

“Medicine and Conflict, c.1945-c.1980”

WAR LOSSES

and **CASUALTIES**

HEALTH, MEDICINE AND CIVIL-MILITARY RELATIONS

Thu 6 & Fri 7 July 2023

Maison Française d'Oxford



British Special Forces in Oman, 1970, from the Imperial War Museum



Arts and
Humanities
Research Council



HEALTH, MEDICINE AND CIVIL-MILITARY RELATIONS

Date: 6-7 July, 2023

Venue: The Maison Française d'Oxford (MFO)

Organisers: OCHSMT, King's College London, Kyung Hee University, Yonsei University and Aix-Marseille University and at Sciences Po Aix

Military and civilian medicine and healthcare have different aims and priorities but are often closely linked. On the one hand, civilian health infrastructure, and the health status of the population as a whole, directly affect military health and healthcare. On the other, the military has played a significant part in shaping the landscape of health epidemiologically as well as through its contributions to medical science and healthcare systems. Deployed forces have also attempted to use medical interventions to positively influence the operational environment and to foster political stability. This workshop re-assesses some of these intersections between civilian and military domains. Its aim is to understand the role that medicine has played historically in conflict situations, as well as to explore some of the ways in which historical insights might be applied to ongoing and future situations. This workshop is supported by an Arts and Humanities Research Council research grant ('Medicine and Conflict, c.1945-c.1980: The United Kingdom and the Savage Wars of Peace', AH/T013656/1) and the Maison Française d'Oxford.

Day 1 - Thursday 6 July

13:30-14:00 Registration

14:00-14:15 Welcome and introduction (Mark Harrison & Benoit Pouget)

Session 1: Medical support in counter-insurgency campaigns

14:15-14:45 **Benoit Pouget** (Sciences Po Aix, benoit.pouget@univ-amu.fr)

Medicine in the war zone: Emergency administration of war wounded during the Indochina war 1946-1954

The aim of this presentation is to examine the process of innovation and standardisation in the administration of war casualties at the front by the French health service during the Indochina War. Advances in wartime medicine - particularly in resuscitation, emergency surgery and logistics - observed during the Second World War were integrated and reinforced throughout the conflict by the Army Medical Corps and its many interactions in a national and international context. The aim is therefore to identify the main thrusts of the doctrines and implementation of care for the war wounded, and to relate the technical-medical issues to the context of a modern conflict of a mixed nature (clash of the strong against the strong, counter-insurgency) marked by the use of weapons systems with highly damaging capabilities and sophisticated strategies.

In this sense, the Indochina War was a key moment in the history of warfare, and the lessons learned from it have had a decisive influence on the configuration of front-line medical systems used in subsequent conflicts (the Algerian War and the Vietnam War, for example). This presentation will be based on wide-ranging archival research drawing on the Indochina War archives of the Defence Historical Service, the Armed Forces Medical Corps (in particular the Pharo School holdings), the French Ministry of Foreign Affairs and international documentation (mainly British and US).

14:45-15:15 **Atsuko Naono** (University of Oxford, atsuko.naono@history.ox.ac.uk)

From the Burma campaign to the Malay emergency: disease, medicine, and jungle warfare

Fighting in the tropical climate and the jungle terrain in conflicts such as the Malay Emergency (1948-1960) posed a range of special medical and health challenges. Diseases such as malaria, diarrhoea, dysentery, scrub typhus, leishmaniasis, and skin diseases often attacked the soldiers and weakened the strength of the army. Further, jungle operations produced other difficulties such as how to evacuate casualties. During the Emergency, patrolling in the deep jungle in search of bandits was one of the main operations and soldiers were often ambushed and needed medical evacuation from the appalling weather and terrain conditions. Jungle warfare demanded particular arrangements for these kinds of medical problems.

In my presentation, I will examine how the British army developed such medical arrangements necessary for jungle warfare, looking into earlier British jungle operations in Burma during WWII focusing on the medical arrangements of such groups as the Chindits, Special Force. Further, I will explore to what extent the campaign in Burma became a foundation for new medical approaches to jungle warfare in the Malay Emergency and how such medical arrangements developed in Burma continued to be applied during the Emergency.

15:15-15:45 Refreshments

Session 2: Hearts & minds

15:45-16:45 **Mark Harrison** (University of Oxford, mark.harrison@history.ox.ac.uk)
Medicine for hearts and minds: British counter-insurgency campaigns from Malaya to Dhofar (Keynote)

Military medical aid to civilians to win 'hearts and minds' has a long history, preceding the 'Malayan Emergency' of 1948-60 by many decades and even centuries. And yet, the provision of healthcare to positively influence the operational environment is perhaps more closely identified with that campaign than any other. Britain's use of healthcare as part of a wider civil aid programme in Malaya served as a model for similar actions by the US and other forces in Vietnam, as well as for some later counter-insurgency campaigns undertaken by the British. But perspectives on the use of such aid have been mixed. On the one hand, the provision of healthcare is thought to have been beneficial to efforts to isolate and defeat insurgent forces. On the other, such aid has been regarded as of little consequence and even, in some cases, as detrimental. Additionally, the focus on 'hearts and minds' has been seen by some as distracting from the less palatable aspects of counter-insurgency. This lecture reviews evidence from some of the counter-insurgency campaigns in which the British were involved from Malaya through to the Dhofar War/Rebellion in Oman (1963-76). It examines the different purposes of healthcare (medical, dental and veterinary) for civilians; how they fitted into the broader operational environment; and evaluates their success from an operational perspective. The lecture will also consider the primarily colonial origins of these forms of medical intervention; e.g. in population control, influence operations and information gathering.

