The Fighting Doctors of the Office of Strategic Services

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Medical professionals have played and continue to play vital roles in CIA operations.

First Days

When the public thinks about the Central Intelligence Agency, it is natural to think about espionage and covert action. Stories about spying and daring missions around the world capture peoples' imaginations and make their way into books, movies, and television programs. The more well-informed might add science and engineering and will think of the gadget designer "Q" in the James Bond series.

Medicine does not usually come to mind. But medical professionals have played and continue to play vital roles in CIA operations. Their functions begin with the evaluation of applicants, who must be physically healthy enough and psychologically and emotionally fit to work in high-pressure and sometimes dangerous environments. Medical attention continues throughout the careers of all employees, as doctors and nurses provide vaccinations and checkups, counsel employees with health and family challenges, and attend to job-related medical crises.

CIA medical professionals also play a vital role in helping intelligence assets with medical issues and the psychological challenges of living dual lives. A CIA paramilitary team rarely deploys to a hot spot without a nurse, physician's assistant, or highly trained medic as a key member.

In spite of all that CIA medical professionals do, their stories are not widely told—and given the nature of their assignments, understandably so. This article is offered to highlight the roles of World War II medical professionals who blazed the trail for today's medics in intelligence: the people who created ways to assess applicants, the doctors who deployed to war in places most Americans could not have found on a map, and the many medical professionals who took on any task, in any climate, and helped make the Office of Strategic Services (OSS) a success. These individuals would go on to build CIA's Office of Medical Services (OMS).[1]

Beginnings in OSS

The earliest recruited OSS physicians were assigned to support the Coordinator of Information (COI—the immediate predecessor of OSS) and OSS training areas near their Washington, DC, headquarters. Among these was Sylvester Missal, a 33-year-old otolaryngologist, who arrived in May 1942, a month before COI became OSS. In March 1943, Missal became the first OSS chief surgeon. As such he was responsible for policy and advisory oversight of medical issues in OSS

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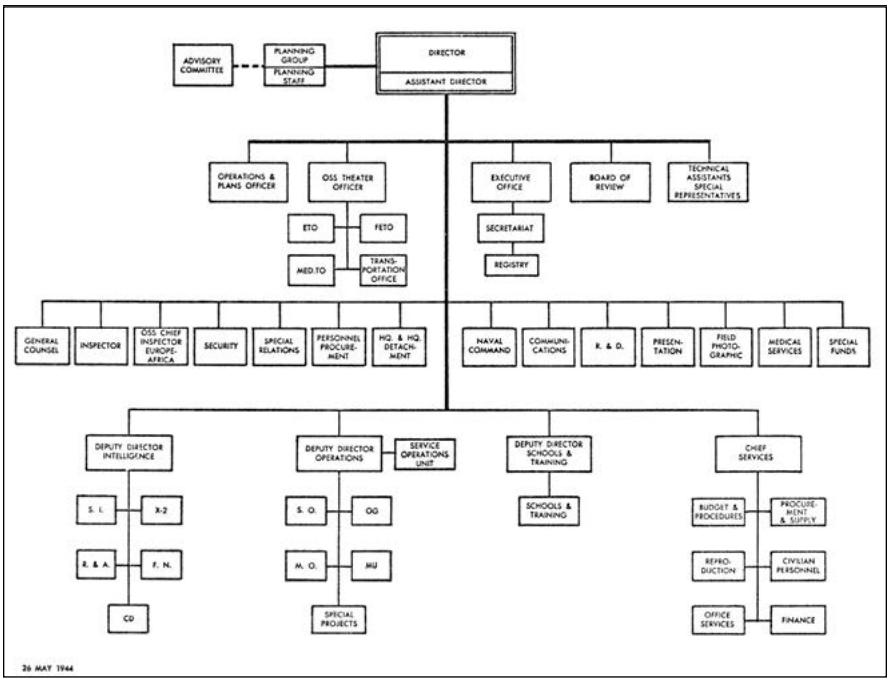


OSS organizational chart, 1944.

activity and for the management of a growing Medical Services staff and the Headquarters dispensary.

After the arrival of eight medical professionals in 1942, the number rose by more than 100 in each of the remaining three years of the war. By war's end in August 1945, 340 medical personnel had joined OSS—79 physicians, 11 dentists, nine Medical Administrative Corps (MAC) officers, 236 medics, and five nurses. Initially, however, most were not assigned to Medical Services, but to one of two OSS components: Operational Groups (OG) and Special Operations (SO). If one includes the psychologists and psychiatrists the CIA eventually aligned with the medical office, the third largest concentration was in Schools and Training. Ultimately, however, virtually all medical personnel not in Schools and Training were assigned to the Medical Services Branch, a more elevated organizational placement established in early 1944.

Functional Overview

OSS physicians, psychologists, and other medical personnel assessed staff and agent candidates, supported and provided their training, staffed the major overseas bases, and deployed behind enemy lines, mostly as part of SO and OG operations. They eventually handled the medical supply program essential for partisans and guerrillas and in-place OSS agents; monitored their medical evacuation (medevacs), when needed; and provided technical support to sensitive special projects. Those who went behind the lines often parachuted to their destinations; some did so without any jump experience.

Once in place, they handled serious trauma cases, performed major surgeries in primitive settings, accomplished heroic medevacs, and treated a range of illnesses rarely seen in the United States. The physicians who took on these challenges typically were young, recent medical school graduates with no more than a year or two of postgraduate study. Most of the OSS medics were younger, and half had no more than a high school education and six months of specialized Army training. Though the collective accomplishments of these professionals was remarkable—and sometimes astonishing—most of the specifics have been lost to memory, even among their descendants at CIA, but not lost from archives.

Casualty figures among the medical and psychology staffs are incomplete, but three medics are known to have died—two in fatal, mission-related air activity (in Burma and Norway) and one in a railroad accident (England). A psychiatrist and a dentist were captured and held as POWs until liberated by American troops late in the war. At least nine physicians, 10 medics, and two dentists were wounded or injured during their time in the field—through gunshot wounds, by mortar shrapnel, during bombing raids, or on parachute jumps. For courage and performance, OSS physicians received at least one Silver Star, 13 Bronze Stars, and 13 Legion of Merits; OSS medics received at least three Silver Stars, 39 Bronze Stars, and two Legion of Merits; OSS dentists received a Navy Cross, a Bronze Star, and a Legion

of Merit; and an OSS psychologist received the Silver Star.

OSS China-Burma India

Dr. Archie Chun-Ming. When asked if he wanted to join Detachment 101, he laughingly replied, "Heavens no! What happened to the other 100?" Photo from now-defunct website on Hawaiians during World War II.

