague was present in Korea. If true, an immediate, large-scale public health response would be required to mitigate the impact of plague on UN military operations and prevent the spread of the disease among the civilian population. In March 1951, US Army doctor Brigadier General Crawford F. Sams, Medical Corps (MC), led a remarkable medical intelligence gathering mission into enemy territory to confirm the true nature of the disease.

During World War II, the United States Army developed a robust "medical intelligence" program collecting information on health and sanitary conditions in potential areas of military operations, enemy medical capabilities, medical causes of combat non-effectiveness, epidemic diseases, and enemy biological warfare plans. Such intelligence was used, for instance, by planners to limit the effect of communicable diseases on friendly forces, for civilian public health during post-conflict relief operations, and to exploit weaknesses in the enemy's military medical system for psychological warfare operations. With the hasty post-war military demobilization, the Army medical intelligence program was skeletonized. Until mid-1951, nearly a year into the Korean War, Far East Command lacked medical intelligence officers to collect and analyze information on health conditions inside enemy territory.

In September 1950, after nearly being pushed off the Korean Peninsula by the North Korean People's Army, United Nations Command forces under General Douglas MacArthur launched a bold amphibious operation at Inchon, South Korea to liberate Seoul and cut off the enemy's retreat north. Within a month, UN forces continued their offensive past the 38th parallel, the boundary between North and South Korea, and advanced northward towards the Yalu River and the Chinese border. With the prospect of defeating the North Korean army and unifying the country, American troops, it was said, would be "home by Christmas."

Despite numerous indicators warning of Communist Chinese military intervention if UN force approached the Yalu, US intelligence failed to recognize the entry of thousands of Chinese "volunteers" into North Korea. In late November, Chinese forces attacked the Eighth Army north of the Chongchon River. At Chosin Reservoir, X Corps fought a desperate fighting withdrawal against the Chinese in subzero temperatures before being evacuated by sea at Hungnam. By January 1951, Eighth Army had withdrawn below the 38th parallel. The communists recaptured Seoul and paused to refit.



By early 1951, UN forces had regrouped for a counteroffensive starting in the west and expanding eastward. In late February and early March, Eighth Army, under General Matthew Ridgway, commenced Operation KILLER and Operation RIPPER. These operations aimed to recapture Seoul, restore South Korea's prewar boundaries, and were a prelude to further offensive operations north. This was the prevailing military situation at the time of the initial reports of a mystery disease in North Korea.

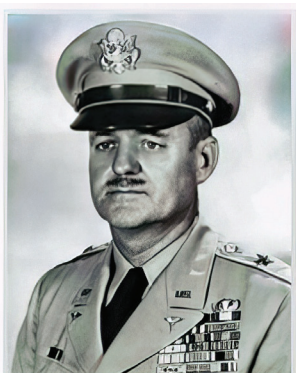
Many factors contribute to the occurrence of wartime epidemics. The COVID pandemic reminds us that humans are excellent transmitters of disease. Communicable diseases do not respect geographic boundaries or military frontlines. War exacerbates the dissemination of disease due to the breakdown of public health systems, inadequate access to clean water and food, climate, crowded living conditions, and the intermingling of large numbers of civilians (refugees) and military personnel. Highly transmissible diseases like cholera and smallpox, left unchecked,

can spread like wildfire in susceptible populations and severely strain public health resources. Many Chinese and North Korean prisoners were found to be infected with typhus, typhoid, and smallpox. Interrogations confirmed disease as a significant medical cause of combat non-effectiveness among communist troops.

On 25 February 1951, CIA HUMINT sources operating in northeast Korea radioed the first indication of an outbreak of infectious disease of unknown cause near the coastal city Wonsan. The illness was characterized by fever, headache, back pain, and running sores and was called *heugsabyeong* (“black death”) by local doctors. Thousands of enemy soldiers and civilians were reported to be infected and communist authorities had instituted severe control measures.

