Invisible Scars

Mental Trauma and the Korean War

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Introduction

> *Nations customarily measure the, "costs of war," in dollars, lost production, or the number of soldiers killed or wounded. Rarely do military establishments attempt to measure the costs of war in terms of individual suffering. Psychiatric breakdown remains one of the most costly items of war when expressed in human terms.*
>
> – Richard Gabriel, *No More Heroes*

As coalition operations in Afghanistan have come to a close, there is growing concern for the health and well-being of soldiers and veterans. Since 2001, Western countries such as Canada have incurred significant physical and psychological losses on the battlefield. Recent reports in the press suggest that an alarming number of veterans are experiencing service-related mental health problems. Numerous authors have expressed the fear that a record number will present with conditions such as Post-Traumatic Stress Disorder (PTSD).[1] The debate over how best to address the needs of returning servicemen and women has become highly contested. Over the past decade, it has also generated unprecedented interest in combat, trauma, and the historical development of military psychiatry. Considering the implications for public policy and the planning of future military operations, interest in this subject will undoubtedly continue to grow.

The body of literature available concerning the history of military medicine and psychiatry has expanded in response to these developments. Extensive research has been conducted in connection with the experiences of soldiers during both world wars and the Vietnam War. As a result, the image of the shell-shocked soldier has come to define how we understand and conceptualize the destructive effects of industrialized warfare. The battle-exhausted troops of the Second World War and the struggling Vietnam veteran have also come to represent the human impact of war and the long-term repercussions of trauma in a uniquely intimate way. Other pivotal historical events have largely escaped notice. Widely referred to by commentators and veterans alike as the "forgotten war," the Korean War (1950–53) has received almost no attention. Although there are numerous books on the topic of war and mental health in the twentieth century, Korea receives scant mention. It is frequently characterized as an

American conflict with no regard for the activities of other key participants, such as the 1st British Commonwealth Division. This lack of scholarly attention may appear to suggest that there is little worth studying, but nothing could be further from the truth. By ignoring Korea, writers and commentators have ignored a crucial piece of the puzzle. This work not only extends historical coverage of the Korean War experience but does so in a largely novel way – by addressing the subject of soldiers and trauma.

The Korean War was a brutal conflict that resulted in roughly four million casualties in the space of only three years. In the early hours of June 25, 1950, communist North Korea launched an invasion of South Korea in a bid to forcibly unify the two countries. Although the attack was widely unforeseen, the United Nations responded quickly to an assault on one of its member states. Events in Korea represented the first time that the Cold War turned hot. The invasion was also the first significant test of the UN as an arbiter and organ of international security. American troops based in occupied Japan were hastily assembled and dispatched to defend South Korea from further aggression. Initially overwhelmed by the enemy, the Americans were compelled to retreat to a perimeter around the coastal city of Busan.[2] Shortly thereafter, ground, air, and naval forces from fifteen other countries arrived in support of their efforts. Under the command of General Douglas MacArthur of the US Army, UN forces quickly regained the initiative and pushed the North Koreans back across the border by October 1950. Their success was short-lived. Fearing an invasion of neighbouring Manchuria, the authorities in Beijing decided to enter the war as an ally of North Korea the following month. Truce negotiations were initiated less than a year later, in the summer of 1951, but peace talks would drag on for over two years. During this period, soldiers and civilians alike were caught up in a grinding and destructive war of attrition.[3]

Around 145,000 troops from the United Kingdom, Canada, Australia, and New Zealand were deployed to the Far East from 1950 to 1953. They formed a unified division in July 1951. Working closely together, the 1st Commonwealth Division was also an unprecedented experiment in integration and inter-allied cooperation. Together, the members of the division confronted innumerable challenges.[4] Rugged and mountainous, Korea was an unforgiving country. In winter, temperatures regularly plunged below −20°C and the summers were marred by humidity, flooding, rodents, and insects. In the early 1950s, there was little basic infrastructure to compensate for these realities.[5] Soldiers were also initially ill-provisioned in terms of both clothing and kit. Simply surviving was a formidable struggle. As journalist Max Hastings has pointed out, troops "suffered privations of almost Crimean proportions."[6] Furthermore, the reasons for the war were often unclear, and public support for UN forces waned

as peace negotiations stumbled.[7] Accounting for one in twenty wounded or sick Commonwealth soldiers, psychiatric casualties were an all too familiar reality.[8] They suffered from a range of conditions, including psychoneurosis, character disorder, and battle exhaustion. Doctors grappled with self-inflicted wounds, cold injuries of suspicious origin, and a variety of unexplained somatic disorders.[9]