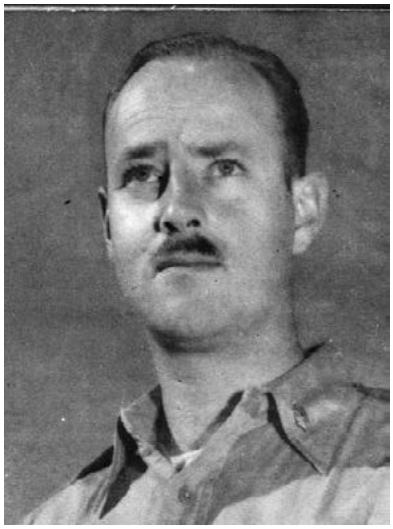
The first physician to join COI for full-time duty was Hawaiian born, Chinese-speaking Army Capt. Archie Chun-Ming, who was recruited from a reserve unit in Hawaii in the spring of 1942. He was brought on to be part of the first planned field team, which was expected to go to western China. At age 37, he would be one of the oldest physicians to serve with OSS. The 20-man field team, which designated itself Detachment 101 (Det 101), trained for only a few weeks before beginning a several-month trip to New Delhi, the rear echelon headquarters of the China-Burma-India Theater. There they learned that their mission had been changed: Det 101 was going to northeastern India to orchestrate and support tribal guerrilla warfare behind Japanese lines in the jungles of northern Burma. Operating out of the bungalows of an Assam Tea Company plantation in Nazira, Assam, Det 101 set about recruiting and training Kachin tribesmen, and over the next two years led what is generally considered the most successful OSS paramilitary operation of the war.[2]

Had Dr. Chun-Ming been in Nazira for medical research, he would have found it to be a fruitful location. In addition to the usual diseases endemic to the tropics, smallpox, cholera, and malaria all erupted into epidemics during his tour there, and throughout the entire time Det 101 was in operation. Preventive measures, therefore, were always a key element in Dr. Chun-Ming's medical program.[3]

In Nazira, Dr. Chun-Ming had much more wide-ranging responsibilities than caring for the health of his 19 teammates, however. He also provided medical support to what ultimately numbered 27 trainee camps spread over a 40-square mile area. He taught first aid, worked as a translator, provided small arms and demolition instruction, and served as the Det 101 postal censor.

Dr. Chun-Ming found that the medical and ancillary demands were too much for him alone, and the team sent a request to the US Naval Group, China—the primary intelligence group in the region—for medical help in serving the forward bases being established in Burma. In October 1943, the group sent a Navy physician, 31-year-old LCDR James C. Luce, who, after recovering from injuries sustained on the battleship USS Maryland at Pearl Harbor, was about to be sent to China.

Dr. Luce arrived at the beginning of November 1943—after an arduous journey, which included an airplane crash in Africa, travel by elephant and foot, and temporary incapacitation due to malaria and pneumonia.



Dr. James Luce. Photo from 1944 OSS brochure on the Detachment 101 Medical Department.

Dr. Luce arrived at the beginning of November 1943—after an arduous journey, which included an airplane crash in Africa, travel by elephant and on foot, and temporary incapacitation due to malaria and pneumonia. Luce was assigned to FORWARD, a small new base in the village of Ngumla, Burma, well behind the Japanese lines. As Dr. Luce recovered, he oversaw construction of a rudimentary bamboo hospital, dispensary, and surgery, all of which were ready by the time his medical supplies were air dropped to him on Christmas Eve 1943.

Luce is particularly known for having successfully performed brain surgery on a Kachin warrior, in his primitive bamboo shack operating room.

Dr. Luce came quickly to learn the history of the Kachin and to develop a rapport with them. This quality so impressed the FORWARD base commander that, upon the commander's transfer only a few weeks after Luce's arrival, he recommended Luce be his successor, even while continuing his work as the base physician. This was approved, and for the next 15 months Luce ran the operations of the base and the surrounding area, including oversight of a guerrilla force that eventually totaled 3,000. All the while, he continued to see both base and native patients, including the families of his guerrilla troops.

Dr. Luce performs brain surgery. Photo: Personal collection of Troy Saquety.

This workload soon led Luce to request additional help. That assistance came in the form of 12 Navy pharmacist's mates (now termed corpsmen), most of whom were initially assigned to Nazira, to be prepared for insertion into the operations in Burma. One of these, Bernard Bauman, immediately volunteered to parachute into Ngumla to work with Luce, even though he had never jumped from an airplane. Unfortunately, he flew in on a supply plane that was shot down over the camp, and he was killed—one of the two OSS medical personnel to be killed in action during the war. Most of the other newly arrived corpsmen later infiltrated by foot and were replaced at Nazira by an infusion of Army medics.

Among his many accomplishments, Luce is particularly known for having successfully performed brain surgery on a Kachin warrior, in his primitive bamboo shack operating room. The man had been carried by litter for more than three days to reach Luce. Among other injuries, the man was found to have a gaping hole in his forehead, through which destroyed brain tissue was oozing. The Kachins built a fire to boil water in which one of the Det 101 officers sterilized towels and instruments; another officer supervised a hand-cranked generator for lighting. Also helping Dr. Luce was a recently arrived corpsman. Luce preformed a 90-minute operation—under local anesthetic—during which he successfully cleaned and repaired the injury. He later wrote, "As each step was completed, a report in native jargon was relayed outside to the small group who had collected and the exclamations were somewhat like those heard amongst the more sophisticated audiences at home."[a]

When Dr. Chun-Ming's tour ended in July 1944, Dr. Luce took his place in Nazira, supervising a medical staff which eventually numbered 47, including seven physicians and a dentist, and overseeing construction of a 50-bed hospital and 20-bed "convalescent camp." This included responsibility for all the medical personnel and supplies that supported Det 101's campaigns through March 1945, after which Dr. Luce was reassigned to Naval Group, China.[b]

a. Luce's handwritten history, physical, and operative report adds that the local anesthetic was Novocain, that the 2x4 cm "compound comminuted fracture of frontal bone" involved the frontal sinus, which, upon probing, exuded a purulent odor. The patient also had generalized scabies. After completing the debridement, Luce placed "sterile sulfanilamide powder" in the wound, and left a drain in place.[4]

b.Dr. Chun-Ming left India on 23 July 1944, a day before his 40th birthday. As one of the older physicians to serve with OSS, Dr. Chun-Ming may have left Nazira with some

The corpsmen and medics did some of the most heroic Det 101 work, retrieving wounded while under fire . . .

Nazira hospital operating room. Photo: Personal collection of Troy Saquety.

