Medical Support Provided by the UN’s Scandinavian Allies during the Korean War†

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1. Introduction

Studies that examine the Korean War in terms of medicine and public health are scarce, and those that have been conducted have focused

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on the medical assistance and public health activities and the legacies of the United Nations forces, particularly the United States military that participated in the Korean War, Park Yoon-Jae explained that the Korean War laid the groundwork for the development of surgical sciences such as neurosurgery, thoracic surgery, and anesthesiology, and that postwar US funding from the International Co-operation Agency (ICA) helped to rebuild the pharmaceutical industry and introduced American-style medical education through the Minnesota Project and the China Medical Board (Park, 2021). In summarizing the outbreaks of various infectious diseases during the Korean War and the activities of the United Nations Civil Assistance Command (UNCAC) in responding to them, Lee Im-Ha emphasized that “public health care in Korea was established during the Korean War.” According to her, it was during the Korean War that infectious diseases were scientifically understood and a system was put in place for public health activities that were different from the past, such as vaccination and DDT spraying (Lee, 2020: 6). These studies reflect a recent research trend that, as Lee Dong-Won points out, overcomes the tendency to focus on the 1960s and beyond as the period in which the foundations of Korean healthcare were laid, and emphasizes that the Korean War, on the line of liberation, division, and Cold War conflict, was also an important event that laid the foundation for modern medicine and public health (Lee, 2020).

These studies are notable for the following reason; while emphasizing the influence of the United States as the main driving force behind the

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1) In his autobiography, Moon Tae-Joon, a surgeon who worked on the front lines during the Korean War, highlighted surgical treatments such as neurosurgery and cardiothoracic surgery, as well as blood transfusion and anesthesia, preventive medicine, and patient transport systems as areas of development due to the war (Moon, 2000).
development of a modern healthcare system in Korea after the Korean War, other countries’ medical assistance and their impact have been relatively neglected. In other words, there is a relative lack of research on the activities of the European countries that participated in the Korean War or provided medical assistance, and there is also a lack of systematic data collection, organization, and analysis of their medical assistance. There are studies by Park Ji-Wook that summarized the activities of the Swedish Red Cross field hospital in Busan during the war, as well as studies that outlined the activities of three Scandinavian countries that provided medical assistance from a humanitarian perspective, and introduced the participation of the Norwegian medical personnel in the war and their social work in Korea thereafter (Korean Dental Association, 1997; Sung, 2010; Park, 2010; Kim and Yang, 2021). In this context, it is necessary to summarize the activities of the European countries that provided medical assistance during the Korean War and to examine the implications of these activities in order to understand the relationship between the Korean War and medical care and public health in a wider global historical context.

The literature on the Korean War and the European medical assistance is sparse. This is probably because it was not easy to do research by referring to archives of various countries with various languages. What is available places the Korean War at the center of the international Cold War order and outlines the perceptions and responses of the three Scandinavian countries. According to these studies, Sweden, which maintained an outwardly neutral stance (but leaned toward the liberal camp), and Denmark and Norway, which were members of the North Atlantic Treaty Organization (NATO), had no choice but to respond in a way to the UN Security Council’s decision to support South Korea after
the outbreak of the Korean War. Concerned about the threat from the Soviet Union and the communist bloc, however, as well as their own security situation, the three countries decided to send medical aid in cooperation with their local Red Cross. A study that has interpreted the wartime activities of these medical teams as “humanitarian” have provided concrete examples of how they treated not only wounded soldiers but also civilians, even rescuing orphans, widows, and poor evacuees, and training Korean medical personnel. According to the study, while the wartime context forced these medical teams to take the form of a military organization, their activities themselves were in line with the ideals of the Red Cross (Midtgaard, 2011). Another study argued that the humanitarian nature of their medical assistance cannot be fully explained in isolation, and it has been argued that the three Scandinavian countries, which were observers of the political turmoil on the Korean Peninsula after the World War II and the controversy over the recognition of its legitimacy (the so-called “Korean Question”), used the Korean War medical assistance as part of their diplomatic strategy during the Cold War. It claimed that it also contributed in restoring diplomatic relations with South Korea after the war (Saxer, 2017).

On the other hand, there are studies that summarized the medical assistance of these countries in an actual three-year war situation rather than in an international context. Östberg uses the Swedish Red Cross field hospitals as an example to explore the duality of military and humanitarian medical assistance. During the urgency of the war, this duality was not a problem, but after a lull or a ceasefire, there was inevitably noise about the role and status of the Swedish Red Cross field hospital. Other studies, by examining nurses’ and doctors’ memoirs and testimonies from the
time, emphasized that such conflicts were less pronounced in Norwegian mobile surgical hospitals (Östberg, 2014; Lockertsen and Fause, 2018; Lockertsen, et al., 2020).

Researching and drawing on local archives from Sweden, Denmark, and Norway, this paper specifically examines and analyzes the nature of medical assistance in the three Scandinavian countries during the Korean War. By examining the context and debates that led to the decision to provide medical assistance, as well as the medical and public health activities on the battlefield, this paper will explore common characteristics and differences in Scandinavian medical assistance, and how it was related to the medical assistance provided by the UN or the US military. This study aims to shed new light on the relationship between the Korean War and medical care in the context of the Cold War through the activities of the European countries, especially the Scandinavian countries which proved to be highly influential in the process of shaping modern Korean medical system by supporting the establishment of the National Medical Center after the war.