Back at MacArthur’s Tokyo headquarters, reports of “black death” raised alarm bells. While plague, a disease caused by the bacteria *Yersinia pestis*, was endemic in Manchuria, it was not found in North Korea but may have been introduced by Chinese soldiers and spread by refugees. *Yersinia* is transmitted from rodents to humans by fleas and causes fever, chills, painful swollen lymph nodes (“buboes”), large black skin ulcers, septic shock, and death – hence “black death.” Pneumonic plague is the deadliest form, spread by aerosolized respiratory droplets.

Confirmation of plague would have significant consequences for UN military operations and civil affairs. American troops in Korea were not typically vaccinated against plague and, even then, only short-term immunity was conferred by available vaccines. Large-scale production of vaccine would need to begin immediately to ensure enough doses for friendly forces and the civilian population. Furthermore, since 1949, the Chinese had accused the United States with conducting biological warfare in Asia. An outbreak of an unusual infectious disease provided grist for their insidious propaganda and deflected from severe deficiencies in the communist public health system. Refuting such charges would require medical facts.



<https://arsof-history.org/icons/sams.html>

Since October 1945, Brigadier General Crawford Fountain Sams, MC, had served as Chief, Public Health and Welfare Section, General Headquarters, under General MacArthur, the Supreme Commander for the Allied Powers. General Sams, age 48, was an experienced Army

physician and former Middle East theater surgeon in World War II. In Tokyo, he was responsible for rebuilding the public health system of war-torn Japan during the occupation. After June 1950, he also oversaw public health for the United Nations Command in Korea.

In reviewing the intelligence reports, Sams noted the lack of medically trained agents. While they were adamant that the disease was not typhus, they could not provide a specific diagnosis. Interactions with foreign physicians had informed Sams that similar sounding medical terms – like typhus and typhoid – were sometimes used interchangeably for two very different diseases. Also, bubonic plague was not the only serious infectious disease that caused black skin sores. Differentiating between diagnostic possibilities required a review of a patient’s “history of present illness” and a physical examination. Conventional medical wisdom holds that 90% of medical diagnoses are made by history and symptoms alone. Proving that plague was present in North Korea would require examining one of the patients and, if possible, collecting pathological samples and performing lab tests. General Sams quickly realized that he was the only Army physician in the region with actual clinical experience with plague, and therefore, should lead a mission into North Korea to determine the true nature of the disease.

As MacArthur’s Chief of Public Health, Sams had visited the Wonsan region before the war and during the brief occupation by UN forces in 1950 and was familiar with the rugged terrain. He poured over intelligence reports and maps of the area to locate known enemy medical facilities looking for a target hospital. He consulted with the Far East Command G-2 Joint Special Operations Branch (JSOB) and the Navy to discuss methods of infiltrating a team into North Korea. He convinced MacArthur that he was the best person to lead that team.

As a qualified parachutist, Sams could have been airdropped into North Korea as other agents were, but nighttime maritime insertion from the eastern waters off North Korea with an armed CIA-Korean reconnaissance team seemed the best option. The destroyer USS *Wallace L. Lind* (DD-703) was one of several ships that provided naval support for covert special operations and intelligence teams working behind the lines. A small laboratory ship was made available to provide resources for ancillary medical testing as required to confirm any diagnosis. All team personnel, including those shipborne, would be vaccinated against plague.

General Sams’ team included Navy Lt. Eugene F. Clark and South Korean naval officer Lt. Commander

Youn Joung, on loan from the Special Operations Branch. Six months earlier, prior to the Inchon landing, Clark and Youn had led a highly successful reconnaissance of the planned assault area and were adept covert operators. Ground support would be provided by the Field Research Unit/Far East Command (FRU/FEC), the cover name for the CIA's Office of Special Operations (OSO) - its foreign intelligence component - based at Yokosuka Naval Base, Japan.

On 5 March, the team flew secretly from Tokyo to Pusan, South Korea. They planned to sail north to Wonsan harbor on the LCI(L)-1091, a small, well-equipped laboratory ship assigned to the Navy's Fleet Epidemic Disease Control Unit No. 1 (FEDCU-1) and rendezvous with the *Wallace Lind*, which was serving as a floating headquarters for radio communications with JSOB/FRU teams ashore. Rough seas and stormy weather delayed the mission until the morning of 8 March. Finally, LCI(L)-1091 arrived off Wonsan on 9 March and was escorted through a minefield by the frigate USS *Sausalito* (PF4). (UN forces abandoned Wonsan on 9 December 1950 due to the communist offensive but occupied the islands off of the city and blockaded the port for the rest of the war.) Ironically as Sams' team sailed north, the *Lind* was sailing south to Pusan. There was no way of establishing radio contact with the agents that had made the original reports until the *Lind* returned.