Many of Det 101's medical personnel distinguished themselves in action. For example, Dr. Sam Woolington, a 27-year-old medical officer responsible for a 1,000-man Kachin Battalion and 20–30 Americans, was awarded a Bronze Star for his exceptional care of the wounded, often under fire. He devised a portable field hospital that could be carried by coolies and mules and permitted him to stop, perform surgery, and quickly move on. On one occasion, he did brain surgery (the third Det 101 physician to do so) with a flashlight for illumination, despite the fact that it was a blackout situation and the light made him a target for the surrounding Japanese; the patient survived and was later flown out. Woolington would later play a crucial POW role in Saigon after he had been reassigned to South East Asia Command.[5]

Dr. Charles Hutter parachuted into Burma following a particularly costly battle during the final push against the Japanese, bringing medical supplies and performing emergency surgery over a two-day period while an airstrip was cleared to evacuate the wounded. As an undergraduate at Harvard, Hutter was the 1936 NCAA 100-yard freestyle swimming champion and was an alternate who participated in the 1936 Berlin Olympics. He was known for his relatively formal dress, even at remote jungle bases—"the only man in Burma wearing a tie."[6]

The corpsmen and medics did some of the most heroic Det 101 work, retrieving wounded while under fire and occasionally personally leading attacks. One of the most interesting medics was Bill Brough, a British and Quaker conscientious objector with the St. John's Ambulance Service supporting "Burma Surgeon" Gordon Seagraves hospital in northern Burma. In late 1944, he abandoned his objector status and became a Det 101 medic. During an attack a few months later, he raced 100 yards across a clearing under fire—carrying only dressings, morphine syrettes, and his pistol to treat and drag out wounded Kachins. He was awarded a Silver Star for this action. Just a month later, when his temporary field "hospital" site came under intense artillery fire, Brough worked through the night to dig foxholes and build shelters for 40 litter cases in his care. This earned him a Bronze Star. A month later, having been promoted to lieutenant and assigned command of a combat company—albeit while still functioning as the company medic—he repeated his daring rescue of two months earlier to retrieve two of his men who had been shot. He was again recommended for a Silver Star. After the war, he used the GI Bill to become a psychiatrist.[7]

In the final tabulation, Det 101 guerrillas were credited with derailing nine trains, destroying 51 bridges and 277 military vehicles, capturing or destroying an estimated 3,700 tons of supplies, and killing or seriously wounding 15,000 Japanese troops. This was at a cost of 22 American lives (almost a third of whom died in the plane lost over Ngumla, in which the medic was killed) and 184 Kachins killed (and another 86 captured or missing). Of 122 agent groups infiltrated into Burma, 38 agents were lost. The official OSS

medical problems; nonetheless, he was able to resume a medical practice in Hawaii and continue service as a US Army reservist, retiring as a full colonel.He died on 26 January 1973.

. . . Moyers assumed command despite barely being back from a remote trip during which he was completely bed-ridden with hepatitis and cared for in a peasant hut . . .

War Report, compiled soon after the war, described Det 101 as "the most spectacular OSS activity in the Far East," and one in which the medical staff played a "significant, if not vital [role], from the earliest days of the Detachment."[8]

OSS Operational Groups, Special Operations, and Special Intelligence

As early as December 1941, General Donovan wanted COI to have British-style commando units with language-qualified soldiers skilled in sabotage and small arms who could be parachuted behind enemy lines to harass the enemy. The concept was approved the following August, but for a variety of reasons an OSS Operational Groups (OG) Branch was not established until May 1943. Initially, there were five major OGs: Italian (Company A), French (Company B), Yugoslavian or Balkan (Company C), Greek (later also included in Company C), and Norwegian (with no company designation).[a] Each had its own surgeon and about a dozen medics. A Chinese OG was organized late in the war, staffed largely by former French OGs. Unlike its predecessors, the Chinese OG was conceived primarily as a training and advisory unit, tasked with building a large number of Chinese-manned commando units.

a. As in the case of the OSS medic killed on the way to Burma—Pharmacist Mate Bernard Bauman—the second lost medic, Robert Anderson, died enroute to his unit, in Norway. The flight taking his team into Norway ran into a mountain near the drop zone, killing all on board.

Above, Robert E. Moyers at the end of World War II; below, upon his retirement from the University of Michigan in 1990. Photos Dr. James McNamara, the University of Michigan.

Dr. Pedro Souza

An early OG physician was 41-year-old Cuban-born Pedro (Pete) Souza, who not long before had been an ear-nose-throat (ENT) specialist in Havana. Comfortable speaking Spanish, Italian, and French, Souza had recently joined the US Army, and become a US citizen. He was recruited into OSS in July 1943 and was assigned as a surgeon to the Italian OGs, the first OG group to be organized. The OG medics faced most of the live-fire situations, which included hand-to-hand combat. The French OG physician, however, was accidentally shot in the leg by a partisan while eating at a hotel in France, after parachuting in to work with French resistance (*maquis)* medical personnel as the Germans were retreating across France.[9]

Special Operations (SO) was a cornerstone of the OSS mission. Beginning with the work of Det 101, its work spread rapidly into all the theaters in which OSS was present. At least initially, the Medical Staff's primary contributions came through the lectures, training, and treatment provided during SO training before the men were sent to the field, and by providing medical supplies. The SOs operated as civilians, either individually or in very small groups. Two significant SO operators were Robert Moyers and Justin Greene.

Dr. Robert E. Moyers

Dr. Robert Edison Moyers, at age 24, was said to be the youngest dentist in the Army when he was assigned to Cairo, Egypt. There he was recruited by General Donovan, who was looking for a physician and missed or failed to recognize the "D" for Dental Corps on Moyers's caduceus insignia. Moyers was sent

to support an Allied military mission in the mountains of northern Greece. After some parachute training, Dr. Moyers jumped in at the beginning of December 1943, nominally to oversee supply and handle liaison with the leftist ELAS guerrillas (Andartes). When the British medical officer there was transferred a few weeks later, Moyers assumed command despite barely being back from a remote trip during which he was completely bedridden with hepatitis and cared for in a peasant hut occupied by a man, his wife, four children, chickens, and a herd of goats.[10]

Initially Moyers's staff included a British executive officer, a Greek nurse, a Russian nurse, a Greek medical student who served as translator and anesthetist, and a few Greek and Italian kitchen help and runners. Moyers soon added a Russian Cossack to handle the hospital mules and, according to Moyers, to calm the "histrionic" Russian nurse. Eventually, a second Cossack joined the staff to assist with the stables and hospital relocations and to serve as Moyers's personal bodyguard. In early April, the staff was enlarged by the arrival of an OSS medic, TSgt Robert DeWeese, and in June by two OSS "orderlies," Sgt Frank Weber and T/4 Alfred Borgman, all of whom parachuted in.[a] Moyers also was assisted by two Andarte physicians, an ophthalmologist and a hematologist.

What probably was the most medically dramatic episode that Moyers faced occurred when a Greek OG unit was ambushed . . .

In addition to providing sick call, and performing what eventually totaled 300 operations (despite being a dentist by training), Moyers also visited Andarte "hospitals" and published a medical journal, *The Medical Periodical of Free Greece*, with typescript copies in both Greek and English. It included articles on drugs being supplied to the partisans, sanitation, and unusual cases. A local celebrity of sorts, he also was asked to speak to various groups, once on "American Youth Movements," which he decided were the YMCA and Boy Scouts.