Despite the many hardships they encountered, the Commonwealth Division has received minimal attention from the academic community, and the medical aspects of the conflict remain largely untouched. In the decades following the war, only a handful of articles and books have addressed Commonwealth health and psychiatric practice, or the related topic of trauma.[10] In 1954, Captain J.J. Flood penned a short piece for the *Journal of the Royal Army Medical Corps* outlining the basic medical provisions made for British troops and the nature of early casualties.[11] A year later, Flood's Canadian counterparts, Colonel J.E. Andrew and Brigadier Ken A. Hunter, related their version of events.[12] Historian Bill Rawling touches on psychiatric practice in Korea as part of a larger discussion on postwar Canadian military medicine in his books *Death Their Enemy* and *The Myriad Challenges of Peace,* published in 2001 and 2004, respectively.[13] Professor Edgar Jones and his colleagues at the King's Centre for Military Health Research have also highlighted the role of psychiatrists in the Far East by exploring Commonwealth policy, treatment methods, and common mental health problems.[14]

Throughout the Korean War, Canada and Britain were chiefly responsible for providing the division with medical support. Prior to the summer of 1951, psychiatric casualties were generally evacuated to Japan for treatment. Between December 1950 and November 1951, Captain Flood reported that among the British contingent roughly thirty-five men in every thousand were admitted for a mental health problem.[15] Edgar Jones has argued that "the initial peak in psychiatric casualties owed something to the nature of the troops that deployed."[16] Many were hastily screened volunteers who received little training before embarking for the Far East. Others were veterans and reservists disgruntled at the idea of returning to a life in uniform. Early patients were principally admitted for anxiety and fatigue states. In July 1951, a divisional psychiatrist was appointed to offer clinical guidance to forward medical units. Following this development, the number of patients requiring treatment and evacuation began to fall steadily. As the war became static, behaviour- or character-related problems were increasingly common. Nonetheless, the divisional psychiatrist regularly reported that over 50 percent of soldiers treated were successfully returned to duty.[17]

For the most part, the 1st Commonwealth Division had a relatively low rate of psychiatric illness. As time passed, medical officers became increasingly

skilful in properly identifying and caring for those in need. Nevertheless, Edgar Jones has argued that many psychiatric cases went unrecorded. In the book *Shell Shock to PTSD,* Jones and co-author Simon Wessely have pointed out that "unexplained medical symptoms were a feature of the Korean War."[18] For instance, a significant number of Commonwealth soldiers suffered from hypothermia and related cold injuries during the winter months of 1950–51. Jones and Wessely have hypothesized that these men may have consciously or unconsciously exposed themselves to injury in response to "situations of intolerable stress."[19] They further illustrate their case by highlighting the most common reasons for admission to hospital. During the war, servicemen were predominantly admitted to base hospital for skin reactions, gastrointestinal conditions, and respiratory problems. Jones and Wessely maintain that "it is likely that some of these cases represented a somatic expression of psychological distress."[20]

Although Jones presents compelling arguments, he leaves many questions unanswered. His arguments are also based on a limited number of published and unpublished sources. The division included troops from several Commonwealth countries, but Jones uses archival materials from the British National Archives alone. These records are only one part of the story. The Canadians played a crucial role in divisional medicine and psychiatry. Between July 1951 and July 1953, three out of four divisional psychiatrists were officers from the Royal Canadian Army Medical Corps (RCAMC). The division's psychiatric ward was also attached to 25 Canadian Field Dressing Station (25 FDS). Neither Jones nor his colleagues make use of Canadian war diaries, unit records, policy documents, or medical files.[21]

Invisible Scars breaks new ground as the first extended account of Commonwealth Division psychiatry in Korea and provides a portrait of mental health in that theatre. It is also the first publication to make use of source materials from Canada, the United Kingdom, Australia, and New Zealand. The book addresses several principal questions. First, how were soldiers treated for psychiatric disorders in the field, and what efforts were made to bolster mental health? Second, how successful were Commonwealth doctors in treating the psychologically traumatized in both the short and long term? Finally, what impact, if any, did the Korean War have on the evolution and subsequent development of military psychiatry? Although sailors and airmen made significant contributions to the UN war effort, this book focuses on the activities of ground forces, as they dominated the campaign. I argue that while the division was reasonably successful in returning psychologically traumatized servicemen to duty in the short term, the Commonwealth countries failed to compensate or support returning veterans sufficiently. Public ignorance of the war also deprived veterans of the opportunity to grieve and process trauma openly. The

experience of returning home and the acknowledgment of society is as pivotal to recovery as any clinical treatment. While the book centres on one particular conflict and its legacy, the Korean War is only a starting point. Chronologically, it sits at an important crossroads dividing up a hundred years of war. Events in Korea reflect both the past and help us consider what followed. Indeed, *Invisible Scars* is intended as a wider-ranging reflection on the treatment of traumatized soldiers and veterans throughout the twentieth century, and the long-term repercussions of living with trauma.

