

Medicine in the Korean War

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This year marks the 70th anniversary of the armistice which brought peace to the Korean peninsula after three years of bloody conflict. In commemorating those events, it is important to ensure that the medical aspects of the conflict are not forgotten - particularly because much less is known about this dimension of the war than its strategic and military aspects. This is not to say that health and medicine have been entirely neglected, but simply that these subjects have not received the attention they deserved, in view of their vital contribution to the war effort and centrality to the experiences of combatants and civilians.

This special issue of the *Korean Journal of Medical History* represents a small step towards correcting this imbalance. The essays in this and the subsequent issue of the Journal examine various facets of health and medicine in the armed forces and among civilians. The second of the two volumes concludes with reflections by Professor Martin Bricknell, the former Surgeon-General of the United Kingdom, on the significance of the conflict for military medicine today.

The project was conceived from a partnership between the universities of Oxford and Kings College London in the United Kingdom and the universities of Kyung Hee and Yonsei in South Korea, with historians from other institutions joining as it developed. The whole enterprise has been enabled by the generous support provided by the Arts and Humanities Research Council in the UK¹⁾, together with Yonsei and Kyung Hee universities. While

1) Medicine and Conflict: c.1945-c.1980: The United Kingdom and the 'Savage Wars of Peace,' AH/T013656/1.

the special issue re-visits some familiar themes in wartime medicine - such as the advent of helicopter evacuation - it also aims to highlight research on other subjects, as well as indicating areas in which further work is needed.

On reviewing the historical literature on health and medicine during the Korean War, one is immediately struck by its unevenness. As is well known, 16 countries participated in the war as part of the UN coalition fighting against North Korea and China, with a further 6 providing medical support, 40 material support and 6 reconstruction support (including medical). However, there are currently only three general histories of military medicine relating to the combatant nations' involvement in the war. One is a history of the ROK's medical corps (The Armed Forces Medical Command, 2004); one is a history of the Australian Army Medical Services (MacIntyre, 1981) and the other a history of US Army medicine (Cowdrey, 1990). Scholarship on other combatant elements of the UN force is either non-existent or concentrates on specific subjects which, together with research on the non-combatant nations, is discussed below.

Most of the medical historical literature on the Korean War understandably pertains to the contribution of the United States, which, as the senior partner in the coalition, guided the development of military medicine and provided medical facilities and transportation for its allies. Wounded servicemen of all nationalities passed through US Mobile Army Surgical Hospitals (MASH) and were treated by US personnel. While work on British Commonwealth and ROK forces provides some insight into how these arrangements were experienced by junior coalition partners, the picture remains patchy and there is a particular deficit when it comes to medical care forward of the MASH - i.e. at, or just behind, the frontline. Some of these matters are considered in the present volume in Park and Kang's analysis of the ROK evacuation chain but more work is required on frontline medicine in the forces of other nations.

A more obvious imbalance in existing scholarship is the relative lack of attention paid to medical arrangements in Communist forces. Some work has been published on medicine in the DPRK in wartime, stressing the importance of wartime medical aid from China to North Korea (Fan, 2019) and more specifically from the Yanbian Korean community in China (Moon, 2020). The formation of the DPRK's military medical system prior to the war is also discussed (Kim, 2017), while there has been important work on medical aid from Communist East European countries to North Korea (Kim et al, 2019; Vargha, 2020). Although not strictly a historical account, diseases among North Korean prisoners of war have been studied retrospectively from a medical perspective (Lee et al, 2013). However, we have relatively little information on DPRK combat medicine at the front and nothing at all on Chinese forces. For obvious reasons, this situation is unlikely to change soon but under-exploited resources such as prisoner of war interrogation reports might be able to shed a little light where there is currently none.

Topics covered in the extant literature are diverse but tend to group around certain themes, one of the most prominent of which is innovation. Innovation has long been a popular subject in the historiography of military medicine because those involved in such advances - most obviously as scientists and doctors - often wished to record their experiences for posterity. As a result, the notion developed that war was somehow 'good for medicine' (Cooter, 1990). A more critical reading of the historical record has cast doubt on some of these claims. While some medical specialities prospered due to the exigencies of war, others, less essential to the war-effort, atrophied. Similarly, advances occurring in wartime were sometimes lost in the very different conditions of peacetime (Cooter, 1993). The relationship between war and medical innovation is clearly complex, being shaped by the societies and cultures of which both are part.

The most famous innovation in the Korean War is the widespread use

of helicopters in medical evacuation and it is largely for that reason that the conflict is sometimes seen as pivotal in military medicine. Helicopter evacuation was certainly transformative, helping to save the lives of many wounded men who would otherwise have died from shock (Baker, 2012a). But it also needs to be put into perspective. Recent work has shown that the vast majority of wounded men were moved not by helicopter but over ground and, towards the end of the evacuation chain, by ship and fixed-wing aircraft (Barr et al, 2019). In an age when the movement of mass casualties is once again a reality (Economist, 2023), there may be other important lessons to draw from the Korean War, such as the organisation of evacuation by rail (Sibul, 2011). In any case, the evacuation chain is best understood as a system which requires effective management for any element to reach its full potential (Harrison, present issue).

