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The Norwegian Mobile Army Surgical Hospital (NORMASH) in the Korean War (1951-54): Military Hospital or Humanitarian "Sanctuary?"

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Abstract

During the Korean War (1950-1953) the Norwegian government sent a mobile army surgical hospital (MASH) to support the efforts of the United Nations (UN) Army. From the first, its status was ambiguous. The US-led military medical services believed that the "Norwegian Mobile Army Surgical Hospital" (NORMASH) was no different from any other MASH; but both its originators and its staff regarded it as a vehicle for humanitarian aid. Members of the hospital soon recognised that their status in the war-zone was primarily that of a military field hospital. Yet they insisted on providing essential medical care to the local civilian population as well as trauma-care to UN soldiers and prisoners of war. The ambiguities that arose from the dual mission of NORMASH are explored in this paper, which pays particular attention to the experiences of nurses, as expressed in three types of source: their contemporary letters to their Matron-in-Chief; a report written by one nurse shortly after the war; and a series of oral history interviews conducted approximately sixty years later. The paper concludes that the nurses of NORMASH experienced no real role-conflict. They viewed it as natural that they should offer their services to both military and civilian casualties according to need, and they experienced a sense of satisfaction from their work with both types of patient. Ultimately, the experience of Norwegian nurses in Korea illustrates the powerful sense of personal agency that could be experienced by nurses in forward field hospitals, where political decision-making did not impinge too forcefully on their clinical and ethical judgment.

The Korean War and the Norwegian Mobile Army Surgical Hospital

During The Korean War (1950-1953), Norwegian medical and nursing personnel operated a Norwegian Mobile Army Surgical Hospital (NORMASH) close to the front lines of conflict. The purpose of this article is to explore the ambiguities inherent in NORMASH. It addresses the question: how and why did Norway's small mobile field hospital provide both military surgical expertise and humanitarian aid during the Korean War? The main focus of our study was on the work of nurses, and we were particularly interested in exploring their influence in moulding the hospital's humanitarian emphasis. The purpose of this article is to offer insights into the ways in which the Norwegian nurses' sense of personal agency influenced the dual mission of NORMASH. Hence, it also addresses a number of supplemental questions: How and why did Norwegian nurses come to serve in a warzone far from their homeland? How did they cope with the challenges they met in Korea? And, how did their sense of themselves, as professional nurses, influence the ways in which they responded to working within the highly militaristic environment of a mobile army surgical hospital (MASH)?

The Korean War began on 25 June 1950, when North Korea attacked South Korea by crossing the 38th parallel, practically overrunning its neighbouring country in a swift and decisive operation.[1] In a counter strike, a United States (US)-led United Nations Army drove the North Korean People's Army almost to the border of China. Then, in yet another wave of aggression, China entered the war and forced the United Nations (UN) army to withdraw to the 38th parallel. Here, the war entered a new phase as a gruelling trench war.[2] It was during this phase that NORMASH was operative - an active unit from July 1951 until one year after the armistice – eventually closing in October 1954. It was first located near Uijongbu in a beautiful orchard, a place so striking that the hospital came to be known as "The Orchard". Then, in September 1951, NORMASH moved to Tongduchon closer to the battle zone. On 24 June 1952, the hospital moved for the last time, to a location just over 4 kilometres to the north where it could be better defended.[3]

The hospital's Norwegian founders originally intended it to be a civilian hospital. It then developed into a military unit, before it entered a long phase during which it exhibited characteristics of both a military hospital and a centre for humanitarian aid. It was the last mobile hospital to enter the Korean War; it was also the last such hospital to leave the former battlefields. Towards the end of its time, it served little military purpose, but functioned mainly as a civilian hospital for Koreans.

NORMASH developed in several phases, from a Red Cross Hospital and centre for humanitarian aid, to a military hospital, and then to a "hybrid hospital" where both soldiers and civilians were treated. These phases went beyond the inevitable evolution of a unit in response to the changing conditions of war. They appear to have been driven – at least in part – by the powerful sense of agency which enabled nurses to fulfil what they saw as a humanitarian mission. The present study of NORMASH is the first scholarly work to examine nurses' practices at NORMASH during the Korean War.

Before the Second World War, Norway had been a neutral country, but, following that war, it abandoned its neutrality – a response that may have been evoked by its experience of occupation by Nazi Germany. The Norwegian government interpreted its involvement in the Korean War not as a belligerent move, but, rather, as an attempt to bring peace to a troubled region.[4] In the event, this was the first war on foreign soil in which Norway participated. Some Norwegian sources discuss the Korean War as a part of the Cold War and view it as the spark that hastened the development the Norwegian armed forces.[5] Memoirs and diaries adopt a more personal tone. Most were written by soldiers or clergymen, and tell intimate stories: the daily life of a soldier, the workings of a scout troop; the establishment of a newspaper. The intention of this paper is to add to this body of knowledge by offering observations on the work of a hitherto neglected group: nurses.[6] Memoirs, for all their eclectic and slightly random content can offer insights into the ways in which people gave meaning to their work. They were among a range of sources mobilized by this study, to give a broad insight into the operation of NORMASH. Alongside them, we placed the official documents, originally lodged in the

archive of the Norwegian Armed Forces Medical Services Collection. Many of these records have been handed over to Riksarkivet, the National Archives of Norway, and can be found in Box RAFA, File 3422. The collection includes official reports produced during the war, and a variety of private letters written by nurses to their Matron-in-Chief. These letters give insight into how nurses perceived their daily life during their six-month assignments in Korea, and enable an understanding of some of the ways in which they gave meaning to their work as both expert practice and humanitarian mission. Some of the letters were written during the nurses' stay in Korea, others shortly after their return to Norway.[7]

Oral history interviewing was a key component of the study, and we were mindful of the intended purposes of the methodology – a rigorous discipline which developed in the late twentieth century.[8] This is the first major study of the experiences, work and perspectives of nurses at the Korean NORMASH. Very few histories have focussed on the agency of women in war zones or within humanitarian relief organisations. One notable exception is Susan Armstrong-Reid and David Murray's *Armies of Peace*, which recounts the memories of so-called "UNRRAIDS", and illustrates the ways in which they believed they were able to make a positive difference to the provision of aid, in spite of bureaucratic in-fighting at the United Nations Relief and Rehabilitation Administration.[9] Another is Yihong Pan's 2014 paper, "Never a Man's War", which focuses on the involvement of the women soldiers of the New Fourth Army in the Chinese War of Resistance against Japan (1937-45). Pan's paper explores the ways in which women's own writings could "humanize" female war-participants. Her sources enabled her to gain a sense of "their daily life and work from gendered perspectives, in contrast to the Maoist stereotyped super heroine images of Communist women." Her work stresses the importance of studying women's own writings in order to capture their "own agency" adding that her reading of their personal writings convinced her that "to [these women], the war was never a man's cause."[10] Pan's re-ordering of historical categories is quite radical, and her perspective differs from ours in significant ways. Her emphasis on the link between personal writings and historical understandings of personal agency has, nevertheless, influenced our own work. The letters

and accounts of the nurses who served at NORMASH, lodged in the Norwegian State Archives alongside the oral history interviews, captured these women's sense of their own personal agency, and opened-up new ways of interpreting events at NORMASH that could emphasise, for the first time, the perspectives of nurses.[11]