This is to provide an overall picture of medical activities during the Korean War. The reason this paper pays attention to medical support from Scandinavian countries is because, as mentioned earlier, many studies on the ‘Korean War and medical care’ mostly have focused on medical support from the U.S, military. And these studies emphasized the

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2) We searched The Swedish National Archives, The National Archives of Norway, and The Danish National Archives with keywords such as ‘Korean War’, ‘Red Cross’, ‘Swedish Red Cross Hospital’, ‘Jutlandia’, and ‘NORMASH’, and contacted the librarians of each institution to determine the status of the materials. In addition, several research assistants were dispatched to the site to secure data on each country’s perception of the Korean War, discussions and preparations for dispatching medical support teams, and each country’s actual activities during the Korean War.
structure leading to the Japanese colonial period, liberation, the Korean War, and the establishment of a modern public health system. However, Scandinavian countries also dispatched medical support groups to the Korean War, carried out various types of medical activities such as field hospital, hospital ship, and mobile hospital at both the front and rear, and also contributed to the establishment of the National Medical Center after the war. Therefore, research on medical support in Scandinavian countries has the meaning of expanding the topic of ‘Korean War and medical care’ from a narrative centered on the US military to a more global context, and at the same time, helps to understand a new path for Korea's public health system to be created after the war and also to reconstruct the history of modern medicine in Korea.

2. Politics of Cold War and American Medical Support during the Korean War

The Scandinavian countries joined the League of Nations which was founded in 1920 immediately after World War I, but had maintained a neutral position in the international order. Because these countries had long been recognized as relatively small powers in Western Europe, and because they had never been colonized or dominated other countries in history (although Denmark ruled Greenland), there was no room for them to become involved in major conflicts in the international society. In fact, an analysis of the activities of Scandinavian state officials dispatched to the Secretariat of the League of Nations shows that they coordinated different opinions in areas where the interests of the great powers competed, for example, in departments dealing with ethnic minorities, trusteeship, and
disarmament issues. Although the detailed diplomatic strategies of each country were slightly different, the Scandinavian countries’ attitudes toward international politics did not change significantly until the end of World War II and the outbreak of the Korean War (Gram-Skjoldager, et al., 2019).

However, this did not mean that these countries were out of touch with or indifferent to the international situation. Rather, these countries were deeply involved in the international order in the early Cold War, to the extent that Trygve Lie, the Norwegian Foreign Minister, and Dag Hmmarskjold, the Swedish diplomat, served as the first and second secretaries-general of the United Nations, which was established in 1945 (Barnes, 2019). 3) In particular, right after World War II, when Cold War conflicts and disputes were sparking around the world, the UN showed differing opinions on how to coordinate them, and one of them was the issue of the Korean Peninsula. Beginning in late 1947, each country’s position on the Cold War order was revealed in the United States’ proposal to establish the United Nations Temporary Commission on Korea and in the UN discussions surrounding South Korea’s independent election and government recognition. In this process, the three Scandinavian countries leaned toward the liberal camp due to their disappointment with the collapse of the Scandinavian Defense Union which they had been promoting for a long time, the benefits they received from the European economic support from the United States called the Marshall

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3) In particular, when the Korean War broke out, Lie held an emergency Security Council meeting, emphasized the obligation to respond to North Korea’s military actions, and further asked all member states to inform them of the types of support they could provide to South Korea. Additionally, while the war continued, Lie secretly met with the Chinese representative to the United Nations to discuss a ceasefire.
Plan, and the implicit threat from the Soviet Union, Norway and Denmark, which expressed a clear line when they joined the North Atlantic Treaty Organization in 1949, and Sweden which did not join NATO and waited on the sidelines, did not officially recognize the Korean government, but kept an eye on ‘Korean Question’ as an important issue in the Cold War conflict (Saxer, 2017: 131-135).

In this situation, the Scandinavian country, which was requested by the UN Security Council to support Korea, decided to send a medical support group instead of troops. Their activities were bound to take on a very different character from American medical support which had to provide relief not only to their own soldiers but also to entire UN forces and even civilians. During the Korean War, US medical assistance consisted of two main components: “military medicine,” provided by the medical section of the US Eighth Army, and rear medical assistance provided by the UN CACK.

The US Eighth Army’s medical support was for US soldiers and POWs under the auspices of the United Nations, as well as UN and ROK forces. The Eighth Army’s medical support system consisted of four types of hospitals; the mobile army surgical hospitals (MASHs) that traveled close to the battlefield to provide urgent care for wounded soldiers; smaller field hospitals that were set up a short distance from the battlefield; evacuation hospitals that provided temporary care for patients whose injuries were severe enough to warrant evacuation to the rear; base hospitals in the rear. In terms of specialties, orthopedic and neurosurgery were the mainstays, with ophthalmology, dentistry, psychiatry, and preventive medicine also included. In addition to treating wounded soldiers, the US military’s medical support was mostly aimed at soldiers regardless of the
war situation. The MASH medics treating trauma patients would go to field hospitals or evacuation hospitals to help treat the wounded once the fighting had subsided. In cases of evacuation hospitals, because during lulls in the fighting, there were not as many wounded soldiers to transfer, they focused on treating soldiers’ other ailments, such as hepatitis and hemorrhagic fever rather than trauma patients. Urologists treated patients who had been injured in that area during combat and then, during lulls, treated conditions that made combat uncomfortable, such as cystitis and sexually transmitted diseases. Preventive medicine personnel were concerned with identifying infectious diseases that could affect UN and US troops, such as typhus, relapsing fever, malaria, and typhoid, and improving sanitation (Cowdrey, 1987).

Medical assistance to civilians was the responsibility of UNCACK, not the US Eighth Army. UNCACK was a new type of organization that was created as a civil affairs proxy within the military command structure, and was responsible for providing supplies for civilian relief, including food, housing, and medical supplies; investigating public health and sanitation; and responding to epidemics. To prevent civilian epidemics, especially infectious diseases such as typhoid, typhus, and diphtheria, UNCACK restricted the movement of evacuees, screened them for infection, and worked to improve sanitary conditions. It also worked to immunize the civilian population, nearly the entire population, and sprayed large amounts of DDT to eradicate the vectors of infectious diseases. To ensure that these efforts were carried out throughout the country, UNCACK set up health clinics and sanitation units in each district, paving the way for a modern public health system after the war (Lee, 2021).