Moyers went on major missions to provide medical support and once, while serving as the senior Allied representative, called in air strikes when the partisans were about to be overrun by a large German column. From August 1944 onward, a major responsibility was providing relief to Greek villages following a German scorched-earth operation. With the help of two OSS men flown in from Cairo, Moyers's group took over the clothing, feeding, and housing of 100,000 displaced villagers and dealt with the ensuing epidemics by providing Greek doctors with "800 pounds of typhus and typhoid vaccines, sulfa drugs, Atabrine, bandages, etc."

What probably was the most medically dramatic episode that Moyers faced occurred when a Greek OG unit was ambushed in September 1944, and the unit's commanding officer was critically injured in the perirectal area by a mine explosion. In response to a call for help, Moyers and a medic made a 12-hour hike to the village where the officer was being treated by the OG medic. It was another two days before they could transport the patient to the hospital area, near a hidden airfield from which he could be evacuated.

Meanwhile, Moyers had borrowed a horse and ridden back to the hospital, arriving at 1:00 a.m. to perform emergency surgery on a wounded Russian soldier, then to the airfield, where the patient was put in a small, makeshift tent. Poor weather barred rescue flights for the next four days, during which time Moyers twice performed emergency surgery to stop renewed hemorrhaging. With transfusion not an option, he administered tea, every ten minutes.

Finally, a young RAF pilot in Italy volunteered to risk a dangerous daylight extraction. Descending blindly through the clouds, he landed successfully. The plane, a Lysander, had only a single, cramped passenger seat, located behind the pilot, which could not accommodate a reclining patient. There were head and foot supports, but nothing for the midsection, so the medic squeezed in under the patient to hold him up and attempt to control a rectal hemorrhage which had recurred just before the plane landed. He remained in this configuration

a. The 22-year-old DeWeese was one of the OSS medics with some college education—three years at the University of Minnesota. Assigned by the Army to the Middle Eastern Theater of Operations (Cairo), he had joined OSS and volunteered to parachute in to assist Moyers. Sgt Frank R. Weber, age 27, was the son of Russian parents working in an Army motor pool in Cairo when he joined OSS to work in general supply. He received his medical training after arriving in Greece, and eventually became Moyers's right-hand man. T/4 Alfred J. Borgman was a 29-year-old, Dutch-speaking Midwestern farm boy with the military police in Bari when recruited into OSS. After jump training in Brindisi, he went immediately into Greece, where Moyers taught him first aid.

Greene's captors took him to a German field hospital, from which he was evacuated to a POW hospital in Ludwigsburg.

for the four hours back to an Army hospital in Italy. Remarkably, the patient eventually recovered.[11]

After the Germans had withdrawn from Greece, civil war erupted in December 1944. Soon, over 1,000 British soldiers were taken prisoner by ELAS. Because of his personal credibility, Moyers was able to negotiate care and then release of these POWs. He also handled medical intelligence reporting until his departure from Greece in April 1945.

Justin Greene, M.D. Photo: Dr. Greene's OSS personnel file, National Archives.

Back in the United States, Moyers set up a dental clinic at an OSS training site. When Moyers left OSS at the end of the war, he was said to have become the most highly decorated dentist in the history of the US Army. Among his awards were the Bronze Star, Legion of Merit, Purple Heart, Order of the British Empire, and Order of the Phoenix (Greece). He would go on to a highly successful career in his field.

Dr. Justin Greene—POW

When psychiatrist Capt. Justin Greene joined OSS in April 1943, he was 33 years old and one of only two psychiatrists in the organization. The other served on the Planning Staff. Greened had studied in France and was fluent in the language; on recruitment, he was immediately sent to Algiers to a Special Intelligence (SI) unit, where he recruited, trained, and deployed French agents. Committed to being close to the action, he landed on the southern coast of France on 15 August 1944, where he worked with his agent networks and maintained close contact with the French resistance.

Over the next several weeks, as the Germans retreated ahead of advancing Allied troops, he moved northward until he had reached St. Die, near the German border, just north of Switzerland, which was one of the first direct avenues of retreat from France into Germany. There, on 28 October 1944, Greene's luck ran out. He and three others were attacked by a German patrol; he sustained a bullet wound through his foot and was captured.

Greene's captors took him to a German field hospital, from which he was evacuated to a POW hospital in Ludwigsburg, Germany (north of Stuttgart). There he received continued treatment and recovered in two months, after which he was sent to a POW camp. Less than three months later, a column of American tanks ranging unaccompanied by infantrymen well behind German lines, came upon the POW camp. Greene was freed, then carried southward before being dropped off with a carbine and some ammunition, still about 50 miles behind the lines.

Greene did not get far before again becoming the target of German attack. This time felled by a bazooka round that exploded nearby, he suffered a concussion and multiple abrasions. He was returned to a POW camp, but his stay was brief. Just a week and a half later, on 6 April, the camp was overrun by advancing US troops. After returning home, he was hospitalized at Walter Reed and at Fort Belvoir, Virginia, for almost two months, primarily for a post-concussion cephalgia (also known as cluster headache or migrainous neuralgia).[a]

Christian Lambertsen, M.D. Photo: Dr. Lambertsen's OSS personnel file, National Archives.

a. On Greene's return to Washington in June he was unexpectedly found to have a strong resentment toward his handling by OSS and was uninterested in an onward assignment in China, which mystified the interviewing psychologist. He thought he might like to work in the Assessment Program, where other psychiatrists were located. He eventually went into treatment

After four months in the Gestapo prison, Taylor was moved to Mauthausen concentration camp, and, unknown to him, scheduled for execution.

Diver wearing "Lambertsen's Lung." Photo: CIA archives.

He also was awarded a Bronze Star and the Purple Heart.

OSS Maritime Operations Christian Lambertsen

In November 1942, a young medical student at the University of Pennsylvania, Christian J. Lambertsen, approached OSS about an underwater breathing device he had been developing since 1939, his first year in medical school. His Lambertsen Amphibious Respiratory Unit, or LARU, was a revolutionary, closed circuit oxygen system that did not emit telltale bubbles, and largely eliminated the risk of the bends, even with rapid surfacing. The device, dubbed "Lambertsen's Lung," became the cornerstone of OSS maritime operations. Although still in medical school, Christian Lambertsen became a civilian consultant to the program; after graduation and a year of internship he entered the Army and joined OSS.[12]

Lambertsen, who now is considered the father of combat swimming, deployed to Ceylon, where OSS's South East Asia Command was based, and carried out an extensive program to prepare swimmers to attack deep water ports from Bangkok to Singapore. In practice, however, these attacks were not carried out, as progress of the war in the area made them unnecessary. The operational work was mainly along the shallow, muddy coastline of Burma, where the principal maritime work was infiltration into *klongs* via kayaks and fast boats, in operations supported by OSS medics and physicians.