The book is at the intersection of a number of historiographies: the Korean War and its place in the wider Cold War; the medical-military history of Canada, the United Kingdom, and Commonwealth forces, and post–Second World War social history, particularly with regard to demobilization, austerity, and the development of welfare states. It also addresses the longer history of combat stress from the First World War through to contemporary wars, and the understanding of PTSD as a medical term or condition. While the book addresses a wide range of subjects, the wounded soldier is at its heart. Individual suffering is central to the war experience.

My work is informed by the research efforts of numerous historians, social scientists, and medical professionals. Scholars from across the disciplinary spectrum have made substantial contributions to the study of the military and mental health.[22] In common with many of these authors, I argue that combat stress reactions like PTSD are universal and emerge as a result of exposure to trauma, rather than physiological or psychological predisposition. What is more, they cannot be separated from their "specific socio-cultural context."[23] As historian Roger Cooter asserts, "theatres of war and medicine must be studied as part and parcel of the societies and cultures in which they were set."[24] This setting determines how mental health problems are interpreted, categorized, and treated. It also shapes the manner in which military authorities, patients, and medical professionals interact with one another. Diagnostic language and categories have changed radically since the Korean War. For the sake of clarity, I have strictly employed the terminology used by military medical officers and civilian psychiatrists at the time. As a historian, I am also interested in the evolving relationship between psychiatry as a medical discipline and the military as a social institution. Officers and doctors often have competing agendas. An officer's primary aim is to win battles. Meanwhile, physicians are focused on the preservation of life and optimal health. How do these two parties come together within the confines of the military establishment and respond to the realities of war?

The pool of published work on the Commonwealth Division is relatively small. It is primarily confined to a selection of official histories and a number

of key academic works, such as Professor Jeffrey Grey's seminal 1988 study of the division.[25] Grey and his fellow authors generally portray a closely integrated, well-disciplined, and combat-effective division, but one still deeply impacted by differences in nationality and strategic priority.[26] Historians like Bill Rawling who explore the activities of the medical services or support branches are in a distinct minority.[27] Consequently, *Invisible Scars* principally relies on unpublished archival sources. Medical records, casualty reports, unit war diaries, and other relevant documentation help us to form a picture of events in the Far East. The majority of the research work was conducted at Library and Archives Canada in Ottawa and the British National Archives at Kew. My arguments and conclusions are largely based on information gathered from central governments and the military. This reliance on official sources is both positive and problematic. On the one hand, official documents are essential to any historical study and provide an intimate first-hand account of events. Away from public scrutiny, officers and policymakers candidly discuss casualties, the development of medical policy, and the challenges that the division faced. On the other hand, there is always the possibility that the documents may be misleading. For example, unusual events are more likely than the habitual to have been recorded.

Relying on archival sources presents a unique challenge, but these obstacles are far from insurmountable. In line with good historical practice, all of the sources have been carefully evaluated with regard to authorship, intended audience, and the purpose of the document. Moreover, the vast majority of the evidence has been corroborated. Commonwealth medicine was an inter-allied venture and psychiatry was the joint responsibility of Canada and the United Kingdom. A more balanced picture of the division begins to emerge when one compares Canadian and British records. Newspapers and other contemporary publications such as the *British Medical Journal* and *Lancet* have also been useful for comparing and contrasting civil and military medical practice. In addition, interviews have been conducted with a number of British veterans who served as ambulance orderlies, nurses, and medical officers. Correspondence has also been maintained with representatives of the Korea Veterans Associations of Canada and Australia. The published and unpublished memoirs of nurses, doctors, support troops, and combat soldiers held at the British Library, the Imperial War Museum, the Liddell Hart Centre for Military Archives, and the Wellcome Library have also proved invaluable. Human memory is far from perfect. As historian John Tosh has noted, memories are "filtered through subsequent experience. They may be contaminated by what has been absorbed from other sources (especially the media); they may be overlaid by nostalgia ('times were good then') or distorted by a sense of grievance."[28] Nonetheless, witnesses have been key in clarifying confusing and contradictory records and providing insight into the realities of life in Korea.