The nature of the Scandinavian countries’ medical assistance is even
more striking when compared with that of the United States. Unlike the US Eighth Army and UNCACK, whose roles were clearly defined and coordinated across the Korean Peninsula, the three Scandinavian countries, although under the command of the US Eighth Army, provided a combination of military and humanitarian medical assistance, depending on where and how they operated and how the frontline evolved. Conditions on the battlefield made this possible, along with the fact that the countries’ medical support arrangements were initially centered around the Red Cross.

3. The Swedish Red Cross Hospital

Sweden, where cooperation between military medicine and civilian medicine has traditionally been smooth, has been providing medical support through the Red Cross to overseas wars since the 20th century. The Swedish Red Cross, which carried out humanitarian medical activities during the Balkan Wars (1912-1913), established a Swedish hospital with 400 beds in Vienna during World War I to provide relief to the wounded and civilians. Also, during the Finnish Civil War (1918), an ambulance of the Swedish Red Cross with 4 employees was dispatched, and during the Second Italo-Ethiopian War, 12 doctors, medical students, and nurses provided medical support. And during World War II, 102 Swedish doctors provided medical support on the battlefield (Khorram-Manesh, et al., 2020).

When the Korean War broke out, Sweden, wary of the Soviet Union’s post-World War II expansion into Europe but not a member of the North Atlantic Treaty Organization (NATO), had to decide what to do while
keeping an eye on developments of the situation in the United States and the Soviet Union. Already before the Korean War, the Swedish government had taken an interest in the situation on the Korean Peninsula through its diplomatic channels around the world. Telegrams from Moscow, for example, reported that communists were waging small-scale guerrillas in South Korea and distributing hundreds of thousands of leaflets, and that political rallies were being held in Pyongyang, North Korea.\(^4\) When receiving word from Washington on June 26, 1950, of North Korea’s invasion to South Korea, the US response and the UN Security Council resolution, the Swedish government recognized the armed conflict between North and South Korea as not just a localized conflict, but a global Cold War confrontation. It viewed the Korean Peninsula as part of a larger Cold War confrontation with Formosa (now Taiwan), Japan, the Philippines, and Indochina, and was concerned about how the Soviet Union would understand the US intervention. While the Swedish government understood that US support for South Korea through the UN was not aimed directly at the Soviet Union, it was concerned about how the Soviet Union would react to such a move, and uneasily saw Poland’s actions as following Soviet’s signals. In fact, Swedish diplomatic documents contained language that painstakingly acknowledged that “the UN Council’s resolution condemning North Korea’s aggression against South Korea and supporting South Korea is a problem for us” and that “the government prefers to avoid any discussion of its legal basis in the

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\(^4\)”Korean Communist Partisan Movement,” (1950.2.6.) HP685A_1 HP1 Xko1_5, UTRIKESDEPARTEMENTET_1920 års dossiersystem, Swedish National Archive (hereafter, U_SNA); “Translation of notice posted on Izvestia on June 8,” (1950.6.7.) HP685A_1 HP1 Xko1_8, U_SNA.
current situation,"5)

The Swedish government was initially ambivalent about the UN Security Council resolution on the Korean War, but eventually decided to provide non-military support. After a radio outlet misleadingly reported on June 30 that Sweden would not provide any assistance to South Korea despite the UN’s request, the Swedish government issued a final statement on July 3.6) Its position was twofold: first, in response to the resolution condemning North Korea’s aggression against the South and prohibiting assistance to North Korea, the government said it did not need to take any further action because it already had no diplomatic or commercial relations with North Korea. However, when it came to what kind of support it would provide to South Korea, the government declared that “the Swedish government, which does not have the possibility to commit troops, will consider other forms of support as far as possible.”7) Being aware of the Soviet Union’s position that the UN Security Council resolution had no legal force on them, the Swedish government responded passively by simply agreeing with the UN Security Council’s view without taking any further artificial measures to North Korea, and by offering support to South Korea in other ways but the deployment of combat troops.8)

Compared to the United States, medical aid in Sweden was prepared from the beginning for humanitarian purposes centered on the Red Cross,

5) “Telegram,” (1950,6,26.) HP685A_1 HP1 Xko1_10, U_SNA; “Telegram in form-ciper from Washington,” (1950,6,27.) HP685A_1 HP1 Xko_24, U_SNA; “Telegram,” (1950,6,28.) HP685A_1 HP1 Xko1_28, U_SNA; “Telegram,” (1950,6,29.) HP685A_1 HP1 Xko1_82 & 86, U_SNA.
6) “Telegram,” (1950,7,3.) HP685A_1 HP1 Xko1_169, U_SNA. The Swedish government responded to the misinformation, saying that it had not yet had a chance to comment on the situation due to several diplomatic processes.
7) “Telegram,” (1950,7,3.) HP685A_1 HP1 Xko_250, U_SNA.
8) “Telegram,” HP685A_1 HP1 Xko1_15, U_SNA.
On July 14, the Swedish Foreign Minister wrote to the UN Secretary-General, informing him that since it was not feasible to send combat troops, Sweden would send a field hospital instead, which would be staffed and paid for by Sweden. On August 10, after the resolution to send a field hospital was passed by the parliament, the Swedish government entrusted the Swedish Red Cross with the preparation of the field hospital. The Swedish Red Cross recruited doctors, nurses, and other personnel to support the hospital from all over the country, and 176 of more than 600 volunteers were eventually selected for the mission. Colonel Carl Erik Groth was appointed to lead the field hospital, and the group departed Stockholm on August 24. The process was fast-paced, requiring only 15 days from onset to the time it received the necessary medical supplies and medicines (Park, 2010; Saxer, 2017).