General Sams used the time to visit Yodo, one of several islands in Wonsan harbor used as staging areas for intelligence teams going ashore. There Sams met with ROK Marine intelligence officers and interviewed an agent of the Korean Liaison Office (KLO), a covert intelligence group under Far East Command G-2, who had traveled through areas of northeast Korea further inland where typhus and smallpox were said to be rampant among Communist Chinese troops. According to these agents, no cases of "black death" were in the Wonsan area. Sams discussed going ashore, however, two separate parties had been sent in on successive nights and not returned. The ROK were reluctant to try again soon. Moreover, since typhus was present on these islands, North Korean radio broadcasts had already accused the US Navy of conducting biological warfare experiments there.

Sams' team made a second trip to Yodo Island on 10 March and interviewed a new group of agents and refugees who had come from the coastal villages south of Wonsan. Contradicting the earlier information, they reported that the mystery disease was present in the area. To confirm these new reports, Sams arranged for a former communist party official to be sent ashore

to contact a North Korean doctor known to him. This agent was not heard from again.

The *Wallace Lind* arrived off Wonsan on 11 March. On board the *Lind* was a JSO/FRU (CIA) officer known to General Sams as "Mr. Connley" and his Korean counterpart, Lt. Col. Choe Kyu-bong, KLO operations commander. Sams conferred with Connley and Choe and learned that six agent drops had been made along the coast near Wonsan and all but one group had been captured. This remaining team was contacted by radio and relayed that the original cases of suspected plague were in Hoeyang, a heavily guarded town 20 miles southwest of Wonsan. Many Communist Chinese troops there were reported to be seriously ill. Notably, some of the "plague" patients were being transferred to smaller hospitals along the coast, easily accessible from the beach. Sams' group and Lt. Col. Choe would attempt to land surreptitiously at the village of Chilbo-ri to contact the agent from Hoeyang and, if necessary, to abduct a patient.

The landing would not be easy. Sams suspected that the communists had probably learned about his mission from captured agents. The enemy were also anticipating an amphibious landing to coincide with the Eight Army's offensive and attacked any small vessels approaching land. Beaches were constantly patrolled and laced with barbed wire, mines, and gun emplacements.

On the evening of Monday, 12 March, Sams' team boarded the destroyer *Lind* and proceeded to a point 20 miles off the coast of Wonsan. The first landing attempt was thwarted by rough seas. A CIA officer back in Pusan also warned of a possible communist trap. Ten days earlier, another intelligence team attempting to insert in the same area aborted their mission after the supposedly friendly reception party failed to respond properly to code phrases transmitted by radio. After successful radio contact with agents, Sams decided to try another landing the following night.

Departing the *Lind* in a whaleboat towing a small, four-man rubber raft, Sams' team went ashore at 2200 on Tuesday, 13 March. En route, they witnessed American planes strafing a large enemy convoy of trucks moving south along an inland highway paralleling the beach. Sams and Clark surmised that enemy patrols would be stepped up as a result of the air strikes.

With the whaleboat anchored 200 yards offshore, the team boarded the rubber raft and paddled towards the beach. Agents helped them avoid a mined area of the beach. Sams wore his normal combat uniform shorn of military insignia, armed with a pistol, hand grenades, culture tubes, needles, syringes, and mor-

phine syrettes. He planned to use morphine to sedate any uncooperative patients.

Lt. Col. Choe and a small team of heavily armed Korean agents met them on the beach to provide security. Sams' team was led through a cleverly concealed underground tunnel to a cave hideout. With Youn and Choe translating, the general interviewed agents claiming to have seen patients in Chilbo-ri. Among them was the individual who originally reported the cases of "black death." He was a well-educated chemist who had worked in Wonsan pre-war. During a mission north to determine disease prevalence among Chinese troops, the chemist joined a group of litter bearers and closely observed patients that were being transported to a field hospital near Hoeyang. According to his reports, the hospital held about 1500 patients ill with smallpox, typhus, and suspected plague. Some of these patients were sent to Chilbo-ri.