The history of the "front-line" hospital and the formation of NORMASH

The twentieth century saw a tremendous development in warfare from the engagement of standing armies in clearly-defined and contained conflicts to the involvement of mass civilian armies fighting over vast swathes of territory. The engagement of civilian volunteer armies focused the attention of whole populations on the survival and welfare of troops and encouraged support for army medical services. The rapid transportation of wounded service men from battlefields to hospitals was soon recognised as being crucial to their survival. Full scale conflicts, such as the so-called "Great War" from 1914 to 1918, brought recognition of the need to bring medical aid closer to the battle zone. This led to the development of mobile hospitals that could be deployed close to the frontline. The British Royal Army Medical Corps introduced casualty clearing hospitals that were later to be called casualty clearing stations (CCSs). These small field hospitals, located between field ambulances and stationary hospitals, were designed to offer first-line treatment – in particular to remove debris from wounds, and perform life-saving surgical procedures such as amputations - and they could host several hundred casualties.[12]

During the First World War the French Service de Santé des Armées, experimented with surgical units more mobile than CCSs. Autochirs – Ambulances Chirurgical Automobile - provided forward surgery even closer to the battlefield. The French idea was adopted by the US Army during the later years of the war.[13] The Second World War was more mobile than the First, and created a need for even more mobile units, known as auxiliary surgery groups (ASGs), which were associated with further reductions in mortality rates.[14] Mobile Army Surgical Hospitals (MASHs) grew out of these developments; they

were 60-bed hospitals which were designed to be highly mobile and were located 6 – 15 miles from the front between battalion aid stations and evacuation hospitals.[15] The Korean War is closely associated with their use.[16]

The contributions of military nurses in small field hospitals during the Korean War have received very little scholarly attention. The war has been called "the Forgotten War", and Quincealea Brunk argues that it was an unpopular service for Americans.[17] Mary Sarnecky quotes First Lieutenant Mary C. Quinn expressing the same view. Quinn had served with the US 8055 MASH and had arrived at the front at about the same time as NORMASH became operational. She experienced a barrier in communication about the war with people in the USA, finding that the Korean War was not a war people wanted to hear about.[18]

Earlier work on nurses' perspectives has been largely descriptive, often bordering on the celebratory. Two short articles in *The American Journal of Nursing*, "With the Army Nurse Corps in Korea," and "With the First MASH", give insights into both the conditions in Korea and the nature of peri-operative nursing.[19] One interesting autobiography of "The Forgotten War" is a memoir by British nurse, Jill McNair. Her experience as a nurse in the Korean War relates to the British Commonwealth General Hospital in Kure, Japan, and the British Commonwealth Zone Medical Unit in Seoul, Korea; she never served in a MASH.[20] Military historian, Eric Taylor focuses on nursing at an evacuation hospital in Pusan and on a hospital ship, rather than in a MASH close to the battlefield.[21] His focus is also on British nurses and his approach is celebratory rather than analytical, as is that of Frances Omori, who offers a narrative of navy nurses and hospital ships.[22] A small number of articles have focussed on clinical developments, identifying medical advances, such as helicopter evacuation of causalities and technical improvements in blood bank services, as outcomes of the conflict.[23]

The Norwegian Red Cross was founded in 1865; its purpose was voluntary medical aid in war and support to the Army's Medical Services.[24] However, it had little involvement in international medical

aid in war until 1912.[25] From then until 1940 the Norwegian Red Cross endowed ambulances staffed with trained nurses in four different military conflicts: The First Balkan War (1912-1913); The Finnish Civil War (27 January – 15 May 1918); the Second Italo-Ethiopian War (1935 – 1936); and The Winter War between Soviet Union and Finland (30 November 1939 – 13 March 1940).[26]

The Norwegian field hospital in Korea was, initially, a Red Cross hospital administered by the Ministry of Foreign Affairs. Official histories of both the Norwegian Red Cross and the Armed Forces Medical Services mention the hospital, which was transformed into a military hospital under the control of the Ministry of Defence.[27] Kjetil Skorand mentions NORMASH, but does not consider the role of nurses or nursing.[28] Kaare Gulbransen a veteran from the ambulance in Ethiopia (1935-36), the Ambulance in Finland (1939-40) and The Norwegian Field Hospital in Korea (Contingent One, 1951), commented that no histories had explored the meaning of "surgeons' and nurses' hard work day and night, under conditions that were both difficult, unfamiliar and primitive."[29]

The birth of NORMASH was turbulent. From 1947 onwards tensions between the US, the Soviet-Union and their respective allies increased, and Europe became divided by what has been termed an "Iron Curtain" separating east and west blocks from 1948 to about 1990. In 1949, Norway joined the defensive alliance, known as the North Atlantic Treaty Organization (NATO). It was, at that time, the only NATO country that shared a border with the Soviet Union. In 1950, with the outbreak of the Korean War, the so-called Cold War was said to have become "hot."[30] Norway was one of the countries that had endorsed the United Nations' decision to oppose any aggression from North Korea against South Korea. The Secretary-General of the United Nations, Trygve Lie – himself a Norwegian citizen – had referred to this as a "constabulary action."[31] Norway was asked to participate in what was, without doubt, a military operation, but, in the early 1950s, the Norwegian armed forces were still under reconstruction after almost five years of occupation (June 10, 1940 to May 8, 1945) during the Second World War. Hence, although there was nothing that indicated any threats in Northern Europe, The Norwegian government believed that its armed forces were needed at home and it refused to

participate in the military operation, instead offering to support the Korean people with a refugee camp and a hospital.[32] Pressure was exerted on the Norwegian government by both the United Nations and the USA, to participate with armed forces, and, as a compromise, it eventually agreed to send a field hospital.[33] The Ministry of Foreign Affairs gave the task of planning and staffing that hospital to the Norwegian Red Cross—Norges Røde Kors.[34]

The Red Cross had two alternative plans for the organization of the field hospital. The first option was a MASH equipped like a US MASH and staffed with military personnel. The other was a Red Cross hospital staffed with civilian medical personnel serving alongside personnel with auxiliary functions and official status within the Red Cross. The Surgeon General of the Norwegian Armed Forces Medical Services was in favour of the first plan, but the Norwegian Ministry of Defence did not give permission to operate a military hospital in Korea.[35] The Norwegian field hospital was therefore designated as a civil field hospital which would offer treatment and care to combatant servicemen and would serve alongside US MASHs at the front.

The United States (US) was the executive agent for the United Nation’s operation in Korea, and the Norwegian field hospital was tactically placed to support the Eighth US Army in Korea (EUSAK). An agreement between Norway and the US regulated all practical aspects of the hospital’s daily operation. All supplies were to be provided by the US.[36] In practice this meant that almost everything except personal items were of US origin. The agreement also specified that NORMASH personnel would follow orders handed down by the commanding general of the Armed Forces of the Member States of the United Nations in Korea.[37]

This civil Red Cross hospital was operative from July 1951, but only attained the title “The Norwegian Mobile Army Surgical Hospital (NORMASH)” in October 1951. Its main purpose was to serve combatant forces - mainly the Commonwealth Division and the First US Cavalry Division - close to the 38th Parallel. NORMASH served on equal terms with the other MASHs. During their time in Korea

US MASHs increased in size from sixty-bed hospitals to two-hundred-bed hospitals. In 1951, questions were raised about whether NORMASH, with only sixty beds, was big enough to make a significant contribution.[38] A Norwegian report from November 17, 1951, responded to the challenge by stating that the question of the number of beds at NORMASH was immaterial. The Norwegian detachment served a division like the others and had to take the patients that came in during the rushes; hence, it had to expand as and when necessary.[39]

