War, Sex and Politics: the South African Medical Section in Korea, 1950-1953[1]

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Background: The politics of the Korean War

South African writers on the Korean War have avoided the medical records and for several reasons. Until quite recently, as far as South Africa is concerned, historical enquiry into the war has been characterised by a predominant concern for the air force, dog fights, and 'kill' lists and a neglect of any consideration of the ways in which the war impinged upon the Korean and South African societies. Any attempt to

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1. Paper presented at the 'South Africa at war in the 20th Century' Conference, SA Military Academy, 4-6 September 2000. I am grateful to my brother-in-law, Dr. Gary McMichael, of Johannesburg, for reading this draft and making several useful comments. Unless otherwise stated, all archival references refer to material in the custody of the Documentation Service Directorate (Military Archives), SANDF, Pretoria.

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understand this must necessarily address other issues and follow the 'new military history' approach: why were wars fought; how were armies raised; the motives of common soldiers; as well as the realities of life for them and the population of the country in which they fought. "Wars pass, but the human soul endures", Smuts wrote, "the interest is not so much in the war as in the human experience behind it."[2] This paper is an attempt to understand something of the venereal disease or in modern parlance, STD spectre, that manifested in the United Nations Forces in Korea and Japan and the attempts made by the South African Medical Section to deal with it.

In June 1950, the North Korean army crossed the thirty-eighth parallel to attack the American-sponsored government of South Korea. Western powers responded immediately and despatched a multinational taskforce, under a United Nations banner, to the conflict area. By October, the North Koreans were routed. However, the intervention of Peoples' Democratic Republic of China resulted in a prolonged war that eventually ended in a stalemate at Panmunjom on 27 July 1953.

Some sixteen states provided armed forces to serve with the United Nations Forces in the fight against the North Koreans; while a further five states, as a result of either foreign policy or domestic issues, elected to provide medical units only.[3] There were also numerous other, mostly smaller medical elements that were attached to the military forces provided by the other 16 countries. These included the American MASHs,[4] the British Commonwealth Occupation Force (BCOF) Hospital based at Kure in Japan, the various field ambulances and field dressing stations, and the small medical section which formed part of the establishment of No 2 Squadron, South African Air Force (SAAF).

Yet the decision to send a South African contingent was no easy matter. For four decades the National Party stood

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2. Jan Smuts' preface to D. REITZ, *Commando: A Boer Journal of the Anglo-Boer War* (Jonathan Ball, Johannesburg, 1998), p 1.

3. Sweden, (Red Cross Field Hospital), India (60th Indian Field Ambulance), Denmark (Red Cross Hospital Ship), Norway (Mobile Army Surgical Unit), and Italy (Red Cross Hospital 68).

4. Mobile Army Surgical Hospitals.

politically, sometime its members even violently, opposed to South African participation in foreign military ventures. An Afrikaner Rebellion followed South Africa's entry into the First World War. Another threatened in September 1922, when the despatch of a contingent to the Dardanelles was considered;[5] while the *Ossewa Brandwag*, although later falling out of sympathy with the Nationalists, enjoyed considerable support during the Second World War.

Now, in 1950, the Nationalists were in government and they received the United Nations request for a South African ground contingent for service in Korea and would have to marry party rhetoric with reality. While they wished to avoid the interweaving of South Africa into Commonwealth defence planning, the two-year-old government had committed itself to support the West in the face of 'communist aggression'. This would, however, be done on her own terms and only after some coaxing. And South Africa participation would not be sold cheaply. Eventually, for a complex of reasons and contrary to the electoral promises of 1948, the Nationalist government committed an air force squadron and later a small group of Army officers to the United Nations Forces serving in a country that was clearly outside South Africa's sphere of influence. The squadron for political and logistic reasons - Britain was unwilling at that point to supply much-wanted jet fighters - was attached to the USAAF; while a token number of army officers, attached to the 1st Commonwealth Division, eventually ten in all, did little to satisfy British pride.[6]