Called the Swedish Red Cross Hospital (SRCH), the field hospital medical staff arrived in Busan on September 23, 1950, and began treatment on the 25th. By the time the SRCH opened for business, the UN and ROK forces had largely recovered the area south of the 38th parallel following the Inchon landings and the recapture of Seoul. The original plan was for the SRCH to follow the UN troops north, traveling up to Heungnam and Wonsan in North Korea and on-site survey was conducted. However, when the UN forces retreated again, the SRCH's move was canceled, and instead, the UN command wanted the SRCH to serve as an evacuation hospital to treat the wounded brought back from the front and transport them back to Japan. Recruited through the Red

9) Colonel Carl Erik Groth was a former military doctor working for the Swedish Red Cross Hospital and an important figure in military medicine who studied military healthcare in the United States and served as chairman of the Swedish Military Hospital Board (Park, 2010: 195).
Cross, but under the command of the US Eighth Army, the SRCH received
the necessary supplies and medical equipment from the US Sixth Army
and could not refuse the UN military command’s request. So, it opened
its doors at Busan Commercial High School with two wards, 16 patient
rooms, as well as examination rooms and operating rooms. A total of 169
people, including 92 medical staffs, worked at the SRCH when it opened,
and additional US military officers and soldiers were deployed to help
run the hospital, providing administrative support, distributing medical
supplies, and keeping medical records for the wounded. An additional
200 Koreans were employed as cleaners, janitors, laundry workers, and
security guards. In the three months between its opening and the end
of December 1950, the SRCH treated more than 3,000 patients from
13 countries, including US and South Korean soldiers, as well as North
Korean and Chinese POWs (Park, 2010).

In addition to treating the war wounded, the SRCH actively provided
care and relief to the civilian population. Especially as talks of a ceasefire
began to emerge in 1951, the battlefield became more localized than
widespread, and the number of severely wounded brought to Busan
decreased. Already treating UN and South Korean soldiers, as well as
wounded North Korean and Chinese POWs, the SRCH began to provide
relief and treatment to civilians in the Busan area as the fighting reached a
stalemate. With hundreds of thousands of evacuees in the city, there was
a severe shortage of doctors and medical facilities to treat the patients. The
SRCH was able to treat patients who were in a serious stage for civilian
hospitals, thanks to medical equipment and medicines brought in by the

10) Under the command of the US Eighth Army, they were later named the Medical
Administrative Detachment, 8211 Army Unit.
Swedish Red Cross, as well as trained medical staff. In the 13 months between June 1951 and June of the following year, when there was a lull in the fighting, more than 900 patients were admitted to the SRCH, and more than 7,800 outpatient civilian patients were photographed and examined in the radiology department. In some cases, the SRCH medical staff went outside the hospital to work at the Busan Railway Hospital or the Municipal Relief Hospital, treating civilians there and transferring patients who could not be treated locally to the SRCH. In January 1952, a separate ward was set up for civilian children, and in May, a separate clinic for civilian patients was established and started to operate. In the spring of 1953, beds were set up for civilian tuberculosis patients, and they were devoted to their treatment to the point of supervising their diets, and BCG vaccinations were conducted throughout the city of Busan (Park, 2010; Saxer, 2017; Kim and Yang, 2021).^{11}

From the beginning of establishing a field hospital in Busan rather than Wonsan, Sweden’s medical support was influenced by the trends of the war. And when the battle was fierce, as a member of the US 8th Army headquarters, SRCH provided military medical support by treating wounded soldiers evacuated to the rear, but when the front line was in a lull, it treated and rescued civilians relatively freely. Unlike the US military, which carried out medical activities separately for military and civilian populations, Sweden’s medical support was flexible depending on the war situation.

4. The Danish Hospital Ship, Jutlandia

Denmark’s medical support also had its starting point no different from Sweden. After suffering a shocking defeat by the Prussian and Austrian armies in 1864, Denmark was skeptical about whether the country was too small to survive as an independent nation, and for a long time it made it a principle not to intervene in international disputes. Therefore, she avoided being caught up in World War I, and adopted a policy of adapting to the German occupation after 1941 rather than fighting (Daugbjer and Sørensen, 2017).

As soon as the Korean War broke out, the Danish Ministry of Foreign Affairs, which received a request for support for Korea from the US Embassy in Copenhagen, struggled to find the ‘least negative’ respond. In a situation where the opposition party and Congress opposed sending troops, there was also a need to maintain troops at home to prepare for the Korean War if it expanded and spread to Europe (Saxer, 2017: 137). So the Danish government, as a member of the UN, decided to provide humanitarian assistance to South Korea and quickly moved on with preparations. First, a committee was set up under the chairmanship of Kai Hammerich, president of the Danish Red Cross, which included the medical directors of the Danish Army and Navy and the director of the Danish Red Cross. In early July, in discussions with the UN Secretary-General, the US Department of State, and the American Red Cross, it was decided to provide medical assistance in the form of an “ambulance medical unit” such as a hospital ship. Based on this decision, the Danish Ministry of Foreign Affairs searched for several ships, and on August 18,

12) Beretning om Jutlandia-ekspeditionen, 5-7, Danish National Archives (hereafter, DNA).
the East Asia Company’s Jutlandia was offered. The Danish government and the Red Cross formed the ‘Jutlandia Expedition’, which was headed by Hammerich who had just resigned from the Red Cross, and assembled a staff including a hospital director to run the hospital and a captain to command the ship. The Jutlandia departed Copenhagen on January 23, 1951, and arrived in Busan on March 7, and began its first medical aid, which was to be followed by two more medical aid expeditions until 1953.