Dr. Jack Taylor

Among the best of known of OSS medical personnel is Dr. Jack Taylor, who was a 33-year-old dentist in Los Angeles when he joined OSS in August 1942. Because of his extensive experience racing yachts, he was assigned to the new OSS Maritime Unit to teach navigation, seamanship, sailing, rowing, and nighttime skills. One of his early assignments was to test the underwater breathing device developed by Lambertsen in the pool of the Shoreham Hotel in Washington, DC. In a Shoreham follow-on test, Taylor swam a mile underwater, covering the distance in just 48 minutes.

In June 1943, Taylor was assigned to Cairo, Egypt, and successfully built a clandestine ferrying service to the Aegean. That November, he opened a new office in Italy, just above the heel in Bari, which handled dozens of missions to Yugoslavia and Albania, 14 of which he personally conducted. On what probably was his last such mission he led a three-man reconnaissance into Albania, which was stranded when German gunfire blocked the exfiltration boat. This group then spent three months evading German troops and Albanian sympathizers before reaching a location from which they could be extracted.[13]

Back in Italy, Taylor volunteered for a Special Operations mission in Austria. He and three Austrian deserter-volunteers parachuted, without contacts, into an area south of Vienna, but arrived without their radios. Taylor therefore planned an overland return to Italy to report, obtain a radio, and return. On the night before his departure, the Gestapo burst into his hideout, beating him with blackjacks and dislocating his elbow before carrying him to their Vienna headquarters.

After four months in the Gestapo prison there, Taylor was moved to Mauthausen concentration camp, and, unknown to him, scheduled for execution. Pending this, he was assigned to a work detail on a new crematorium. Three days before his execution date, a friendly Czech working in the administrative office

for the cephalgia. This account is based on the records contained in Greene's OSS personnel file: National Archives II, RG 226, Stack Area 230, Entry 224, Box 291.

Instead of making the five-day hike, Hurley opted to parachute in. He had never parachuted before and was dismayed that those who took him to the airplane did not even know how to put on a parachute.

removed Taylor's name from the death list. Just over a week later, a US Army reconnaissance team looking for roadblocks and destroyed bridges unexpectedly came upon Mauthausen. The guard force had fled and Taylor, who had lost a third of his weight since capture—he was down to only 114 pounds—declined evacuation so he could help document the war crimes at the camp. His meticulous and voluminous record was described by military lawyers at Nuremberg—at which Taylor would later testify—as "the best war-crimes evidence" produced in the European Theater. It is also the subject of numerous websites dedicated to special warfare units. In one, Taylor is described as America's first SEAL.

OSS Pacific

As the war in Europe moved to conclusion, OSS shifted its primary focus and resources to East Asia. Personnel, including the medical staff, were transferred from Europe and Burma to western China, and plans were put in place for Operational Group and Special Operations missions. As in Europe, OSS physicians and medics played important roles in these missions.

Dr. William Loomis and Others in China

The first OSS physician sent into China was 29-year-old William Farnsworth ("Farnie") Loomis, a person of some previous fame because in 1936, as an undergraduate in the Harvard Mountaineering Club, he was part of a five-man team that first reached the summit of 25,624-foot Nanda Devi, at the time the highest mountain ever climbed. Loomis was also an accomplished skier; on entering the Army he was assigned to the Camp Hale Mountain Group in Colorado. He was recruited into OSS from Camp Hale in May 1944 to serve as the physician for a planned mission under socialite adventurer Count Ilia ("Bill") Tolstoi, which was to be sent into northern China to link up with communist guerrillas. Tolstoi was well known for a pioneering, two-man, overland crossing from India to China via Tibet during 1942–43 that sought to identify landing sites for an alternative air route to the Hump.[a] Loomis prepared by training with Det 101 in India, but after his hurried onward travel to Chungking, China, the Tolstoi mission was displaced by a similar mission being launched by the Army.

Although still attached to Tolstoi, Loomis became the first OSS China Theater surgeon (though in an acting capacity) in February 1945. In this role, he oversaw the medical aspects of the massive OSS buildup which saw in-country personnel grow from 144 in January to 800 in April and finally to 1,900 by war's end. Ultimately, 18 OSS physicians, two dentists, two MAC officers, and at least 53 medics supported OSS in China, and several others provided indirect support from supply bases in India. More than 30 additional medics and a third dentist were en route or being prepared for assignment as part of a major new program when Japan surrendered in August, 1945. Altogether this was the largest medical manpower commitment made by the OSS to any theater during the war.[b]

In addition to the medical personnel being transferred from Europe, OSS recruited several young physicians who had been raised or worked in China or Korea, and therefore had local knowledge and language skills. Two examples are Captains Robert Lynn and Wilmot Boone. These doctors also played important roles in China, from leading an intelligence mission requiring 650 miles of overland travel, to hurriedly organizing a field hospital and training uneducated Chinese troops to become medics when a major Chinese Army unit was about to be overrun.[c]

One of the more thrilling accounts from this group was provided by

a. Tolstoi was the grandson of Russian novelist Leo Tolstoi. While his expedition was in Lhasa he had delivered gifts and a letter from President Roosevelt to Tibet's then-seven-year-old Dalai Lama.

c. A good number of OSS officers involved in the buildup in China came from the just-ended war in Europe. See Robert R. Kehoe, "From Europe to China, An OSS Veteran's Reflections," in Studies in Intelli-gence 61, no. 3 (September 2017)

d. The lengthy reconnaissance mission was undertaken by 31-year-old Robert Lynn, who had been working at a Presbyterian mission hospital in China when the war began.

Ho Chi Minh, standing third from left, and Gen. Vo Nguyen Giap, in white suit, at a farewell party for Deer Team. Paul Hoagland is at the extreme right. Photo: Library of Congress "Experiencing War" digital history exhibit.

then-27-year-old Frank Hurley, who was just a year out of medical school when he arrived in China, and who later handled the just mentioned field hospital crisis. Soon after arrival in China, Hurley was asked to help a Chinese radio operator who was gravely ill some 110 mountainous miles away. Instead of making the approximately five-day hike, he opted to parachute in. He had never parachuted before and was dismayed that those who took him to the airplane did not even know how to put on a parachute. After some hurried instruction on the flight, and having finally satisfied himself that his chute was adequately attached, he jumped—but his descent was complicated by twisted lines, a temporary backward drift as he approached the ground, close encounters with city walls, and a final landing in a shallow well.

Once on the ground, he found his patient, moribund, in a home converted to a military headquarters. He was being treated with Atabrine and with needles inserted under the fingernails. The man turned out to require an appendectomy, which Hurley performed in front of an invited audience of pipe-smoking Chinese doctors who had come to see the their first operation. Several days later, with the patient well-recovered, Hurley began the five-day mountain hike back to his base, only to suffer heat exhaustion on the second day. He treated himself with sweat from his shirt until he could buy some salt, and made it safely back. All-in-all, he wrote to Theater Surgeon Loomis, the experience was likely to stand "as the greatest thrill of my life."