The South African medical staff

There was opposition within South Africa. Many could not understand why a Nationalist government would despatch a contingent to an Asian country. Nevertheless, the recruiting drive among military medical personnel, for voluntary service with the squadron was reasonably good despite the fact that no volunteers came forth from the Northern and Central Commands - the heartland of the most-racially and politically

5. I.J. VAN DER WAAG, 'South Africa and the War in Asia Minor, 1920-1923', *Militaria*, 24(1) 1994, pp 9-19.

6. I. VAN DER WAAG and N. VAN DER WAAG-COWLING, 'South Africa and International Peace Enforcement: The Korean War Revisited', International Peace and Security: The African Experience Symposium held at the Military Academy, Saldanha Bay, 21-23 Sep 1998.

conservative. Nonetheless, from within the very small SAMC 19 officers and 89 other ranks volunteered. And from their ranks, two doctors and five orderlies were selected.[7]

The Squadron Medical Officer (MO) faced several staff difficulties. An additional medical officer's post was created so as to allow a junior doctor to understudy Major H.C. Enslin, the squadron doctor and South Africa's aviation medicine expert.[8] The selection of five other ranks as medical and hygiene orderlies brought the total medical element that accompanied the squadron to Korea, to seven. However, 18th Fighter Bomber Wing Headquarters, to which 2 Squadron was attached, immediately poached one of the NCOs for service in the Wing hygiene section.[9] As the war progressed replacements became a problem. Doctors and medical orderlies could not be found. Those in the theatre were contrary to policy accepted for second, even third, tours of duty;[10] while the fourth squadron MO, Captain E.J. van Hoepen, the senior medical officer of both the medical and surgical sections of 1 Military Hospital, did not volunteer but was 'selected'.[11] Not surprisingly, the establishment had to be reduced from seven to four.[12] This reduction seriously affected the functioning of

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7. MEDICAL PERSONAL FILES (hereinafter MPF), Box 1202, file MD 760/1 vol 4 Volunteers for Service outside the Union or SWA, Korea. Subfile, SAMC Volunteers for Service in the Far East (Korea): Signal Surgeon General - All Assistant Surgeons General and Deputy Assistant Surgeons General, 9 Aug 1950.

8 ARCHIVES OF THE ADJUTANT GENERAL (hereinafter AG3), Box 228, file AG(3)1906/14 vol 1 Organisation Korean Campaign Military Assistance to UNO: Surgeon General - Adjutant General, 16 Aug 1950.

9. ARCHIVES OF THE SENIOR AIR LIAISON OFFICER, Tokyo (hereinafter SALO), Box 7, file SALO/S/818/1/ORG Organisation SAAF Korea Contingent: OC 2 Squadron – SALO, 2 Jul 1951.

10. MPF, Box 1202, file MD 760/1 vol 4. Volunteers for Service outside the Union or SWA, Korea: Air Chief of Staff - Senior Air Liaison Officer, 25 Sep 1952.

11. ARCHIVES OF THE SECRETARY FOR DEFENCE (hereinafter DC), Box 2373, file DC 740/11/342 Telephones Private Residence Lt E.J. van Hoepen; MPF, Box 1201, file MD 760/1 vol 2. Volunteers for Service outside the Union or SWA, Korea: Surgeon General - Secretary for Health, 26 Jan 1952; and MPF, Box 1202, file MD 760/1 vol 3. Volunteers for Service outside the Union or SWA, Korea.

12. AG3, Box 228, file AG(3)1906/14 vol III. Organization Korea Campaign Military Assistance to UNO; and DGMS, Box 87, file MD 129/351/2 Korea Contingent Replacements Far East Volunteers for

the section, particularly while the Squadron was divided between two bases. There were staff quality problems too. A number of the orderlies were "incurable drunks."[13] Captain C.J. Slabbert, the last squadron MO, realised that he required an efficient team if he was to acquit his task properly and set about getting his house in order. He was the first MO to have a jeep at his disposal - three months before the end of the war - and boarded an orderly diagnosed as suffering from alcoholic hallucinations;[14] while Sgt G.W.L. Coram was asked to serve a third consecutive tour of duty.[15]