Compared with the Swedish case, the Danish medical aid which was prepared from July 1950 and started in January the following year, was not as smooth as expected, in part because of the unfamiliarity of hospital ships. The cost and lack of time to convert the Jutlandia into a hospital ship, and the lack of experience in how to do so were a problem. First, the original Jutlandia had a low deck height, so the ceiling of the operating room was too low, and the ventilation system was inadequate to provide a suitable environment for surgery. An even bigger problem was air conditioning. With uncertainty about how long the war would last and how much it would cost, air conditioning was put off when the

13) Beretning om Jutlandia-ekspeditionen, 7-8, DNA.
14) Beretning om Jutlandia-ekspeditionen, 14-16, DNA. The Jutlandia made three expeditions to Korea to provide medical assistance, totaling more than 630 people. There were 314 people who operated and managed the ship, and 262 medical personnel, including hospital directors, doctors, nurses, and medics. The rest were officers and enlisted men, including a wealth officer from the American Red Cross and liaisons with the United Nations, as well as the expedition leader, chaplain, and press secretary. Beretning om Jutlandia-ekspeditionen, 31-32, DNA.
15) Beretning om Jutlandia-ekspeditionen, 34-37, DNA. During the three expeditions, Hammerich remained in charge of the expeditionary force, while the hospital director rotated among four men, Morgens Winge from October 1950 to September 1951, Harry Brocks from September 21, 1951 to December 5, 1951, H.H. Zimsen from December 6, 1951 to February 28, 1953, and finally H. Trmsen. Beretning om Jutlandia-ekspeditionen, 125, DNA.
ship was refitted for the first expedition. However, with low ceilings in
the operating rooms and temperatures ranging from 34 to 40 degrees
Celsius, the need for air conditioning became even more urgent when
the ship was later used to transport wounded European soldiers back
home from Korea. This problem was only solved in May 1953 when the
third expedition began. Another problem was the unavailability of
helicopters to transport wounded patients from the front to hospital ships,
because there was no landing zone for helicopters to land on the early
Jutlandia. This problem was solved after the ship returned to Denmark
from her second expedition, when a new helicopter landing pad was
installed.

Arriving in Busan on March 10, 1951, the Jutlandia operated under
the command of the US Eighth Army Hospital Corps. This was a time
of intense Chinese offensive, and the ship began receiving patients
transported by ambulance the very next day after the arrival and being
greeted by President Syngman Rhee, Admiral Son Won-il, and John B.
Coutler, Chief of Staff, U.S. Eighth Army. By the end of March, the ship
had treated a total of 300 patients, operating simultaneously in the ship’s
three operating rooms. By April, the expedition leader, Hammerich
wanted to move the Jutlandia to Incheon instead of Busan, but after
inspecting the US hospital ship in Incheon, he dismissed the idea. The
reason was because, in his opinion, the US hospital ship which was much

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16) Forsvarets Arkiver Militære per, 52, DNA; Beretning om Jutlandia-ekspeditionen, 26-27,
DNA; Materiale vedrørende Jutlandiaudvalget 2, 319-322, DNA. In his June 1951 report,
the expedition leader noted that, in consultation with the US military, it was decided that no
surgery would be performed on the Jutlandia for the time being, and that it would be used
only as a place for patients to stay. Materiale vedrørende Jutlandiaudvalget 2, 200, DNA.
17) Beretning om Jutlandia-ekspeditionen, 27-28, DNA.
18) Beretning om Jutlandia-ekspeditionen, 38-39, DNA.
larger than the Jutlandia, was running empty in Incheon with fewer patients, the doctors looked exhausted, and the atmosphere on board was subdued. Hammerich felt it was unreasonable for the Jutlandia to spend time in Incheon like the American hospital ship, since it was only there for a limited time with the voluntary support of the Danish Red Cross and the Danish government. Unlike the American and British hospital ships which had the more important purpose of treating their own soldiers, the Jutlandia was better off working in Busan where the need was greater, rather than waiting in Incheon. 19)

After five months of medical support, the ship departed Busan on July 24 to return to Europe and arrived in Busan for the second time on November 16, 1951. On March 29, 1952, the ship departed Busan for Europe again, this time with a stopover in Japan along the way. As with the first trip, the ship returned to Denmark to transport wounded multinational soldiers to their respective homelands in Europe. The ship had returned to Europe with 202 wounded soldiers on board after the first expedition and this time with 194.

On her third expedition with a new helicopter landing pad, the Jutlandia arrived in Incheon on November 20, 1952, with orders to replace one of the US hospital ships in the city. Attached to the US Marine Corps’ 1st Marine Division, the Jutlandia remained in Incheon for six weeks at a time for four tours, housing and treating US Marine Corps patients and civilians. After June 1953, as the front stabilized and the 1st Marine Division moved to the rear, the Jutlandia followed them to Busan. Since the American soldiers wanted to be treated on American hospital ship, so the ship was unable to

19) Materiale vedrørende Jutlandiaudvalget 2, 221, DNA; Materiale vedrørende Jutlandiaudvalget 2, 230, DNA; Materiale vedrørende Jutlandiaudvalget 2, 250-254, DNA.
receive many patients in Busan, but it used the chance instead to receive and treat Korean civilian patients. On August 16, the ship departed Busan for Tokyo, where it loaded up with POWs and wounded soldiers before leaving for Europe, arriving in Copenhagen on October 16 to complete its final journey.  

During her three expeditions, which totaled 998 days from January 1951 to October 1953, the Jutlandia received an average of 50 to 100 patients per day, with 250 to 300 patients during major battles, one-third the capacity of the US hospital ships. According to data reported to the hospital director, there were 4,360 surgical patients, 706 internal medicine patients, 4,585 operations, and 7,531 x-rays.

Depending on the situation at the front, the Jutlandia also worked to relieve and treat civilians in addition to military soldiers. By the time of her second voyage, there was a lull in the fighting, so the ship’s medical staff, in consultation with the US Eighth Army, began accepting civilian patients from an underdeveloped Korean civilian hospital. The ship’s desire to accept civilian patients had already been expressed during the first expedition. In May, 1951, expedition leader Hammerich proposed opening the ship’s facilities to civilians, but he was unable to overcome the concerns of the US Eighth Army which feared a shortage of beds when the fighting intensified and the number of wounded soldiers increased. It was not until the second expedition that an agreement was reached to open some beds to civilians when the fighting calmed down. The team also visited a hospital in the city center of Busan to treat patients in cooperation with the United Nations Civilian Accreditation Commission in Korea (UNCACK) and the United Nations Korea Reconstruction Agency.