Perhaps the most well-known of the China Theater missions was that of the Deer Team, which parachuted into a rice paddy near Hanoi to work with Vietminh guerrillas against the rail lines being used by the Japanese. Medic Paul Hoagland, recently with Det 101, was on this mission. He was responsible for taking care of the team and selecting and training Vietnamese medics. Soon after arrival, Hoagland was taken to a nearby village to see what he could do for a gravely ill "Mr. Ho"—Ho Chi Minh himself, assessed by Hoagland as at least suffering from malaria and dysentery. He gave Ho the standard, all-out medic treatment—quinine, sulfa drugs, and vitamins—and over a 10-day period, Ho slowly recovered. Thereafter, Hoagland was to become known as the medic who saved Ho Chi Minh. While the war ended before the joint Deer Team-Vietminh operations were launched, the joint work led to the team's reception as Ho's special guests when it arrived in Hanoi later in September.[a]

Mercy Missions

As the war in the Pacific moved to its close, there was fear that Japan might kill or abandon the vast number of debilitated POWs held in China and Southeast Asia, leaving them without food or other means of self-preservation. To deal with this possibility, small "humanitarian teams" or "mercy missions" were assembled to fly to known POW camps as soon as the war ended to ensure the safety of the inmates until more definitive support could be sent in. These teams were staffed by OSS volunteers, and most included an OSS physician or medic. Nine teams initially were organized, all but two within China or Manchuria:

- CARDINAL, to Mukden (Manchuria)
- DUCK, to Weihsen
- FLAMINGO, to Harbin
- MAGPIE, to Beijing
- SPARROW, to Shanghai
- ALBATROSS, to Canton
- PIGEON, to Hainan Island
- QUAIL, to Hanoi

a. For more on this episode in OSS history, see Bob Bergin, "The OSS Role in Ho Chi Minh's Rise to Political Power," *Studies in Intelligence* 62, no. 2 (June 2018): 7–22.

Fontaine Jarman, then 27, jumped onto a military airfield in Beijing with the MAGPIE mission, which was immediately surrounded by armed Japanese who insisted that the war was not over.

- EAGLE, to Seoul, Korea

Three additional teams were organized later:

- CANARY, to Formosa (now Taiwan)
- SEAGULL, to Hankow
- RAVEN, to Vientiane (Laos)

The first of these missions flew off within a day of Japan's 15 August 1945 announcement of surrender. Their destinations were well inside Japanese-occupied territory, and some were in the hands of hostile units unaware of or unwilling to accept Japan's surrender. Despite prior leaflet drops announcing mission goals, one team did receive anti-aircraft fire; three teams were at least temporarily taken into custody after landing; and two teams were compelled to leave without any contact with POWs.

The six-man CARDINAL Mission to the Hoten POW camp near Mukden had the highest priority of all the mercy missions and received the greatest subsequent publicity, both because the camp housed more American POWs than any other camp and because the highest ranking Allied POWs were known to be held nearby. Robert Lamar, then 31 years old and the most experienced physician-parachutist in OSS, was a ranking officer on this team. After jumping safely into a field about two miles from the camp, four members of the team, including Lamar, began walking toward the camp. A half-mile down the road, they were taken prisoner by a Japanese patrol, which took three members of the team toward town while allowing Lamar to return to the point where the other two team members were watching the supplies.

Lamar found the two in a nearby shack, stripped and kneeling on the floor, surrounded by Japanese with bayonets; then he, too, was grabbed, slapped around, bruised by the flat side of a bayonet, and his clothes torn off. Blindfolded, the three were led to town to join the other, also blindfolded, members of the team. The entire group was transported to the Japanese Secret Police (Kempeitai) Headquarters, where an apologetic colonel explained that word of the war's ending had not been received before the team had parachuted in. So, they were no longer prisoners, but rather guests, with rooms in the quasi-palatial Yamato Hotel.

Gen. Jonathan M. Wainwright (1883–1953) unveils surrender documents at US National Archives exhibit, September 12, 1945. Photo: US National Archives.

Over the next few days, the team worked to identify the inmates in most serious need of evacuation, provide treatment, and ensure adequate diet for the nearly 1,700 prisoners (80 percent American) held in the camp. They also collected war crimes reports. Lamar traveled by train to another camp and, with difficulty, arranged the transfer of the senior POWs back to Hoten. Among these was Gen. Jonathan Wainwright, captured in 1942 when he surrendered the Philippines, the most senior American POW in the war.[a] He is remembered for asking Lamar, "Do the American people censure me for surrendering at Corregidor?" Lamar, famously at the time, replied, "General, the American people look on you as one of the heroes of this war." Wainwright later received the Medal of Honor.[14]

Medical personnel on several other mercy mission teams also had notable experiences. Fontaine Jarman, then 27, jumped onto a military airfield in Beijing with the MAGPIE mission, which was immediately surrounded by armed Japanese who insisted that the war was not over. Forced into a truck, the team was taken to Japanese regional headquarters, where the officer-of-the-day also denied the war had ended. Lt. Gen. Takahashi finally arrived and acknowledged that he was aware of Japan's capitulation but said he was not yet authorized to release prisoners.

This team unexpectedly found, among over 600 Allied POWs in the area, Commander Winfield Scott

a. Others notable prisoners included Gen. Arthur Percival, former British Commander at Malaya, who had surrendered Singapore, and Benton Thomas, former Governor of Malaya.

Lt. Col. Jimmy Doolittle (second from left) and the crew of the plane he piloted in the raids over Tokyo on 18 April 1942. Photo: US National Archives.

Cunningham, who headed Naval and Marine forces on Wake Island and was captured when that island was attacked immediately after the attack on Pearl Harbor. Four of the famous Doolittle fliers also were found. Captured after their one-way, April 1942 raid on Japan, these were the only survivors of the eight crew members originally taken prisoner. Treated as war criminals, they had been tortured, starved, and kept in solitary confinement. Three were executed, and a fourth died of starvation and disease. Of the four who remained, one was so near death from beriberi that he couldn't be included in the first group of POWs flown out. Lapsing in and out of consciousness, and becoming increasingly psychotic, he was treated by Jarman in a hotel room converted to hospital use until he became sufficiently stable to be moved to Kunming.[15]

Among the last of these POW missions was the small EMBANKMENT mission to Saigon. The team was headed by Lt Emil Counasse, and included Dr. Sam Woolington and medic Sgt Ralph Nardella, in addition to a Sgt Hejna and a Thai radio operator. Both Woolington and Nardella were recent arrivals from Det 101, and technically Captain Woolington was by rank the senior member of the team. However, as rank was important to the Japanese, Counasse assumed a "temporary rank" of major, while Nardella and Hejna became captains. This mission was complicated by the development of violent anti-French rioting.

". . . when we carried the 'atomic gun,' people cleared off the streets in a hurry."