The book is roughly divided into two sections. The first four chapters review and examine events before and during the war. Chapter 1 looks at how the treatment of psychologically distressed soldiers evolved during both world wars and explores how understandings of trauma changed over time. In addition, it reviews how the armed forces struggled to preserve medical knowledge and institutional memory in times of peace and in the face of challenges like demobilization and budgetary cuts, with the goal of assessing how well the Commonwealth countries were prepared to meet the mental health needs of the troops deployed to Korea. Chapter 2 considers how Commonwealth forces were organized in theatre, why the division was formed, and the impact of inter-allied relations on the quality of healthcare.

During the war, the Commonwealth Division had an enviable reputation for high levels of morale and combat efficiency. By all accounts, the troops were well disciplined and motivated.[29] Although historians agree that the Commonwealth countries were initially unprepared for deployment in 1950, the members of the division worked well together on the ground. Since the First World War, both medical and military commentators have recognized that morale is central to the management of mental breakdown in war and is therefore crucial to the maintenance of manpower.[30] Chapter 3 considers how leadership, the development of key policies to foster group cohesion, and the provision of welfare services contributed to improved levels of mental health. Within the context of two world wars and previously unprecedented casualty figures, post-war military leadership needed to be extra vigilant in stressing a more careful approach to wastage. This encouraged the creation of policies and practices designed to limit casualties and nurture strong bonds.

Chapter 4 outlines and assesses the effectiveness of front-line psychiatric care by considering matters such as organization, staffing, common mental health problems, and the composition of the patient population. The Korean War was a pivotal turning point in the development of battlefield medicine. By employing new surgical techniques and evacuating patients through the use of helicopters, medics were able to appreciably lower mortality rates. Fewer advances were made in psychiatry. This chapter compares Commonwealth practice in Korea with techniques employed during the Second World War and with contemporary American methods. Throughout the twentieth century, the military has suffered from a certain degree of organizational amnesia with regard to psychiatry, with a perennial need to relearn the lessons of the past. This was also the case in Korea, where Canadian and British doctors were initially heavily reliant on their colleagues from the US Army Medical Corps.[31] This reliance had an impact on both the disposal of early casualties and how clinical practice evolved as the division took greater responsibility for patients. Doctors claim to have returned over 50 percent of psychiatric patients to duty, but Edgar Jones

has argued that there were many unrecorded casualties; for example, men were admitted for cold injuries, self-inflicted wounds, and unexplained somatic disorders. However, divisional authorities were well aware of the psychological considerations in relation to these cases, and this guided both medical and disciplinary policy.

The final chapter reflects on events since the end of the Korean War. Chapter 5 reviews the evolution of the postwar pension system and the challenges that mentally ill veterans faced in obtaining compensation. This is a traditionally controversial area and one in which official systems have been found wanting in the past. Largely designed to address the needs of the physically disabled serviceman, the pension system frequently failed to accommodate the psychologically wounded. This chapter looks at how the experiences of Korean veterans compare with those of their predecessors and assesses the impact of subsequent legislative and medical advances on what is currently available to veterans across the Commonwealth.

This is a story about the human dimension of war. Even today, there is still a stigma surrounding mental illness and those who suffer from it. Within the military, the psychologically traumatized challenge concepts of courage, cowardice, masculinity, and normality. As an organization, the armed forces nurture a culture of resilience, strength, and toughness. In this space, psychological problems can easily be interpreted as weakness or lack of willpower. By studying these casualties of war, we can learn about everything from conditions on the ground and individual experiences of trauma to the culture of major social institutions. The voices of the most vulnerable members of society are difficult to hear, but they often tell us the most about ourselves.

There has been little written about the Commonwealth Division, but it is more than deserving of attention. The troops deployed to Korea endured brutal conditions. They performed their duties far from home, in the face of extreme weather, difficult terrain, and a determined enemy. Moreover, they were called on to work together as an integrated and close-knit team. When they returned home, they found a public with limited interest or sympathy for the sacrifices they made. Over the past decade, Commonwealth troops and their colleagues from around the world have once again been deployed on operations together. Multinational coalitions have become the hallmark of today's operating environment. Like their predecessors of the 1950s, servicemen and women face harsh conditions and uncertain support. This will more than likely continue to be the case moving forward. The world shows no sign of becoming a less volatile or violent place. Consequently, there is more reason than ever to learn from the experiences of the 1st Commonwealth Division. The guns have fallen silent, but a hard-won legacy remains.