This small section - normally four but never more than seven - were responsible for the medical care of squadron personnel. This included their immunisation, the maintenance of medical administrative and personnel records, arrangement of hospital evacuation and flying medical boards, and the monitoring of the quality of the mess food, the adequacy of accommodation, and sanitary and health matters such as pest control.[16]

Hospital evacuation

Due to the smallness of the medical element attached to the Squadron and its limited sickbay capability, all cases of serious illness were transferred to the larger medical facilities provided by other elements of the United Nations Force. The arrangements here also reflect the politics of the day. All minor infliction were dealt with by the Squadron's own medical personnel:[17] during the absence of the Squadron MO,

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Service General.

13. ARCHIVES OF THE OFFICER COMMANDING, No 2 Squadron, SAAF, Korea (hereinafter 2 Sqn Korea), Box 11, file 2SQD/C/825/5/ORG Monthly Medical Returns: Capt E.J. van Hoepen - Surgeon General, 7 Apr 1953.

14. 2 Sqn Korea, Box 47, file 2SQDN/1101/1/MED Medical General: Capt Slabbert - Officer Commanding, 2 Squadron, 24 May 1953; and SALO, Box 10, file SALO/C/825/12/ORG Monthly Medical Reports 2 Squadron: Capt Slabbert - Surgeon General, 1 Jun 1953.

15. MPF, Box 1202, file MD 760/1 vol 4. Volunteers for Service outside the Union or SWA, Korea: Signal UDF DHQ Pretoria - SAAFLO FEAF Tokyo, 11 Jun 1953.

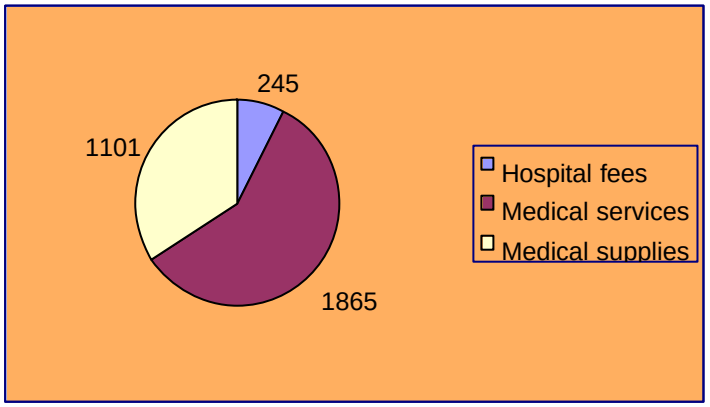
16. SALO, Box 7, file SALO/S/818/1/ORG Organisation SAAF Korea Contingent: Officer Commanding 2 Squadron – South African Liaison Officer, 2 Jul 1951; and 2 Sqn Korea, Box 11, file 2SQDN/C/825/5/ORG Monthly Medical Returns.

17. DC, Box 3484, file DC 2614/16 Korea Campaign, Hospitalization:

the three doctors on the establishment of the 18th Medical Group of the USAF filled in.[18]

The American Wing Medical Group or a MASH-type facility treated less severe casualties requiring hospitalisation. Captain Slabbert found the medical attention provided by the USAF to be most inadequate and took steps to establish a South African sick bay. The Senior Air Liaison Officer for diplomatic reasons vetoed this.[19] Nonetheless less than 0.05% of the total owing by South Africa to the United States at the end of the war, was for medical-related expenses; and of this £3210, only £245 (or 8%) was due for hospital fees (figure 1).

FIGURE 1: Medical services and supplies received from the U.S. Army in Korea 1950-1953, by the South African contingent. (Amounts reflected in South African pounds.)



All serious cases necessitating lengthy hospitalisation or specialist consultation were, on the other hand, evacuated to the BCOF General Hospital.[20] In point of fact, South Africa gladly accepted the British offer of use of the BCOF hospital at Kure; although for financial reasons rather than a feeling of

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SAAF Liaison HQ FEAF Tokyo - Secretary for Defence and the Surgeon General, 9 Dec 1950.