There were several episodes involving the team's medical personnel. One evening, for example, as Woolington and two others escorted 10 French women to their homes to retrieve their children, they were told that two American citizens (or British, depending on the account) were being held in a Vietnamese jail. They went to investigate and found hundreds of French men, women, and children, many having been tied up, beaten, and held in deplorable conditions. Woolington angrily lectured the jailer about the mistreatment, threatening that unless the women and children were released immediately, he would notify the American, British, Russian, and Chinese governments and "troops of the United Nations would intervene." As impressed as the jailer may have been with this argument, he also was concerned about the secret ray gun Woolington appeared to brandish, and soon agreed to his demands. Woolington's weapon was actually a Signal Corps Air-Ground Signal Gun, i.e., a light with a stock and sites, which he had carried to supplement his flashlight. When Woolington was asked what it was, he casually replied that it was "an atomic gun, just sent over from the States, which would destroy anything within five miles on a direct line of fire." Woolington was then allowed to bring 200 women and children back to the hotel where the team was staying. There they were fed and lodged for the night.

Given that atomic bombs had only recently been dropped on Japan, Woolington's gun was taken quite seriously in Saigon and, as the team leader reported, "we had no need of any other weapons. On the few occasions when we carried the 'atomic gun,' people cleared off the streets in a hurry. The last time we carried it we had two GIs walking in front of us, clearing the people out of the way of the deadly weapon."[16]

The War Ends and Another Begins

The OSS was abolished on 1 October 1945, just a month after Japan's surrender. This was far too early for all personnel due to be discharged to return to the United States. At the time, OSS had about 10,000 personnel (or about half its maximum strength), of whom about 6,000 were overseas. These remaining personnel were transferred to the War Department (9,000) or the State Department (about 1,000 ana-

lysts from the Research and Analysis Branch). Although those at the War Department were designated the Strategic Support Unit (SSU), most were en route to release from the service.

By the end of the year, SSU numbered fewer than 2,000. Emerging Cold War tensions led to systematic review of national intelligence needs and eventually the creation of the Central Intelligence Group [CIG]—the SSU was absorbed by the CIG and abolished in October 1946.[17] The CIG, in turn, was replaced a year later by the new Central Intelligence Agency.

At the time OSS was abolished, about two-thirds of the medical and psychology personnel who had been present in early summer were still on board, and all became part of SSU. As elsewhere in SSU, their numbers declined rapidly. Only a third of those present on 1 October 1945 remained at the end of the year, and a proportionately greater drop occurred in 1946.

Several OSS physicians were still in the field when SSU was created, serving in locations like Biebrich (near Wiesbaden), Vienna, Rome, and Trieste in Europe, and Shanghai in China. Biebrich and Rome had closed by the end of the year, and Vienna and Trieste by the end of summer 1946. Excluding the large numbers of medical personnel simply awaiting transportation home, more than 20 medical personnel—including at least two physicians—were on active assignments in Asia when SSU was established. Most were in the China Theater, but some remained in the SEAC area—at dispensaries in Ceylon, Rangoon, Singapore, and a China Theater supply base in Calcutta. Most of these were closed by the end of the year, and all by the following summer, which left only those still in China.

Agency Medical Division, January 1948. Dr. Tietjen far left, stands beside dentist Raymond Swanson; Paul Hoagland, now "civilianized," is fourth from right, over the shoulder of head nurse Katherine Werner (fifth from right). Others shown were lab, X-ray, pharmacy, physiotherapy, and dental technicians, and administrative clerks. Photo: CIA Archives.

China Theater surgeon Jackson Bostwick (successor to Farnie Loomis), and about a dozen medics were still in country on 1 January 1946. Bostwick had moved from Kunming to Shanghai in November 1945, when SSU China Headquarters relocated there. For a time, medics also operated new dispensaries in Canton and Qingdao, but these had closed by the end of 1946.

Unlike the situation in Europe and SEAC, the departure of the last of the former OSS medical personnel did not end the SSU-CIG medical presence. Postwar replacements were sent out to staff the small medical unit in Shanghai. One of these was Army detailee Ross Jung, who succeeded Bostwick as theater surgeon in June 1946. The 33-year-old Jung was Canadian by birth and had served as a combat/paratroop surgeon in the Canadian Army during the war. He entered the US Army in 1945, becoming a US citizen, and joined SSU-CIG. Ethnically Chinese, he was fluent in Cantonese. A replacement dentist and medic also were sent to Shanghai. After October 1946, these three were the only SSU-CIG medical personnel in the field.

Organizationally, the SSU Medical Services Office was placed in a newly established Office of the Assistant Director-Services (OAD-S). In December 1945, OAD-S was replaced by the Services Branch (under a Chief of Services), and the Medical Services Office was redesignated the Medical Division, within the Services Branch. Medical Division functions were formally transferred to the new CIG in April 1946 and remained there until the establishment of CIA in September 1947.

OSS Chief Surgeon Sylvester Missal left the service when OSS was abolished, and his deputy Willis Murphy became SSU's first chief surgeon. At the end of November, Murphy also left, and was succeeded by Pedro ("Pete") Souza, the former OSS Italian Operational Group surgeon. Dr. Souza had returned from Italy in June 1945 and eventually became Headquarters Dispensary surgeon. He remained the chief surgeon into CIA's earliest months.

At SSU-CIG headquarters, the medical staff generally numbered about 18, including two physicians, a dentist, a MAC officer, several medical technicians, a dental technician, two civilian nurses, and a small administrative staff. With the exception of the nurses, all were active duty Army personnel who would be replaced by other Army detailees at the end of their tours. Replacement physician John Tietjen, who later led CIA's medical office for almost three decades, arrived in 1946.

Most OSS physicians had joined while they were young and just beginning postgraduate training.

Most OSS physicians had joined while they were young and just beginning postgraduate training. Their wartime service averaged less than two years, and afterwards they resumed training and went into private practice as internists, pediatricians, surgeons, orthopedists, otolaryngologists, radiologists, family practitioners, and psychiatrists. Although many eventually published professionals articles, only a handful had careers in academia. Several of this latter group had become psychiatrists after the war, with one—Herbert Waldhorn—eventually serving as editor of the *Psychoanalytic Quarterly*. Christian Lambertsen had a long and distinguished career at the University of Pennsylvania. Dentist Robert Moyers, of the clandestine hospital in Greece, later published the *Handbook of Orthodontics*, a professional standard through four editions, spanning 40 years.