Heavy fighting, especially in 1951, created a large number of battle causalities. The Norwegian field hospital was much needed and it was later reported that it "pulled its weight."[40] Figures for the period from the hospital's opening on July 19, 1951 to its' closing down in October, 1954, suggest that approximately 90,000 individuals were treated, either as in-patients or through the polyclinic (outpatient clinic). Of these, 14,755 were inpatients - 12,201 before the armistice and 2,554 between armistice and closure. This suggests that the polyclinic was highly active. Over the total period, more than 9,600 operations were said to have been performed.[41]

The Nurses of NORMASH

Norway has never had a professional army nursing corps. Nurse education in Norway was conducted in public hospitals and in the private schools of charitable organizations. Government grants helped to support both types of school, and, in return, both were obliged to provide educated nurses for duty during catastrophes and in time of war. Yet, these nurses did not receive any military training.[42] Military field hospitals meant for use in war or during catastrophes were intended to be staffed with personnel mobilized from civil hospitals.[43] During inauguration into Red Cross service, nurses were given a military "dog tag" together with the Red Cross emblem to use if mobilized for service during war.[44]

In 1946, the Norwegian Storting (Norway's parliament) legislated to end all military training for women. This was not reversed until 1953, when women were allowed to attend army schools and courses on a voluntary basis. Nevertheless, there was demand for nursing service in the armed forces built on the engagement of civilian nurses.[45] Between 1947 and 1953, Norway provided approximately 4,000 soldiers to the British Army of the Rhine - the army of occupation in Germany. Each contingent served for six months as part of "national service". In every contingent there were thirteen nurses: twelve "ward nurses" and one "head nurse". In total, 118 nurses served in Germany; others served with the standing army at home.[46]

Many of these experienced nurses went on to serve at NORMASH. Due to their experiences of the occupation, Norwegians in general felt that Norway had a moral obligation to participate in the UN operation to stop aggression from North Korea against South Korea. In addition, Norway was the homeland of United Nation's first Secretary-General, Trygve Lie. The fact that Norway had been occupied by Nazi Germany has been seen as significant in motivating the Norwegian nurses to volunteer for service in Korea.[47] Most were recruited from civil hospitals. Apart from those who served during The Second World War, none had combat experience.[48] Their prior experience fuelled their motivation: the desire to offer humanitarian aid grew out of experiences of observing the suffering of compatriots.

The personnel at NORMASH changed every six months. Seven contingents served; in total there were 111 nurses, twenty two deacons, eighty surgeons, five dentists, six pharmacists, ninety eight officers/NCOs, and 294 privates.[49] Many privates and some of the officers served in two contingents. Only one of the nurses, Petra Drabløs, served with two contingents. Nurses were unable to get absence of leave for more than six months from their work in Norway; some also had family obligations at home.[50] Furthermore, Ruth Andresen, the matron-in-chief of the army wanted as many nurses as possible to gain experience with a field hospital in case the cold war should lead to a more local conflict. She would not recommend that any individual nurse serve for more than six months.[51]

Nursing service at NORMASH was demanding. Clinical staff in US MASHs realised that critically wounded patients, who in earlier wars would have been dead upon arrival, were now being admitted to hospitals because of rapid evacuation via helicopters.[52] Nurses at NORMASH soon began to describe similar experiences. For this reason, Andresen favoured nurses with good general practice experience and, ideally, at least four years' experience as a theatre nurse. Not only did the nurses have to have clinical experience and skills; they also needed to be in good health and be able to sleep in a tent for six months. Hence, Andresen and her medical colleagues decided that they should not be more than 40 years old.[53]

The nurses of NORMASH had not been trained to function as part of a military organization.[54] Neither had they any training in war surgery.[55] Yet NORMASH was a hospital in the midst of a war and nurses had to deal with war trauma, as well as accidents and internal medicine. The hospital was not able to treat eye and head injuries. Patients with such injuries were evacuated immediately to the rear. Bulletproof vests made of nylon gave protection for the upper body. Extremity injuries therefore accounted for 70 percent of the injuries according to Norwegian figures.[56] US sources have claimed that the role of nurses in trauma care developed during the Korean War.[57] US Army nurses were said to have functioned on a much higher level than in a civilian setting; hence, for this reason, Brunk has claimed, war is a catalyst for change in nursing.[58] The lack of trained theatre nurses in the US Army led to formal courses in operating room techniques. During the war either a trained nurse or a technician could assist the surgeon during operations at US MASHs.[59]

Norway had not allowed men to train as nurses prior to 1948. It did, however, permit them to undergo a partial training and qualify as so-called 'deacons'. There were a few exceptions who received full nurse-training. Among these was, Peder Klingsheim, one of the participants interviewed for this study. He received the rank of master sergeant.[60] Some deacons felt that it was unfair that they were not commissioned as officers. But the US Army did not give rank as commissioned officers to male nurses.

In a letter from the matron-in-chief, Ruth Andresen, the deacon's work was discussed. None of the deacons were specialist nurses, and Andresen mentioned that the chief surgeon (Arne Hvoslef) for one contingent of NORMASH had said that deacons could not work as theatre nurses.[61] Most of them did not have an education that could justify commission as officers.

For NORMASH it seems that the necessity of using fully educated nurses during rushes became clearer as the complexity of the work increased. When a grenade exploded many soldiers threw themselves to the ground. Even though their armored vests protected their upper bodies, shrapnel caused many severe buttock wounds. Pre-operative work was intricate requiring that patients be stabilized prior to surgery. Blood transfusion was required for many patients. "I was the only trained nurse on duty and had to do all the surveillance myself", said Klingsheim.[62] Because of the incidence of adverse reactions, the administration of blood transfusions was work that could be performed only by trained nurses. With regard to the theatre nurses, when the first change of contingent came after the home administration of the hospital was transferred from the Red Cross to the army, the staffing was changed and the staffing plan reduced the number of nurses. This worried Arne Hvoslef, the commanding chief of NORMASH, who wrote:

> During the last rush we operated at four tables almost the day around for weeks, and it went well; but you know, the boys (surgeons) were exhausted. And here is another thing: I think the workload was larger for the sisters (theatre nurses). We are using one for anesthesia and one for sterile assistance at each operating table. Then there is no one left for rotation, but they manage because they know that rushes do not last forever.[63]

The nurses in the operating theatre had all received specialist training in theatre work in Norway. They could not be replaced. They were needed for the most severely wounded. Deacons could, in case of emergency, replace ward nurses, but specialist nurses could not be replaced. Hvoslef reported that the number of trained theatre nurses could not be reduced if the MASH were to function as intended.[64] His

report gave rise to much discussion in Norway, concerning the need to economize versus the need for properly educated and trained nurses in a war. The Surgeon General of the Armed Forces Medical Services wrote to the Ministry of Defense and expressed his concerns with regard to the question about nurses. NORMASH was in a different situation from US MASHs. Each MASH had a responsibility for casualties in their respective areas of the front. US MASHs could use reserves and depend on a rotation of personnel. NORMASH had no such opportunity. There were no Norwegian reserves in Korea or Japan. The only available staff were those already at the hospital. Most deacons were not fully trained nurses and could not take over a nurse's work. The number of theatre nurses could therefore not be reduced.[65]

Andresen, raised the same problem with the chief of staff. With only eight operating theatre nurses in each contingent and a head nurse helping with anesthesia in emergency cases, there was no way the number of theatre nurses could be reduced. In fact, she argued for an increase the number of theatre nurses. The Brigade in Germany during the late 1940s had had ten positions for nurses, but they had engaged more in order to enable a rotation of staff.[66] And the Brigade in Germany had not been at war.