20) Beretning om Jutlandia-ekspeditionen, 86-87, DNA.
21) Beretning om Jutlandia-ekspeditionen, 102-107, DNA.
22) Beretning om Jutlandia-ekspeditionen, 53-54, DNA.
During her second trip, the Jutlandia confirmed a lull in the fighting and opened her spare beds to civilians, but during her third trip to Incheon, she was even more proactive in providing medical assistance to civilians. After visiting the civilian hospital in Incheon and seeing its dilapidated facilities, Jutlandia obtained permission from the US military to transfer civilians to the ship and began treating them, especially surgical patients. The ship’s medical staff set up a polytechnic to treat civilian patients and delivered medical supplies to civilian hospitals and orphanages in Incheon.

5. The Norwegian Mobile Army Surgical Hospital

Founded in 1865, the Norwegian Red Cross was not actively involved in international issues until the 20th century, but has provided non-military, humanitarian medical support four times since the beginning of the 20th century. During the First Balkan War from 1912 to 1913, the Finnish Winter War (January 1918 - May 1918), the Second Italian-Ethiopian War (1935-1936), and the Soviet-Finnish War (November 1939 - March 1940), the Norwegian Red Cross dispatched ambulances and trained nurses to provide relief to the wounded and civilians. Based on these experiences, Norway prepared another round of medical support centered around the Red Cross immediately after the outbreak of the Korean War (Kim and

23) Beretning om Jutlandia-ekspeditionen, 40-42, DNA. During the second expedition, more than 3,000 civilian patients were hospitalized and treated aboard the Jutlandia, Forsvarets Arkiver Militære per, 58, DNA.
24) Forsvarets Arkiver Militære per, 100, DNA.
25) Beretning om Jutlandia-ekspeditionen, 102-107, DNA.
When the Korean War broke out, the Norwegian Ministry of Foreign Affairs asked the Norwegian Red Cross what it could do to help. The Norwegian Red Cross concluded that it could not provide large-scale assistance at its own expense and asked for the Foreign Ministry’s help, initially proposing a refugee camp for Korean civilians, especially evacuees. A proposal, including a 200-bed hospital to treat epidemics in the camps, was sent to the Foreign Ministry on August 24, 1950, and was submitted to the United Nations. However, the UN requested that the Ministry of Foreign Affairs send a surgical hospital to support the UN troops, and the UN’s wishes were passed on to the Norwegian Red Cross. The Norwegian Red Cross accepted the request and decided to organize a surgical hospital as a mobile military surgical hospital. And instead of bringing medical supplies from Norway, they decided to purchase military supplies from the US military stationed in Japan (Saxer, 2017: 37).

The decision to send a “mobile army surgical hospital” rather than a hospital ship or a general surgical hospital was based on the expectation that it would provide excellent results without requiring a large number of surgeons. As early as 1945, the Norwegian Directorate of Health had established the principles of a mobile surgical hospital: “The wounded should receive fundamental surgical treatment as soon as possible after injury in a hospital with the best equipment and run by highly qualified surgeons.”

To make the organization similar to the American MASH
as possible, the Norwegian Red Cross sent two surgeons to study the American MASH at a US military facility in Germany. Based on their report, the Norwegian Red Cross expected that the MASH was the organization that would provide the most efficient opportunities for Norwegian health workers, and that the results could be used to benefit Norwegian public health in the future. Accordingly, a plan to organize a MASH with 10 to 12 surgeons, 15 nurses, and 80 ancillary personnel was submitted and approved by the Council of Ministers and Parliament in February and March 1951.

The Norwegian Mobile Army Surgical Hospital (NORMASH) arrived in Tokyo, Japan, on May 18 and 25, 1951, in two groups, the first and the second, respectively. Prior to the main group’s departure, two surgeons, Christian Eger and Bernhard Paus, arrived in Korea on May 8 and spent a week inspecting five MASHs in the United States and preparing for the NORMASH’s activities. Their conclusions were that the NORMASH should not be set up too close to the front lines, but at least 20 miles away; that unlike each US MASH organized differently depending on the situation on the front lines, the NORMASH should be established as one system with “reception, preoperative, X-ray, supply, and surgical facilities.” In early June shortly after the main group arrived, Colonel Herman Ramstad, the head of the NORMASH, visited Korea to check the reports of the

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L.163_21, NASN; “The 4th report,” L.170-01, NASN.
28) “Report on the Norwegian Field Hospital in Korea from the Norwegian Red Cross to the Norwegian Ministry of Foreign Affairs, dated March 20, 1952,” L.163_22, NASN
29) “Report from the Norwegian Red Cross to the Norwegian Ministry of Foreign Affairs, dated March 20, 1952, regarding the Norwegian field hospital in Korea,” L.163_22, NASN.
Initially, the mobile military surgical hospital was planned to have a capacity of 60 beds and a staff of 126, but it appears that the staffing was reduced in later preparations. “Summary Report from the first Norwegian field hospital in Korea until 1 Nov. 1951,” L.163_21, NASN.
30) “Report from Dr. Chr. Eger, June 23, 1951 - Inspection Trip to Korea,” L.163_15, NASN.
advance party and, in consultation with the US Eighth Army, decided to organize the NORMASH as a regular unit under the United Nations Army (US Ninth Corps under the US Eighth Army) and to serve in the rear of the Commonwealth Division.\textsuperscript{31} Between June 10 and 22, the NORMASH assembled in Busan, inspected 700 boxes of medical equipment valued at $170,000 and vehicles, and on July 9, moved by the vehicle, arrived at its destination of Uijeongbu on the 12th. On the 19th, the NORMASH began its official mission.\textsuperscript{32} From 1951 until October 1954 when the NORMASH withdrew from Korea, there were a total of 623 Norwegian medical personnel and assistants, including doctors and clergy. The medical staff consisted of surgeons, dentists, and pharmacists, nurses, and medics, as well as administrative, security, and guard personnel. The NORMASH was equipped with radiology, operating rooms, recovery rooms, waiting rooms, and dispensary facilities.