Unlike the medical staff personnel, a large majority of the psychologists and psychiatrists were drawn from university faculties and graduate programs, with many already established figures in their field. After the war, they virtually all returned to academia. Collectively, the 40 assessment psychologists and 12 assessment psychiatrists achieved stunning professional success as nationally recognized professors at leading universities, with over a thousand publications among them. Many lived to retire as professors emeritus, with two serving as presidents of the American Psychological Association.[18]

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Endnotes

1. Dr. Bush's account draws heavily from his research into OSS archival material housed at the National Archives. It was also informed by Col. Sylvester C. Missal's 2 August 1945 draft, "[OSS] Medical Services History [up to 1 September 1944]," a copy of which (with a few of Missal's papers) is found in CIA archives; and *Special Support Unit War Report: Office of Strategic Services (OSS)* (US Government Printing Office, 1949). Also contributing to Dr. Bush's account were conversations with OSS physicians John Hamblet (surgeon to both French and China Operations Groups), Walter Carpenter (Mediterranean Theater of Operations chief surgeon), OSS dentist James Harrison (China Operations Group), and Dr. Troy Sacquety, an authority on the history of OSS, author of a doctoral dissertation on the topic, "The Organizational Evolution of OSS Detachment 101 in Burma, 1942–1945" (Texas A&M University, 2008) and a 2014 book, *The OSS in Burma: Jungle War Against the Japanese* (University Press of Kansas).
2. History Staff of the Strategic Services Unit, United States War Department, *War Report of the OSS: Volume Two, The Overseas Targets* (Walker & Co., 1976), 382–83.
3. Archie Chun-Ming, "Report on Medical Activities, Detachment 101, CBI Theater," 31 August 1944.
4. Richard Dunlop, *Behind Japanese Lines: With the OSS in Burma* (Rand McNally, 1980).
5. Heidi A. Vion, "Booms from Behind the Lines: An Oral History of the Covert Experiences of the Office of Strategic Services Detachment 101 in the World War II China-Burma Theater" (masters thesis, California State University, Fullerton, 2004). Interview with Dennis Cavanaugh (longtime historian for the Det 101 Association Newsletter), 91.
6. William R. Peers and Dean Brelis, *Behind the Burma Road: The Story of America's Most Successful Guerrilla Force* (Little, Brown and Company, 1963), 206.
7. Bill Brough, *To Reason Why* (Hickory Tree Press, 2001). Some details relating to the Silver and Bronze Stars are included in Brough's OSS personnel folder. Most Det 101 histories claim that in the first of these rescues, two Kachin were shot while Brough was pulling them out, an experience that led to his relinquishing his conscientious objector status. Brough makes clear in his autobiography, however, that this decision preceded his joining Det 101; in fact, the first recommendation for his Silver Star stated that, as Brough ran to the wounded men, he shot and killed a Japanese soldier he encountered along the way—"without pausing in his advance."
8. Dr. Bush drew heavily on Lt Cmdr. James C. Luce (MC) US Navy, "Report on Tour of Duty With Office of Strategic Services Detachment 101, North Burma and Assam, November 1, 1943 to April 1, 1945," and James C. Luce, "Report of Activities of U.S. Naval Group China Medical Personnel Attached to OSS SO Detachment 101," (5 pp, undated, ca. May 1945), both unpublished accounts provided to him by Troy Sacquety. There are many firsthand accounts of the Det 101 experience, e.g., the above noted Peers and Brelis, *Behind the Burma Road*; Thomas N. Moon and Carl F. Eifler, *The Deadliest Colonel* (Vantage Press, 1975); Dunlop, *Behind Japanese Lines*; Tom Moon, *Grim and Savage Game: The OSS and U.S. Covert Operations in World War II* (Burning Gate Press, 1991); Brough, *To Reason Why*; Vion, "Booms from Behind the Line," which includes interviews with nine Det 101 personnel. The Detachment 101 Association Newsletter also contains useful information. The most extensive collection is held by Troy Sacquety.
9. This section was informed by War Reports 1:223–25, 2:77–79, 87–124, 128–29, 204–207, 454–57; an early CIA study without specified author, "Some Aspects of the Activities of the Office of Strategic Services Operational Groups in World War II: I. Origins and Use in the European Theater, and II. Operational Groups in the China Theater," 1945; and the detailed mission synopses found on-line at OSSOG.org. A degree of guesswork is required in allocating OG medics to the various Operational Groups. There were cross-over assignments among French, Norwegian, and Italian OG medics, and between Greek and Yugoslav medics. Often they were listed simply as OG-NA, referring to their initial assignment to the North African Theater, which could encompass all Mediterranean-based groups.
10. Discussions of Moyers and his hospital are taken from his detailed, almost 100-page, final report and his personal diary covering the period from November 1943 to late summer 1944, both of which are at National Archives II: RG 226, Stack Area 190, R8, C17, S4, Entry 144, Box 77, Fld 751; RG 226, Stack Area 190, R8 C17 S7; Entry 144, Box 100, Fld 1049.
11. The story is told in Robert E. Perdue, Jr., *Behind the Lines in Greece: The Story of OSS Operational Group II* (Author House, 2010).
12. F.K. Butler, Jr., "Closed-circuit oxygen diving in the U.S. Navy," *Undersea and Hyperbaric Medicine* 31(1):3–20 (Spring 2004): 3–20. See also https://www.cia.gov/news-information/featured-story-archive/2017-featured-story-archive/christian-lambertsen-secret-story-behind-scuba.html and his February 2011 obituary at https://www.nytimes.com/2011/02/26/us/26lambertsen.html.
13. The OSS Maritime Unit experience is discussed in War Reports 1:225-228, 2:102-103, 115, and 400.
14. This account is based on multiple sources, including Jonathan M. Wainwright, *General Wainwright's Story* (Doubleday, 1946; Greenwood Press reprint, 1970); and Hal Leith, *POWs of Japanese, Rescued!—General J. M. Wainwright* (Trafford Publishing on Demand, 2004). Leith was a member of the CARDINAL team.
15. A report of this mission is found in the memoir of team member, Dick Hamada, in "The Hawai'i Nisei Story: Americans of Japanese Ancestry During WWII," at http://nisei.hawaii.edu. Also see Ford, *Donovan of OSS*, 298. The Soldier's Medal citation in Jarman's OSS personnel file (Box 370) includes only the broadest statement of his involvement with MAGPIE. Doolittle POW Barr tried to commit suicide at Letterman, though within a year he had recovered psychiatrically, reportedly following a personal visit by Doolittle. In 1947, Barr retired from the Army on physical disability and pursued a successful career as a management analyst. He died of a heart attack in 1967, at age of 50.
16. This summary is taken from the mission reports, found at National Archives II, RG 226 190, R7, C8, S04, E 110, Box 25, Fld 284 (Nardella and Hedja), and R8, C27, S02, E 148, Box 124, Fld 2151 (Counasse), and the OSS personnel files of Woolington (Box 852) and

Nardella (Box 551). Some of this also appears in Dixee R. Bartholomew-Feis, *The OSS and Ho Chi Minh: Unexpected Allies in the War against Japan* (University Press of Kansas, 2006), 269–73, 384.

17. C. Thomas Thorne, Jr. and David S. Patterson, eds., *Foreign Relations of the United States, 1945–1950, Emergence of the Intelligence Establishment* (Government Printing Office, 1996), https://history.state.gov/historicaldocuments/frus1945-50Intel.
18. The two who served as presidents of the American Psychological Association were O.H. Mowrer (1954) and Donald Campbell (1975). One OSS officer, Edward Tolman, had been president before the war, in 1937.

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