The response to the Matron-in-Chief's and the Surgeon General's concern was to grant permission to increase staffing with one surgeon and two nurses if found necessary for daily operations at NORMASH.[67] Another question that was raised by the Matron-in-Chief concerned the injustice of the fact that deacon students—who had not completed their education—were better paid than fully educated nurses. Norway had not allowed nurse education for men prior to 1948. With an education of three years (and two years of training after that to become a theatre nurse), no male nurse could fill a position as theatre nurse at NORMASH. Nevertheless, deacons did a valuable job in many places, and some of them had experience from work in Korea or China as missionaries. One reason for using deacons was a wish to have male nurses in the combat zone.[68] The medical officers at NORMASH concluded that nurses could not be substituted with groups with less education.

There were always tasks to do in the hospital that could be handled by personnel without training. A nurse's work went beyond direct patient-care; there was also preparation. Gowning, linen and instruments are washed, sterilized and stored for use. Gloves were not single-use; they had to be maintained and mended. Such tasks took a lot of time, so even when it was quiet on the front, the hospital worked. It was by performing these routine tasks at quiet times that it could function during rushes. Many of NORMASH's other personnel came after they had finished their daily tasks as drivers or guard soldiers to help with this important work.[69]

Coping with patients' emotional trauma was also an important aspect of nursing care. Hartvigsen commented: "We know so well the feeling, from our daily life and ourselves, the anxiety for illness and pain, for hospital and operation. We saw the same thing here."[70] Soldiers' thoughts about the future and the uncertainty of the outcome of an operation were well understood by theatre nurses from their work in civilian hospitals.

Civilian nurses in a military hospital

The nurses at NORMASH were female civilians in a male military culture and were not trained as army nurses. The desire to offer active war-service was not their primary motivation. The Korean War was the first time Norway had participated in such a campaign. All specialist nurses and ward nurses at NORMASH were women, apart from a small number of fully-trained male deacons. NORMASH had started-out as a civil Red Cross hospital and then been transformed into a military hospital. The nurses did not only lack military training; they also lacked experience in war surgery.

In Korea, all nurses had received US Army uniform, and were commissioned as officers in the US Army. The Commanding Chief of the first contingent of NORMASH, Herman Ramstad, was uncomfortable with the arrangement of being a civil hospital, with staff armed and ranked as officers in the US Army. In a report to his superiors in Norway he stated that the hospital had bought carbines and

guns, but that it might “be best not to mention that at home”. He also wrote that his superiors should consider raising the question of whether NORMASH should be a military hospital, with staff commissioned as officers, formally with the Ministry of Defence.[71] When the Norwegian government became aware, in October 1951, that it had a unit in Korea that in fact operated as a military unit, it insisted that Norwegian nurses and surgeons must be temporarily commissioned officers in the Norwegian Army.[72] However, it did not legislate to enable personnel to wear Norwegian officer’s insignia. Throughout the war, the staff of NORMASH continued to wear US officers’ insignia.

In retrospect it seems controversial that a Red Cross hospital was transformed into a military hospital; but it may not have been so for the medical personnel. Neither the Red Cross nor the armed forces in Norway believed that an ostensibly civilian hospital could function in the war zone in Korea. Military status was seen as necessary. Early in 1951, the Norwegian Red Cross had a welfare team in Korea - one of several from the League of Red Cross Societies. This team had a similar experience to the staff of NORMASH. Welfare teams were all a part of the United Nations Civil Assistance Command Korea (UNCACK), but the Norwegian team was under the command of EUSAK. All welfare teams had to wear the US Army’s battledress without any Red Cross or national emblems. Although the Red Cross protested and demanded to operate as independent welfare teams and not under US military command, their request was denied. The Norwegian team decided to adopt a pragmatic line. Questions about emblems were a question for their organizations. They wore the US Army battledress and carried a card with their rank, stating that this was “Valid only if captured by the enemy.”[73] The Norwegian surgeon Carl Semb had in the planning process of NORMASH, held the rank of temporary major general. All negotiations were with military personnel, and officer status was necessary in order that these could take place on equal terms. The Norwegian Red Cross seemed well aware that a hospital would not be able to function at the front without military status.

The Red Cross was founded with the purpose of giving medical aid to sick and wounded soldiers in time of war. Red Cross nurses were all familiar with this ideal. Previous ambulances - apart from “the

Balkan Ambulance" - had all operated with military equipment but without ensigns and emblems from the armed forces. It was only afterwards remarked that they were not fully neutral: they always had clear sympathy for one of the sides in the conflicts in which they operated.[74]

Yet nurses resisted militarisation in many ways. They had their own hierarchy. In hospitals "Matron-in-Chief" was the highest position among nurses. But the Norwegian nursing profession was also a sisterhood formed through education, work and, a non-militaristic moral discipline. Nurses' letters to their Matron-in-Chief were addressed to "Dear Sister Ruth", and did not use Ruth Andresen's military rank. The rank system in the army was not natural for them. Still, the Norwegian nurses acknowledged its importance when nursing combatant personnel, and adjusted to the military system.

Since the nurses lived in a male society, officer-status permitted them to associate with both officers and privates politely and as comrades. Combatants were pleasantly surprised to encounter female nurses in the war zone. A British soldier who had been at NORMASH "was adamant that he had seen female nurses at NORMASH, although he also stated that he could have been hallucinating."[75] Soldiers travelled to the unit's Officers Club and Sergeants Club in the hope of meeting its female staff:

> The fact that NORMASH housed about two dozen beautiful, blonde Norwegian nurses was undoubtedly an added attraction. These were almost never at the club, however (for obvious reasons), so that particular attraction usually faded after a while.[76]

Women reminded soldiers of home and a different life from the trenches, filth and fighting, but not all soldiers were courteous. Peder Klingsheim, one of the deacons at NORMASH, describes some US soldiers who showed little respect for women: "They used to grab after them, but I guess they were protected by their ranks as commissioned officers."[77] Romances did occur, but they were few. Theatre nurse, Margot Isaksen, met her husband-to-be, a guard soldier, in Korea; but her experience was

unusual.[78] Mostly, the nurses were somewhat older than the Norwegian soldiers, and appear to have been viewed as mother figures.[79]

Gerd Semb, a veteran of the Second World War and the occupation force in Germany, served at NORMASH as a captain. She recounted a story about how she had been outside the camp, hitchhiking in a military truck. The driver broke the speed limit and was stopped by the military police, but Semb was the one who got reported. “I told him that I had not been driving the car, but he said I was the highest ranked officer and responsible”.[80] Semb had not realised that she had authority over the actions of the driver, just because she outranked him. Semb also went to a ceremony in Japan with a private soldier. It was a disappointing experience for them both: where she could go, he could not, and vice versa. She spent the time alone, until she could find a plane back to Korea. The plane was transporting fresh troops on their first mission, and she found a seat between the privates. Then an officer started to admonish the soldiers:

> The young lieutenant gave them a hard speech in foul language. And then he saw that there was a woman among the soldiers. And then he noticed that I was a captain. He was so full of excuses. For the rest of the trip from Japan to Korea I was invited to sit in the cockpit.[81]

Rønnaug Wüller served as head nurse in Korea with the first contingent at NORMASH. She was given the rank of captain and then promoted to major. Afterwards she reflected on the fact that without uniform and rank, she would hardly have been able to work as a nurse in a war. Military discipline and respect was gained by rank. There were very few females close to the frontline. For her, the uniform and rank induced the type of respect that was necessary to work as a nurse with male soldiers, something she never had given a thought to before.[82] And rank also provided security if captured by the enemy.