The NORMASH’s mission changed rapidly with the situation on the front lines. For the first two and a half months, there was a lull in the fighting, so there were not a lot of transferred patients, but rather a few outpatient clinics in the neighborhood. The X-ray department was kept busy with relatively minor cases, but after moving to Dongducheon on October 1, 20 miles further north than the initial garrison, the urgency of the situation at the front caused a rush of patients.\textsuperscript{33} According to records, while treating 1,048 patients in the first five weeks and 339 patients in the next five weeks, they treated 1,066 patients in the week beginning Oct. 1. Nearly 200 surgeries were performed during that week, requiring

\textsuperscript{31} "Report No. 3," L.170_01; "Report No. 4," L.170_01, NASN.
\textsuperscript{32} "Report No. 7, dated Tokyo, August 3, 1951," L.170_01, NASN.
\textsuperscript{33} "Report on the Norwegian Field Hospital in Korea from the Norwegian Red Cross to the Norwegian Ministry of Foreign Affairs, dated March 20, 1952," L.163_22, NASN.
five operating tables to operate nonstop for 48 hours.\textsuperscript{34} The hospital had performed a total of 3,000 surgical procedures on wounded soldiers by August 1952 and 9,600 surgeries throughout the war. That is an average of eight surgeries a day, with peaks of 64 surgeries a day. By the end of the war, more than 14,700 patients were admitted to the NORMASH, most of them were American, British, and South Korean soldiers wounded on the battlefield.

In addition to treating wounded soldiers close to the battlefield, the NORMASH also treated civilians whenever possible. For example, on July 18, one day before the NORMASH officially opened for business, a log entry noted that it had received its first patient, a 14-year-old Korean boy who had been badly wounded about a week earlier.

July 18, 1951. We received our first patient: a 14-year boy severely burnt a week before, August 27, 1951. Today we brought the severely burnt boy, Park, I have been his doctor while he has been here.\textsuperscript{35}

This boy was one of the many war orphans and civilians who came to the NORMASH. In addition to the wounded and sick, many people came to the NORMASH in search of food and a place to sleep.

When there was a lull in the fighting close to the front lines, the NORMASH stepped up its efforts to treat and relieve civilians. For example, medical staff traveled to the Korean Red Cross Hospital in Seoul with their own medical equipment to help perform surgical procedures on civilians. 24 of the NORMASH’s 60 beds were set aside for civilian

\textsuperscript{34} “Summary Report from the first Norwegian field hospital in Korea until 1 Nov. 1951,” L.163_21, NASN.
\textsuperscript{35} Bernhard Paus Flack’s private diary (1951. 7. 18) requoted in Lockertsen et al. (2020), p. 19.
patients, although sometimes they were yielded when wounded soldiers arrived from the front, and at other times, on average, 35 to 40 percent of the beds were used for civilian care.

6. Conclusions: The Characteristic of Scandinavian Medical Support in the Korean War

The Swedish Red Cross hospital was originally expected to move along the front lines and serve as field hospital. In fact, as UN forces advanced northward, they made preliminary visits to North Korea’s Heungnam and Wonsan to see if they could set up a Swedish Red Cross hospital. However, when the UN forces were pushed back to below the 38th parallel due to the January 4 retreat, the opportunity to serve as a field hospital was lost, and the Swedish Red Cross Hospital was forced to provide medical support as a base hospital in Busan, where it was first established. This fortuitous situation opened the way for humanitarian medical care for the civilian population, especially in the summer of 1951, when armistice negotiations began and the number of wounded soldiers being transported home began to decline.

The Jutlandia and the NORMASH, which were closer to the battlefield than the Swedish Red Cross hospitals in the rear, were also able to treat and relieve civilians in addition to military medical assistance as the war progressed. In addition to urgently treating and evacuating wounded soldiers, the Jutlandia, called “Jungmal(丁抹) Hospital Ship” in Korean (meaning 'Danish Hospital Ship'), was so civilian-friendly that Korean newspaper reporters were allowed to report on the ship during lulls in the fighting. In addition to medical facilities, the Jutlandia which had a
recreation room, library, and movie theater, also provided dental care for civilians and then-President Syngman Rhee. When treating wounded soldiers at sea and returning to Japan for maintenance and replenishment, the medical staff would not only travel with them, but also work with hospitals in the Incheon area to relieve and treat civilians. Set up in Dongducheon, near Seoul, the NORMASH was closest to the battlefield, making humanitarian medical care a relatively easy task. But unlike the US Eighth Army, which provided additional medical support for soldiers recovering or resting during the lull, the NORMASH treated war orphans, refugees, and civilians in areas close to the battlefield. Unlike UNRCHK which was tasked with treating and relieving civilians nationwide, and the US Eighth Army Medical Department which provided medical support to soldiers, the three Scandinavian nations were able to focus on specific areas to provide military medical support and humanitarian work as the war progressed.

The efforts of the three Scandinavian countries to provide humanitarian medical aid in addition to the military medical aid that would determine the outcome of the war, contributed to the development of modern medicine in Korea in a different way from that of the United States after the armistice. After the war, the United States provided financial support to develop Korean medicine, most notably support through the Minnesota Project and the China Medical Board. Through this support, Korea was able to lay the foundation for medical development by training young medical personnel and providing facilities and equipment necessary for medical education and research (Lee, 2006; Shin, 2023). Meanwhile, the Scandinavian countries had planned to build new medical institutions in Korea after the war even the end of the war, and actually took the lead
in establishing the National Medical Center in 1958. Already at war in July 1951, the Scandinavian countries showed their intention to establish a relief hospital (aka, “National Relief Hospital”) in Daegu to receive and treat war wounded. With plans to establish a hospital capable of accommodating 1,000 war wounded, discussions were held with Korean officials on how the hospital could train young Korean doctors. And immediately after the ceasefire, in October 1953 a medical mission from a Scandinavian countries visited Korea, checked the health care situation in Korea, and began full-scale discussions to establish a hospital.\textsuperscript{36} The so-called “Scandinavian Project,” which began to be discussed in earnest in 1955, eventually led to the opening of the National Medical Center in 1958. Unlike a typical general hospital or medical training institution, the KMC was established with the goal of treating patients free of charge and training doctors, nurses, medical technicians, and medical students. To this end, the three Scandinavian countries agreed to support 80 doctors and nurses, provide $1.5 to $2 million in annual aid, and run the initial hospital with Korean medical staff. The KMC was not just another hospital to supplement the shortage of hospitals after the war, but also a social security facility, which is confirmed in an interview with the first director, Lee Jong-Jin, who said “the purpose of the KMC is to treat diseases, but also to retrain doctors and to develop the hospital system into a social security system.”\textsuperscript{37}