Most of the other medical advances which have been highlighted by historians of the Korean War concern surgery - particularly vascular, plastic and neurological surgery (Baker, 2021b; Friedman, 2017) - and to a lesser extent research on some aspects of infectious disease, including the haemorrhagic fever now known as Hantavirus (Lee et al, 2004). These are all areas in which there were clear and lasting improvements in knowledge and practice. There were also general advances in systems of care; for example, in the management of wound-shock (Perry, 2020). However, the Korean War may have had a more formative and lasting impact on the armed forces of some nations than others. Primary sources also occasionally reveal disagreements in the handling of casualties (see Harrison, present issue) and occasionally failure to share research findings.²⁾ It is impossible to delve too deeply into these matters in a short introduction but suffice it to say that medical innovation in the Korean War was a complex process. Bold claims

2) For example. Some senior British physicians were concerned that research conducted on wound shock in US institutions was not shared with the British War Office: see Observations on the Treatment of the Wounded in Korea, FD 1/4908, The National Archives, UK.

made immediately after the war may need to be reassessed in a systematic and dispassionate way.

Most of the literature on innovation during the Korean War relates to the management of physical trauma in one way or another but there is also a substantial amount of scholarship on other forms of trauma and on non-battle casualties in particular. Some of this research focuses on the control of infectious diseases; for example, on the efforts of civilian administrations - with the support of the United Nations Civil Assistance Command - to prevent and treat diseases among civilians (Lee, 2020). Some medical histories also describe the disease burden in UN forces and the action taken to reduce it (e.g. Cowdrey, 1990), while other scholarship examines specific aspects of this problem such as sexually-transmitted infections (Fitzpatrick, 2015). Non-battle casualties in the form of cold-related injuries have also received detailed attention (Mackenzie, 2011), as has the psychological trauma of war (e.g. Fitzpatrick, 2017; Shin et al, present issue). There remains scope for more research in all of these areas and there are ample sources in Korean and foreign archives to sustain such work.

Another major theme arising from the historiography of medicine in the Korean conflict may be described as experiential. This includes analysis of what medical staff thought about their work in Korea (Lee, 2021); about relations between conscripts and regular military doctors (Choi, 2015); and the experiences of nurses (Jeong et al, 2018). As far as particular medical institutions are concerned, most accounts pertain chiefly to medical units of the US forces (Ha, 2021; King et al, 2005) but there are also valuable studies on Korean hospitals providing medical aid to civilians (Kim, 2021) and that provided to both combatants and civilians by Norwegian, Swedish and Danish units (Lockersten et al, 2019; Kim et al, 2022). Much of this literature stresses the spirit of comradeship and cooperation which bound the UN coalition together; a spirit which continued in the years after the

armistice, most obviously in the relationship between the ROK and the US (Kim et al, 2000).

Finally, although it overlaps with other categories of historiography, it is important to note the abundance of scholarship on germ-warfare allegations made by the North Koreans, Chinese and Russians against US forces (e.g. Cowdrey, 1983; Endicott, 1979). Even though these allegations were subsequently broadcast as propaganda, they may have emerged from real fears about the intentions and potential of Western forces, especially in view of the immunity against prosecution given to notorious members of the Japanese biological weapons section, Unit 731 (Chen, 2009; Rogaski, 2002). Allegations of germ warfare in Korea have never been substantiated (Leitenberg, 2012) but they serve to highlight the growing importance of medicine in wartime. From the beginning of the twentieth century, allegations concerning violation of the Geneva Convention were made increasingly in relation to medical care, medical science and medical facilities (e.g. Harrison, 2010). This illustrates the growing importance of medicine in military and public discourse; a theme which is likely to develop in further scholarship on the conflict in Korea.

This brief review of secondary literature on health and medicine in the Korean War has attempted to reveal the contours of scholarship to-date, chiefly in order to indicate areas in which there is greatest potential or need for further research. The qualities of existing scholarship notwithstanding, the conflict in Korea remains poorly served by comparison with the two world wars or even some earlier conflicts (e.g. Cooter et al, 1998; 1999). In some cases, there is little immediate prospect of correcting this imbalance because the sources are inaccessible or no longer exist. But in the case of medical arrangements in the armies of the North or the forces of China, creative use of UN-force documents and the memoirs of POW may provide brief glimpses into an otherwise impenetrable space.

Fortunately, other badly neglected areas can be illuminated by sources which are easier to obtain. One of these is the perspectives of sick and wounded men - and also in some cases of civilians - who experienced the harsh medical realities of war. Analysis of their views and experiences would add a critically important dimension to a historiography which is dominated by doctors, nurses and scientists. As research on other major conflicts has shown, the viewpoints of patients sometimes contrast markedly with those of medical staff, with whom they were bound in complex power relationships mediated by rank, social class, ethnicity and so forth (e.g. Carden-Coyne, 2014). The perspective of wartime casualties is also vital in allowing us to understand how the chain of evacuation functioned in practice. Unlike doctors or nurses, military casualties experienced all or much of the evacuation chain rather than just a single segment or institution. Finally, it would be productive to bring historical scholarship on medicine in the Korean War into dialogue with the historiography of other aspects of the conflict. Only then can we truly understand the contribution of medicine to the success or otherwise of military operations.

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