Security was, indeed, an issue. Some questioned whether female nurses should serve in the war zone at all. Major General Carl Semb stated that there had been some very serious and negative experiences for women captured by the enemy, and he did not initially want the hospital too close to the front at the 38th Parallel.[83] The nurses of the first contingent were not ordered to the combat zone in Korea. The matter was discussed with them, and they were given the choice between staying in Pusan or travelling to the combat zone. It was the nurses themselves who volunteered to serve close to the front lines.[84]

From time to time a nurse outranked a surgeon during work in the operating theatre. But there was never a question of whether the surgeon was the chief in medical matters. Yet nurses had their seniority too: instructions for private soldiers who were working in the hospital were that they, in every matter that concerned the hospital, were to receive orders from and work under the command of the nurses. This instruction was justified by the superior training of nurses and did not mention that they, as commissioned officers, outranked privates.[85]

NORMASH: a military or a humanitarian endeavour?

The "Orchard" became a legend for NORMASH.[86] After arriving in Pusan, the nurses and other personnel had found themselves in a country riven by war.[87] Yet here, in the midst of the conflict, was an untouched garden—The Orchard—where a haven of hope existed. The sight was described as impressive. After a journey amongst ruins where only shells of concrete or stone buildings had been left, The Orchard seemed unaffected by the war. It was ripe with apples without scabs or worms, ready to be harvested.[88] Here, NORMASH was established, and officially opened on 19 July 1951.[89] The peaceful surroundings gave opportunities for both sight-seeing and entertaining. Nurse Gerd Semb brought her guitar with her to Korea. She and another nurse, Petra Drabløs, provided entertainment. On one occasion, they were invited to a US MASH. She described their experiences:

> We did not realize that it was a religious gathering, and did not know any religious songs. I said to Petra, let's take "Kom til den hvitmalte kirke" [The Church in the Wildwood]. A popular

> sing-along and the only song we knew with a religious text. It was not allowed for a nurse to leave the camp without company of a soldier with a gun, but I did it anyway. Once I had a Canadian sergeant drive me to the 38th Parallel. I always felt safe in the Orchard.[90]

The hospital was composed primarily of tents, alongside which were two corrugated iron buildings: a welfare building and a church.[91] This was to be the site for NORMASH for two months. It was very quiet along the front during these first months, and very few combatants were wounded in action. Yet there was plenty of work. As Gerd Semb said: “People get sick, also during war.”[92] During these early months of the hospital’s mission, nurses appear to have felt no sense of conflict: the humanitarian emphasis of their work was to the fore.

The day before the official opening of NORMASH, on July 18, 1951, the first patient was received: a young boy named Pak. The surgeon Bernhard Paus wrote about Pak in his diary:

> July 18, 1951. We received our 1st patient; a 14-year old Korean boy severely burnt a week before. August 27, 1951. Today we brought back the severely burnt boy, Pak. I have been his doctor while he has been here.[93]

This Korean boy was only one of many children who, because of the war, were wounded and in need of specialist health care. Pre-war health care in South Korea had been limited due to a lack of resources. The war had ruined much of the infrastructure and had left practically nothing.[94] For people living close to the front, NORMASH became a natural place to seek health care. The young boy, Pak, was said to have “captured the clinician’s hearts”. After treatment, he was transported to Seoul, but he wanted to return to NORMASH.[95] Nurse Hetty Henrichsen drove to Seoul to pick him up and bring him back to The Orchard.[96] Many children were helped at NORMASH. Only a few are remembered by name. But Pak’s story is not entirely one of success. One day he disappeared; he left without a trace.[97] Bernhard Paus made several attempts to locate him after the war, but was unable to track him

down.[98] Not all the children needed surgical help: food, shelter and a place to sleep were just as likely to be sought at NORMASH.[99]

When the nurses learned about the conditions of the Koreans, they passed on their knowledge to the next contingent. Travelling from Norway to Korea by plane allowed limited weight and for a half-year service everyone needed personal items of different kinds. Along with the official list of what items to bring with them there was, nevertheless, always a request to the new nurses: “The sisters beg the new sisters to bring with them as many clothes as possible for the Koreans, preferably clothes for toddlers”.[100]

Caring for children continued after service in Korea. Many nurses continued to collect money and clothes for “our small friends.”[101] Also before service in Korea, efforts were made to help children, by providing clothes - sometimes in such amounts that they could not be managed. In a letter to the Matron-in-Chief, a nurse wrote about the trip by plane and seeing Cairo and Bangkok, and then: “My real reason for writing to you is to ask if the children’s clothes that I got in Larvik are still in Oslo? They have not been received here [at NORMASH] yet”.[102] NORMASH only remained in The Orchard for just over two months before it moved closer to the front, to Tongduchon—not as peaceful and romantic as The Orchard, but, strategically, a better location. Yet, it was always The Orchard of which the staff talked.[103]

The Surgeon General of the Norwegian Armed Forces Medical Services had allowed NORMASH to treat civilians who could not reach a Korean hospital. NORMASH often felt a moral obligation not to discharge these patients. The medical needs were of a character that Korean hospitals were not able to offer, ruined as those hospitals were by the war. A report from June 1952 by Colonel Hjort, chief of Hospital Contingent Three, described how surgeons in quiet periods at the front had been sent to Seoul as aid for the Korean Red Cross Hospital. Both the Korean and the Norwegian hospital wanted to continue this co-operation. Surgeons from NORMASH brought their own surgical instruments to Seoul

since the Korean hospital lacked such instruments. Colonel Hjort sought advice from the surgeon general on whether this work was to be a priority. The hospital was equipped with surgical instruments for war injuries, but equipment for gynecological intervention, for instance, was not available.[104] The answer from the Surgeon General was that he looked upon humanitarian aid to the civilian population of Korea as very important, and wanted it to be continued. Yet, there must be limits: humanitarian aid had to be limited by NORMASH's primary function as a military surgical field hospital.[105]

Of NORMASH's sixty beds, staff were allowed to use twenty four for civilian patients when it was quiet on the front. In reality civilian patients often occupied well over forty percent of the beds. At certain times, the average was thirty five to forty civilian in-patients. Work at the hospital could sometimes be foreseen. If there was rain it would be quiet at NORMASH.[106] If the sound of shooting could be heard in the morning, ambulances would arrive in the afternoon.[107] When battle causalities arrived, civilians could not be evacuated since they had nowhere to go and nothing with which to support themselves. Nurses tried to separate the two groups of patients, sometimes because Korean patients had infectious diseases that were becoming rare in the Western world,[108] but also sometimes for more prosaic and pragmatic reasons: soldiers did not want to lie close to patients who ate garlic,[109] or to share tents with crying babies and old "pappasans" who were, sometimes, spitting on the floor.[110] At the laboratory a nurse remarked that she could hardly find a sample without tuberculosis, and there were times when NORMASH seemed more like a sanatorium than a MASH.[111] In May 1953, US military casualties were transferred to MASHs further away. It was not said directly—the US officers were said to be far too polite to say it directly—but the chief of hospital, Egil Moe, had the clear impression that this was due to the fact that NORMASH had too many civilian patients, and that the hospital's reputation as a MASH had to be rebuilt.[112]

Caring for burn victims took more resources than NORMASH actually had. Wound care for one patient could take two doctors and two nurses an hour or more. During the hot season, wounds became colonized with maggots. Although this, in fact, promoted healing, the itching was intolerable for the

patients. And for the nurses wound cleansing and bandaging became a difficult task.[113] Food was a limited resource: NORMASH got all its food from US supplies. This was for personnel and military patients. Koreans had to eat whatever was surplus to requirements. There were, in other words, several reasons why the number of civilians had to be limited.[114] But it was not easy to say "no". Children who had stepped on a mine or had been bombed by napalm needed professional health care. These conflicts between the dual missions of NORMASH continued throughout the war.