In addition, Scandinavia’s medical support played an important role not only in establishing the National Medical Center but also in changing the diplomatic relations between Korea and the three countries. On March

\textsuperscript{36} “Establishment of new National Relief Hospital,” Donga-Ilbo, 9 July 1951; “Scandinavian envoys visit Prime Minister Baek,” Chosun-Ilbo, 12 October 1953.

\textsuperscript{37} “Interview with Lee Jong-Jin,” Chosun-Ilbo, 2 October 1958.
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14, 1956, representatives of the Scandinavian countries, the Korean government, and the UN Korean Reconstruction Agency signed an agreement on the establishment of the National Medical Center. As the establishment of the hospital began in earnest, the problem of not having official diplomatic relations between Korea and the Scandinavian countries was recognized as important. Discussions have been underway among diplomatic officials for several years to resolve this, but no significant progress has been made due to differences in positions. In this situation, Carl Erik Groth of Sweden, who was in charge of the Scandinavian project to establish the National Medical Center, took on the role of mediating between both sides, and eventually diplomatic relations were established by dispatching the Scandinavian ambassador stationed in Tokyo to Korea.

Medical support during the Korean War led to the establishment of the National Medical Center, and in the process, it played an important role in resolving the stalemate in diplomatic relations (Saxer, 2017: 142-149).

The medical assistance of the three Scandinavian countries during the Korean War, whether purely intentional or politically motivated, had a humanitarian purpose and was organized accordingly with the Red Cross at the center. This was a departure from US military medical assistance which distinguished between military medical support (US Eighth Army Medical Department) and the organization responsible for civilian care and relief (UNACK). And the rapidly changing nature of the war where it operated, and how it provided support meant that medical assistance in these countries was always in flux. During periods of intense combat and a large number of wounded soldiers, they had no choice but to focus on treating wounded soldiers wherever they were, whether in Busan or Incheon. However, in between treating wounded soldiers, and when the
battle entered a lull, they actively worked to treat and relieve civilians in their base areas. It can be seen that the nature of medical assistance in the immediate context of war is not as clear-cut or one-sided as it was initially planned to be: military or humanitarian.

Furthermore, each Scandinavian country’s approach to humanitarian medical assistance was slightly different. In Busan, the SRCH was more active in treating war orphans, evacuees, and civilians in the area, helping to prevent infectious diseases such as tuberculosis. When the hospital ship returned to Japan, the Jutlandia was docked in Incheon, and the remaining medical staff worked with civilian hospitals in the Incheon area to provide medical assistance. Meanwhile, the NORMASH in Dongducheon, which was close to the battlefield, provided medical care to civilians who were directly affected by the war or worked with the Red Cross hospital in nearby Seoul.

In the end, the medical assistance of the three Scandinavian countries during the Korean War differed from the US military in terms of preparation and in the manner and nature of their activities on the battlefield, as well as in terms of the methods through which they supported and where they were located. Nevertheless, the common humanitarian purpose of providing relief and treatment to civilians influenced the direction of the national medical centers that were later established. The medical assistance of these Scandinavian countries not only confirms the different nature of medical assistance from the US military in the overall context of the Korean War and healthcare, but also shows that there was another path and direction in the creation of the Korean healthcare system after the war.

Key Words: the Korean War, the Swedish Red Cross Hospital, the
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Jutlandia, the Norwegian Mobile Army Surgical Hospital, Humanitarianism, Medical Support of Scandinavian Countries

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Abstract

Medical Support Provided by the UN’s Scandinavian Allies during the Korean War†

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The humanitarian motivation of medical support from the three Scandinavian countries during the Korean War cannot be doubted, but the countries also had to be politically sensitive during this period. The fact that these countries only dispatched medical support, and that the team was not only for military purpose but also intended to help the civilians is a different point from the U.S. military medical support, which distinguished military medical support that is the U.S. Eighth Army, from the civilian treatment and relief, which is the UNACK. In addition, medical support activities from the Scandinavian countries were bound to be flexible depending on the rapidly changing trend of war, active regions, and their support methods. At a time when the battle was fierce and the number of wounded soldiers increased, they had no choice but to concentrate on treating wounded soldiers, whether in Busan or

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Incheon. However, even while treating these wounded soldiers, they 
tried to treat and rescue civilians around the base area whenever they 
had chance. It is easily imaginable that in the urgent situation of war, 
the nature of medical support cannot be clearly divided into military or 
civilian if there is only one team that is operating. It is clear, however, 
that the common humanitarian purpose of rescuing and treating civilians 
affected the establishment of the National Medical Center in Seoul after 
the war. The Scandinavians had indeed remained even after the end of 
the war in to provide full support of establishing modern medical system 
in Korea. This suggests that modern Korean medical or public health 
system did not start to be developed in the 1960s like some researchers 
argue, but started a few years earlier during the time of the war with the 
support from the countries world-wide.

Key Words : the Korean War, the Swedish Red Cross Hospital, the 
Jutlandia, the Norwegian Mobile Army Surgical Hospital, Humanitarianism, 
Medical Support of Scandinavian Countries