16:45-17:15 **John DiMoia** (Seoul National University, jdimoi@snu.ac.kr)
“Free Haircuts” and civic actions: Korean village outreach during the Vietnam War

The annual volumes for Korean military participation in the Vietnam War contain numerous photographs of barbers providing hair care to Vietnamese children, an activity rigorously documented through statistics, and appearing both in photographic and graphic form. This curious activity rarely receives further explanation, other than to indicate good relations in villages. This paper looks at the “free haircuts” provided by Korean military personnel between 1964-1973. While no official explanation is given, these activities were conducted alongside related medical activities in Vietnamese villages following “pacification,” with such care generally targeting senior and neonatal groups. A means of simultaneously tracking for disease (e.g., typhus), and providing a quick head count, the haircuts were officially part of the “civic actions” performed by the Korean military as part of village outreach.

On the Korean side, these “civic actions” formed part of psychological outreach, performing activities similar to those which Korean villages had received during and following the Korean War. For the American side, placing Korean medical teams in Vietnamese villages provided an “Asian buffer,” and was explicitly mobilized as a means of psychological warfare, part of the CORDS (Civil Operations

Day 2 - Friday 7 July

Session 3: Caring for casualties

09:30-10:00 **Insok Yeo** (Yonsei University, isyeo@yuhs.ac)

Psychiatric casualties during the Korean War

A crucial gap in the medical history of the Korean War is the history of psychiatry during the Korean War. War puts those who participate in it through physical and mental extremes, inflicting not only physical injuries but also mental trauma and damage. However, studies on the medical aspects of the Korean War have been limited to topics related to physical injuries and their treatment, and there are no studies that systematically summarize the traumatic effects on the human mind thrown into the middle of the war, the consequences of these effects, and the medical efforts made to address these problems. In particular, soldiers who are captured by enemy forces face many difficulties not only physically but also mentally. Allied soldiers captured by enemy forces were not only denied the minimum conditions necessary to maintain their health by the North Koreans or the Chinese, but were often tortured and beaten to death. The official count of U.S. POWs is 6,656, but this excludes those who died after capture, so the number is actually much higher. After the CCP intervention, POWs were held in North Korean POW camps run by the CCP. These camps were located in rugged mountains and remote areas where escape was impossible. Those captured early in the war could spend as much as three years in a camp. This study aims to reveal what mental problems soldiers who participated in the Korean War faced and how psychiatric treatment for these problems was carried out.

10:00-10:30 **Sophie Gueudet** (Norwegian Institute of International Affairs, sophie_gueudet@hotmail.fr)

War wounds: post-war care for Republika Srpska’s veterans in Yugoslavia

One of the main political and historiographic controversies on the wars of Yugoslav dissolution revolves around the degree of involvement of Milosevic’s Serbia and Serb-controlled Yugoslavia in the governmental and military structures of Republika Srpska (RS), the Bosnian-Serb statelet proclaimed on the 9th of January 1992 by the nationalist forces of the Serb Democratic Party. The patron-client relations between Belgrade and Pale are a defining feature of this short-lived state, whose ultimate of its political elites were integration within Yugoslavia.

Investigations of the International Criminal Tribunal for Former Yugoslavia have evidenced how instrumental Milosevic’s support had been in providing troops, weapons, and other types of material and financial resources to Republika Srpska, which enables its armed forces, the VRS, to dominate the battleground for most of the conflict. So instrumental that when Milosevic withdrew this support to force its clients into negotiating peace, it did not take long before the front collapsed and the Bosnian-Serbs were forced to accept the Dayton Peace Agreement.

10:30-11:00 Refreshments

Session 4: Humanitarian assistance

11:00-12:00 **Bertrand Taithe** (University of Manchester, bertrand.taithe@manchester.ac.uk)

Civilians at war? Representations and dilemmas of humanitarian medical relief in contemporary wars 1979-2022 (Keynote)

The representation of humanitarian medical work as being a product of civilians confronting war has long been disconnected from the realities of humanitarian work. This paper will present and discuss how contemporary humanitarian action has operated in a conflict context and how, from late cold war localised conflicts, to 1990s wars and to the appearance of the concept and advocacy motto of ‘healthcare under fire’, around the mid-2000s, humanitarians have negotiated risk, working alongside the military and developing security and communication strategies. This paper will draw from the experience of large humanitarian interventions at the end of the Cold War, the archives of large NGOs and debates and public controversies of recent conflicts (including the siege of Mosul).

12:00-12:30 **Dongkue Lee** (Kyung Hee University, dleekyu@gmail.com)

The Scandinavian endeavour for the World Health Order: Medical assistance, UNKRA, and the National Medical Centre in Seoul, 1951-1958

During the Korean War, three Scandinavian countries – Sweden, Norway, and Denmark – offered medical assistance to soldiers of the United Nations Forces and civilians in South Korea. As part of their efforts, they also agreed to cooperate with the United Nations Korean Reconstruction Agency to establish the National Medical Centre after the war. During the reconstruction period, the three Scandinavian governments supplied equipment and materials to the National Medical Centre and collaborated with their Korean counterparts to provide professional and medical personnel for teaching purposes. From its establishment in 1958, the National Medical Centre represented an advanced part of the public health system in Korea. In addition to its reputation as a reliable medical facility, it played a major role in medical education and postgraduate training programs for physicians. Drawing on primary sources from multiple archives, the article explains that the centre embodied enhanced health and welfare that succeeded in terms of the international order in the 1950s, not just limited to medical aid provided by humanitarian efforts.

Concluding comments

12:30-13:00 **Martin Bricknell** (King’s College London, martin.bricknell@kcl.ac.uk)
Observations and lessons for civil-military medical relations – an interpretation of the evidence (Concluding remarks)

13:00-14:00 Lunch

14:00-15:00 Discussion of future plans