NORMASH also received prisoners of war (POWs). Like other patients, these men found a safe haven at the hospital. During the occupation of Norway, Germans had requisitioned parts of Norwegian hospitals. Nurses could not refuse to nurse German soldiers. In 1942 Gerd Semb had fled Norway to avoid nursing German soldiers, but as she said: "I can hate a system. But I can never bring myself to hate a person".[115] Such perspectives were also brought with nurses to NORMASH: when patients came to NORMASH, they were human beings rather than part of a system – individuals who required humanitarian service.

It was not only nurses with experience at hospitals who applied to serve at NORMASH. Nurses who had worked in China before the communist revolution also applied. Knowing the Chinese language was of great help. One sister mentioned this in particular when she applied for a new period in Korea in a letter to the matron-in-chief

> It has been peculiar to meet POW people. And it has been great fun to be able to speak to the Chinese prisoners. I feel so definitely that I am in the right place, and it's so strange feeling happy being able to give a little hand of help in a grey day. Again thank you, dear sister Ruth.[116]

Patients were first of all patients. Nurses triaging wounds did not also triage nationality. Only individual conditions counted when treatment was decided. Only after surgical treatment at the

hospital and upon transportation to evacuation hospitals would POWs be sorted out and sent to a prison hospital near Pusan.

Blood transfusions were performed using blood from donors in the USA. Upon delivery in Korea, the blood was already between ten and fourteen days old and had to be used within a week. Bernard Paus commented:

> So it happens that in a MASH "a place in Korea" a friend or a foe, yellow, white or black patients are bedded side by side. Their lives are saved by half a litre of blood, voluntarily donated by an American man or woman living thousands of kilometres away.[117]

Some of the POWs were afraid of being poisoned by the Norwegian nurses. Propaganda had told them that they would be tortured and executed, or killed by stealth. Norwegian deacons and nurses who could speak Chinese and had worked as missionaries in China were of great help in translating and giving information about what was going on. Without such help, commencing anaesthesia could be a problem. The medical condition was of course one thing, but the horror of believing that you were to be executed and would never wake up made patients fight back, trying to stay awake. A nurse who served in the second contingent later claimed that POWs, because they believed the propaganda, were often treated with greater care than allies. One of her POW patients had fought like a trapped wild animal at the beginning of narcosis: "I have seldom seen so much horror and anxiety as I saw in the eyes of that young man."[118] Inga Aardalsbakke sometimes had to taste the food or exchange the food with that of another patient before a POW dared to eat it. She claims that everybody was treated equally, no matter what his or her nationality or status.[119] A total of 172 POWs from North Korea and China received treatment at NORMASH.[120]

Some nurses at NORMASH appear to have made a deliberate choice to treat their work as a humanitarian rather than military endeavour. Their decision-making was independent of the

expectations of their "commanding officers". Indeed, most did not even recognise the existence of a command structure apart from the nursing and medical hierarchies to which they were already accustomed. Their attachment to their own professional identity and their respect for their head nurse – "Sister Ruth" – engendered an independence and self-belief that seemed to insulate them from the politics of the Korean War medical services. In an account written several years after the war, Harda Hartvigsen, wrote in terms very similar to those of First World War civilian volunteer-nurse, Mary Borden, who had called her field hospital, "the second battlefield".[121] Hartvigsen's perspective evokes a similar image:

> When the cannon roars at the front, and the fighting rages, the struggle inside the hospital continues, taking in its own particular form. At the front one thing is more important than anything else: to destroy the greatest number of human beings and munitions. Inside the hospital, we fight across a different front-line: we fight against death to preserve life. Neither nationality nor colour of skin matters. The only thing that matters is the Red Cross philosophy: "inter arma caritas: between the guns, love". Friend and foe get the same treatment. In fact, sometimes maybe a foe is nursed with greater care.[122]

The nurses took pleasure in their humanitarian service. Aslaug Hårvik wrote to Andresen on 29 September, 1951:

> I feel the urge to thank you for granting me a place here. Thank you ever so much. We have a good time here – it is fun to see the people and the country, and feel the pleasure in helping soldiers, Koreans and our own people. It is no small thing to find happiness and pleasure in being one component in such a big work. I must express my heartfelt pleasure in this opportunity to serve others.[123]

In another letter, Ingrid Stafsnes declared: "we have all good things – and in addition, good humour. I must say again: 'I am glad to be alive'". She added: "To be honest, I had imagined Korea, after all I have heard, to be a dreadful place… [But] I am in no way disappointed. On the contrary, I am grateful for this opportunity."[124]

The sense of the "thrill" of humanitarian service that resonates through the nurses' letters carries with it a strong element of personal power and autonomy. For some of these nurses, their work in Korea went well beyond "good nursing", and the experience was one they treasured. It was also an opportunity for learning. Stafnes wrote: "Heartfelt thanks for this opportunity to travel out here. It has been a great experience for me. I have learned a lot of things – not only nursing itself, but, perhaps even more, spiritual learning."[125]

These nurses do not come across as individuals who are "following orders." Although it was extremely rare for them to actively oppose any of the instructions they were given, most appear to have had a strong sense of their own priorities. Military casualties did take precedence at NORMASH; yet, the nurses' humanitarian instincts meant that the opportunity to assist any patient who arrived at their doors – whether military or civilian – was important to them.

Conflict of Leadership at NORMASH

Three Scandinavian countries had medical humanitarian missions in Korea. Sweden had an evacuation hospital in Pusan, Denmark a hospital ship, *Jutlandia*; both kept their mission civil and under national control. Norway's mission, NORMASH was a Red Cross hospital under US command. Yet, although it became a military hospital, it struggled to be a military organization.

Insofar as it was under US command, it could be questioned whether NORMASH was under Norwegian national control at all. In an official letter, written before NORMASH officially opened, its first military commander had reported that the Norwegians had become popular with the US Army because they had agreed to serve close to the front lines of the war. It was observed that the Norwegians "don't play neutral as the Swedish are doing here."[126]

The question of whether this was a Norwegian or a US detachment was not easily settled. After a year's duty at the front, the commander of a later contingent reported that NORMASH did not have a flag that would show that this was an official Norwegian hospital. Not even the ensigns used on uniforms were Norwegian. He wanted a flag for use on parade, to demonstrate Norwegian sovereignty and create esprit de corps.[127] A flag was sent from Norway, but the ensigns used continued to be those of the US Army.