Sams elicited considerable detail about the patients' conditions from the chemist who described lesions starting on the face and then spreading to the arms, legs, and torso. None had respiratory symptoms or buboes. Sams pressed the agent about the finding of lesions erupting on the face and found the chemist's report credible. This could not be bubonic plague, but rather a rare hemorrhagic form of smallpox causing black skin lesions before death similar to plague. Sams reasoned that North Korean doctors were not familiar with this manifestation of smallpox and so assumed it was plague.

Sams also confirmed the dire state of public health in northeast Korea. There were no functioning civilian hospitals and all Korean doctors had been pressed into military service. Medical supplies were extremely limited. Smallpox, typhus, and typhoid were rampant among enemy troops and the civilian population, resulting in thousands of deaths. Agents visited three military hospitals and noted a 4:1 ratio of sick to wounded. Battlefield casualties often died before reaching a hospital.

Sams was so convinced that this disease was hemorrhagic smallpox, he deemed it unnecessary to abduct a patient for laboratory testing. Besides, traveling to a nearby "hospital" to examine other patients would have required spending another day ashore, and frequent enemy patrols made road travel dangerous. Meanwhile, Clark and Youn ventured to the outskirts of Chilbo-ri in search of patients and an alternate egress route, eliminating a team of North Korean sentries in the process.

The team made its way back to the *Lind* in the early morning hours of 14 March. Since its services were not

needed, the LCI(L)-1091 sailed back to Pusan. Once aboard the *Lind*, Sams radioed his findings to Far East Command General Headquarters in Tokyo. "Mission successfully accomplished. Disease not plague." He returned to Tokyo on 15 March and was later awarded the Distinguished Service Cross. General MacArthur - no friend of the CIA - credited the Agency with the "speed and efficiency of the operation."

After Sams' mission, a *Newsweek* article speculated on the presence and purpose of an epidemiological ship off the coast of North Korea. The Department of Defense then released a statement outlining the facts surrounding General Sams' classified mission. Consequently, the communists executed some two dozen villagers in Chilbo-ri and intensified harsh rhetoric accusing the United States of biological warfare. On 9 May 1951, the North Korea Foreign Minister demanded that the UN Security Council charge Generals MacArthur and Ridgway<sup>1</sup> with war crimes. The National Security Council initiated a multi-pronged program to rebut the sensational charges. But that is another story.

General Sams' conclusion that there was no plague epidemic in North Korea obviated the need for a mass vaccination program costing several million dollars and utilizing scarce industrial resources. A significant infectious disease threat to forthcoming military operations had also been ruled out. Ironically, the phase of maneuver warfare in the Korean War ended after the Summer of 1951 and UN forces did not advance into northeast Korea. That decision was made on political and diplomatic grounds, and thanks to General Sams' medical intelligence mission, not epidemiological.

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#### SOURCES

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- Crawford F. Sams. "Special Operations in North Korea," 17 March 1951, RG554, E137, B6, Public Health & Welfare Division Subject File, 1945-53, NARA II.
- Crawford F. Sams and Zabelle Zakarian. *Medic: The Mission of an American Military Doctor in Occupied Japan and Wartorn Korea*, Armonk N.Y.: M.E. Sharpe, 1998.
- Incoming Message LIND to CINCFE 131740, RG554 E125 B48, NARA II.
- Incoming Messages, Far East Command Medical Section General Correspondence 1948-1952, RG554 E125 B48, NARA II.

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1. On 11 April 1951 President Truman relieved General MacArthur of command. General Ridgway was named as MacArthur's successor.

Presentation by BG Crawford Sams to Joint Medical Intelligence Committee, 8 June 1951, RG112, E46, B22, NARA II. CIA History Staff, *CIA in Korea, 1946-1965*, Volume I, (DDO HP 283), July 1973 DOCID Co6146212.

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