The transformation of the hospital from a Red Cross hospital to a military hospital, stationed close to the battle zone, caused misunderstandings on several levels. These related to the military status both of the hospital and of its personnel, although they do not appear to have influenced the medical treatment to any considerable extent. On November 1, 1951, the administration of NORMASH was transferred from the Norwegian Foreign Ministry to military command under the Norwegian Ministry of Defence. On a question from EUSAK about the status of the hospital, the answer was that the hospital was a military unit.[128] Even when it was a Red Cross hospital, it was for practical purposes considered part of the military and pragmatically adjusted to US military rules.[129] It was not communicated well in Norway that NORMASH was active in a war and a part of a UN Army.[130] The King of Norway, Haakon the Seventh, Commander in Chief of the Norwegian Armed Forces, addressed it as a Red Cross hospital in a telegram in 1952, something that the executive officer of NORMASH for that contingent, Major Steinum, found "offensive."[131]

The king was not the only person who mistook NORMASH for a civilian Red Cross hospital. A memorandum written at NORMASH and dated 1953, expressed concern about lack of information to the personnel. There were instances of conscious objectors and men who got the "unpleasant surprise" that life in a military camp was subject to military law and behaviour. Meanwhile, commissioned officers described NORMASH as a "half-civil detachment."[132]

It was this half-civil status that had the most important implications in the organization of the hospital. A MASH was supposed to move on its own, and it was supposed to provide medical help for one particular army division.[133] NORMASH did support a division like the US MASHs, but it also operated as a Norwegian unit in a non-combatant role. This did from time to time cause friction between combatant officers and medical officers as combatant officers felt that medical officers interfered with tactical dispositions on how non-medical personnel should be used as guard soldiers. When questions were asked, the answer was that NORMASH was a hospital. Combatant officers were a support to the medical activity and the MASH was to be led by medical officers and not career officers. This arrangement may also have created a flatter structure between officers and soldiers than in US MASHs. The etiquette between officers and soldiers was said to be good but far too informal compared to the military conduct in an ordinary military detachment. This was a source of surprise to non-Norwegian visitors.[134] Peder Klingsheim was made a master sergeant. This rank was not in use in Norway— and so it did not mean much to him. Saluting was not so common, and he did not feel or think of himself as a soldier. He was a nurse in a hospital.[135]

Norway did not send Norwegian "orderlies" to serve in Korea. The first NORMASH contingent had only planned a staffing of 83 men in non-medical positions and for training to function as orderlies, and depended on employing Koreans in different positions. Eighty three men were too few to run a MASH properly. The US Army ordered a clearing company of 40 men and one officer together with an ambulance platoon to NORMASH. Some men in the clearing company were orderlies and were expected to work together with the nurses; but this proved to be a poor solution because of their limited training and their perspectives on military behaviour. Norwegians had a more informal view about etiquette and more easy-going attitude towards military discipline than Americans.[136]

NORMASH: The last days

Norwegian nurses at NORMASH were not career officers. They were volunteer professional nurses. Their status as officers was temporary, though not without significance. In the last days of NORMASH there were incidents with the nurses where the question of whether this was a civil or a military hospital became important. It was only at this point, when the situation in Korea had changed from warfare to armistice, and the complement of patients had changed from combatant personnel to civilian Koreans, that a clash between the nurses and the chief of the hospital took place: nurses refused to attend roll call and parade after night duty. The chief of NORMASH wrote an angry letter to the Matron-in-Chief of the Army. He claimed that he, a civilian, tried to keep up a military appearance of the hospital, and demanded to know if the nurses were civilians or soldiers.[137] The Matron-in-Chief answered both wisely and diplomatically, showing a respect for both military rules and nurses' need for rest and sleep after night duty: "Yes. They are military and subjected to military law, but can't roll call be later in the day?"[138] The question was never raised again, but it symbolized the tensions inherent in the dual identity of NORMASH as both military and civil hospital.

After the armistice in July 1953, all military units were kept in a state of preparedness for further possible hostility. As the year passed it became clear that the armistice would endure. The patient flow at NORMASH changed during the last half of 1953. Combat wounds were no longer an issue. Still, patients with trauma from road accidents, accidental gunshot wounds, and mine injuries came to the hospital. In addition, there were somatic illnesses. These patients were not evacuated to the rear as before.

The tents were starting to wear-out after over two years' use - and, in any case, there was need for better conditions than the original structures could provide.[139] The operating theatre, holding and postop tents were replaced with huts made of corrugated iron; and the bed capacity was increased from 60 to 90.[140] When NORMASH began functioning as a purely civil hospital, trauma surgery was not the primary demand. Koreans living in the area needed treatment for illnesses; such patients required longer hospital stays than those receiving stabilizing surgical treatments. With the end of hostilities,

the supply of bank blood ceased. Staff at NORMASH established their own blood bank for Koreans; its donors were the Korean staff at NORMASH, and the first transfusions were done in March 1954.[141]

This new demand also led to changes for the nurses in their organization and work. Two theatre nurses were reassigned to ward work. As the situation was stabilized, the Norwegian nurses started an outreach project to teach practical nursing in rural areas close to the hospital. This was also reflected in hiring practices: Korean nurses were employed and trained. [142] The original Norwegian idea of NORMASH - humanitarian aid to civilians and the development of Korea's own public health system - thus became more and more visible.

In 1951 there had been an agreement between Sweden, Denmark and Norway that they would build a university clinic in Korea to aid education of health personnel.[143] During the war there had been discussions about whether NORMASH could be transformed into a university hospital in the event of a peace settlement in Korea.[144] After the armistice, the future use of the hospital again became an issue. Carl Semb, who had negotiated the first agreement for Norway's participation in the UN army, again played a part. For Norwegians, there was a need for clarity. Should the hospital withdraw and be dismantled; or should it be converted into a joint Scandinavian university hospital? But an armistice is not a peace settlement. EUSAK wanted the Norwegian unit to retain its capacity for emergency response. And perhaps to flatter the Norwegians, the Chief Surgeon of EUSAK, General Smith, characterized NORMASH as the best of the six MASHs that had served at the front.[145]

NORMASH was kept at the front. But when EUSAK started to withdraw from the 38th parallel it lost the last remnants of its military purpose as an emergency response unit in case of renewed hostilities. There was no army to support. As the year went on, NORMASH was left - an outpost where there had once been a war. The first problem now was that there was no logistics chain left. Figures show that for the first half of 1954, 657 in-patients out of a total of 1,059 were civilians. Of 11,697 policlinic consultations, 5,956 were civilians, and the number of civilian patients was increasing.[146]

The Chief of the Hospital, Atle Berg, reported that NORMASH was not able to give adequate treatment to civilian patients. There were too few physicians, and the unit was equipped as a surgical hospital. A permanent hospital would have other medical issues and needs to deal with. The civilians' need for hospital services was huge, but it could not be fulfilled by NORMASH by August 1954.[147] And so, that autumn, the Norwegian field hospital was dismantled.

Conclusion

During the Korean War, Norway operated a hospital close to the battle zone, from July 1951 to October 1954. The Norwegian Mobile Army Surgical Hospital (NORMASH) became a safe haven for different groups, including service-men, prisoners of war, and civilians. When it was located at "The Orchard" it was seen by the nurses as a sanctuary that offered a place of safety away from the war. For wounded soldiers it was a military hospital where they could receive expert surgical and medical care; for other soldiers it was a place to make social calls and find friends; for some civilians it became a place to seek medical services; for others it offered a bed and work. One element of their professional independence was the camaraderie and cooperation shared by NORMASH nurses; another was their evident pride in their clinical skills. Beyond this, they appear to have shared a particular sense of purpose: they viewed their work at NORMASH as, at least in part, a humanitarian mission, operating alongside the treatment of wounded and sick combatants.

Approximately 90,000 patients were said to have been treated at NORMASH - in the wards and polyclinic.[148] The hospital served a military division like any other MASH at the front, but it never really became militarized. Uniforms and ranks were a matter of convenience. There were few women at the front. The nurse's rank was a protection against unwanted attention and gave authority to her orders in the hospital

Unlike the US MASHs, NORMASH was staffed by non-military personnel acting as volunteers. One of the main concerns of these volunteers was the wellbeing of the Korean civilians and their need for health care, food and clothes. The nurses appear to have identified themselves as nurses giving humanitarian aid to a small country that was the victim of aggression, just as Norway had been during the invasion by Nazi-Germany in 1940-1945. The Norwegian nurses at NORMASH - the "Korea sisters" - proved themselves valuable in a combat zone. Their professional skill and knowledge was commented-upon in the later memoirs of both doctors and patients. Although not specially trained as military nurses, they had confidence in their expertise, and were able to support patients with the most devastating of wartime injuries. And even in a time of war, they were able to run a hospital that many saw as a "sanctuary" – a safe haven providing not just treatment and nursing care to military casualties but also support, resources, respite and friendship to Korean civilians.

NORMASH nurses interviewed for this study were proud of the humanity they had shown to both soldiers and civilians in Korea. Over sixty years after his service with NORMASH, nurse Peder Klingsheim said:

> When I look upon what we did for the Korean people in Korea, what it meant for them, and the friendships and bonds we forged with them, I think that we should never send soldiers to a conflict. We got the best result when we sent physicians and nurses.[149]

Klingsheim's words reveal the sense of humanitarianism that fuelled the work of NORMASH's nurses. They also suggest that such humanitarianism can act as a powerful source of energy and motivation driving a clinical mission. Although they rarely came into conflict with the military culture of their unit, the Norwegian nurses who served at NORMASH had their own sense of a purpose beyond military service – a humanitarian mission that gave them professional identity. Their personal agendas chimed well with the motto of the International Red Cross: "Inter Armas Caritas".

Notes

[1] Trygve Lie, *Syv år for Freden* (Oslo: Tiden Norsk Forlag, 1954).

[2] Malkasian Carter, *The Korean War 1950 -1953* (Oxford: Osprey Publishing, 2001); Bruce Cummings. *The Korean War: A History* (New York: Modern Library, 2011).

[3] Asbjørnsen Lars Bakke, *Fjellet med de Fallende Blomster - Skisser fra Korea* (Oslo: Forlaget land og kirke, 1952); Pedersen Lorentz Ulrik, *Norge i Korea. Norsk Innsats under Koreakrigen og Senere* (Oslo: C. Huitfeldt Forlag, 1991).

[4] Eriksen Knut Einar and Helge Øystein Pharo, *Kald Krig og Internasjonalisering 1949 – 1965 Norsk Utenrikspolitisk Historie Bind 5* (Oslo: Universitetsforlaget, 1997); Nils A. Røhne, *De Første Skritt inn i Europa. Norsk Europa-Politikk fra 1950* (Oslo: Institutt for Forsvarsstudier, 1989).

[5] Eriksen and Pharo. *Kald Krig og Internasjonaliseing*; Skongrand Kjetil, *Norsk Forsvarshistorie Vol. 4. 1940 – 1970. Alliert i Krig og Fred* (Bergen: Eide forlag A/S, 2004).

[6] Asbjørnsen, *Fjellet med de Fallende Blomster*; Pedersen. *Norge i Korea*; Finn Bakke, ed., *NORMASH - Korea i våre hjerter.* (Oslo: Norwegian Korean War Veterans Association, 2010); Sandvik Olav, *Skjebnespill - Fra Kvinnherad til Vetrinærvesents Innside* (Oslo: Norsk Vetrinærhistorisk Selskap, 2012).

[7] The Norwegian nurses' leader – Sister Ruth Andresen, encouraged her staff to write detailed letters about their experiences in Korea. These letters offer particularly vivid insights into the mentalities and lived experience of the Norwegian nurses: Box RAFA, File 3422, Letters to Matron in Chief, Forsvarets Sanitet 1952-54, Riksarkivet, The National Archives of Norway, Oslo. Hereafter cited as Letters to Matron-in-Chief, Riksarkivet. In addition to the letters, another written source is of particular value: an unpublished account written by one of the nurses, Harda Hartvigsen, shortly after her experiences in Korea: Box RAFA, File 3422, Harda Hartvigsen. *Det Norske Feltsykehus i Korea og dets Arbeid Blant Sivilbefolkningen, Datert 15 September 1954*, Forsvarets Sanitet, 1954, Riksarkivet, The National Archives of Norway, Oslo. Hereafter cited as Hartvigsen, *Det Norske Feltsykehus i Korea*, Riksarkivet.

[8] Five former nurses were interviewed specifically for this study. Whilst acknowledging that this is a limited sample of the 111 nurses and twenty two deacons who served, we would emphasise that the data produced, formed one of the study's most valuable and original elements. The participants were in their eighties and nineties when interviewed. All gave written consent for their testimony to be published. In each case, consent included the specification that their contribution should be attributed to them by name. They are: Gerd Semb, Inga Ardalsbakke, Kari Roll Kleppstad, Margot Isaksen and Peder Klingsheim. The original, signed consent forms, along with the full transcripts of the interviews are stored securely at the Arctic University, Tromso, Norway, along with signed and dated permissions letters. The interviewing style was open and permissive, permitting participants to determine what was significant to them. The present study owes its central emphasis and its most original finding – the identification of NORMASH as a "sanctuary" and a humanitarian mission – in part, to the quality of its oral history interview data. The oral histories add complexity and nuance to the ostensibly "factual" information contained in the official record. Ethical approval for the study was granted by the Norwegian Social Science Data Services (NSD), and included permission for the naming of oral history interview participants at their own request, and for the publication of quotations from their interviews. Historians such as Paul Thompson, Rob Perks and Joanna Bornat, working mostly in a British context, advocate this approach as a means for capturing particular voices – most usefully those of individuals who had been silenced by their omission from the historical record: Paul, Thompson, *The Voice of the Past: Oral History,* Third Edition (Oxford: Oxford University Press, 2000); Joanna, Bornat and Rob, Perks, *Oral History, Health and Welfare* (London: Routledge, 1991). More recently, scholars such as Geertje Boschma have done much to develop oral history methodology as an approach with particular relevance for historians of nursing: Geertje Boschma, M. Scaia, N. Bonifacio, and E. Roberts, "Oral History Research," in *Capturing Nursing History: A Guide to Historical Methods in Research,* ed. Sandra B. Lewenson, and Eleanor Krohn Hermann (New York: Springer, 2008), 79-98; Geertje Boschma, "Community mental health post-1950: Reconsidering nurses' and consumers' identities", in *Routledge Handbook on the Global History of Nursing*, ed. Patricia D'Antonio, Julie Fairman, and Jean Whelan (New York: Routledge, 2013), 237-58. See also: Barbra Mann Wall, Nancy

E. Edwards, and Marjorie L. Porter. “Textual analysis of retired nurses’ oral histories,” *Nursing Inquiry*

14, no. 4 (2007): 279-88.

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