18. 2 Sqn Korea, Box 11, file 2SQD/C/825/5/ORG Monthly Medical Returns: Capt E.J. van Hoepen - Surgeon General, 6 Jun 1952.

19. SALO, Box 10, file SALO/C/825/12/ORG Monthly Medical Reports.

20. British Commonwealth Occupation Forces. Japan was under Allied military occupation until 1951. War Diaries and Missions, SAAF Korea (hereinafter WDM), Box 9, SAAFLO, 6 Dec 1950.

Commonwealth camaraderie. Quite simply, it was cheaper.[21] This produced something of an anomaly. The South African Liaison Headquarters in Tokyo fell under the American Far East Air Force Headquarters and the South African squadron under a United States Air Force Wing; while major medical facilities, as far as possible, were provided by the Commonwealth.

Medical returns

Unfortunately, we know very little about the activities of the squadron medical officers over the period until June 1951, when Major Enslin and Lieutenant Mentz, the first MO's, prepared to leave the squadron. They do not seem to have been particular in filing their medical returns[22] and never offered an explanation of the statistics. Their successors, however, did this at some length; and so a reasonably complete commentary of the medical status of the squadron is available from June 1951.[23]

Generally, each season in the Far East brought its own tally of illnesses. The Korean climate is characterised by cold winters and hot summers. The average temperature in January is beneath freezing; while in July the mercury climbs to an average of 25 degrees Celsius. Unsurprisingly the illnesses suffered by members of the contingent in Korea followed a very definite seasonal cycle. From dermatitis and malaria in summer to influenza and respiratory problems in winter; with a few diseases which did not respect seasonal changes.

The rainfall is fairly heavy during the summer months, when the monsoons bring between 1000 and 1400 millimetres of rain. The site of the squadron's billets was almost always on low ground, which became swampy during the heavier rains. This, of course, intensified the mosquito problem and draining furrows had to be dug and continually deepened. Malaria was

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21. 2 Sqn Korea, Box 47, file 2SQD/1101/MED Medical General, Policy and Instructions: Senior Air Liaison Officer - Officer Commanding 2 Squadron, 8 Dec 1950.

22. The returns for January through to May 1951, are absent from the file - only the covering letters were filed.

23. 2 Sqn Korea, Box 11, file 2SQDN/C/825/5/ORG Monthly Medical Returns.

rife in summer, although during the summer of 1951 the squadron had no reported cases: due to the regular spraying of the camp area, the taking of chloroquin tablets and the use of mosquito nets.[24] This is indicative of the foresight and timely action on the part of the South African medical staff, which were perhaps au fait with the malarial problems of Africa.

The quietest time of the year was spring and autumn, when all complaints were of a minor nature. The more moderate climate invariably saw a drop in the incidence of colds, influenza, bronchitis and dermatitis; and the medical officer was left to prepare for the illnesses that the coming summer or winter months would bring.[25]

Sexually-transmitted disease (STD)

Morale, of course, had an immense effect on the medical return. In September 1951, Lieutenant Venter, the third squadron medical officer, reported that the morale of the squadron was good and that members did not report sick for minor or no ailments.[26] High morale was a direct result of the efficient R & R system,[27] which brought another health spectre - venereal disease or STD.

The pattern of STD did not conform to the changing of the seasons. Most of the South African cases were contracted in Korea, with about a third being contracted in Japan. In August 1951 there were in South Korea, some 3.7 million refugees, 400 000 of whom came from North Korea. This exacerbated an overcrowding of the land: some 72% of South Koreans working directly on the soil with approximately one third of them farming one acre or less. Indigent circumstances forced women, perhaps chiefly war widows and orphaned girls, to find additional income and, with thousands of UN troops in

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24. 2 Sqn Korea, Box 11, file 2SQDN/C/825/5/ORG Monthly Medical Returns: Capt Venter - Surgeon General, 18 Jan 1952.

25. 2 Sqn Korea, Box 11, file 2SQD/C/825/5/ORG Monthly Medical Returns.

26. 2 Sqn Korea, Box 11, file 2SQDN/C/825/5/ORG Monthly Medical Returns: Lt Venter - Surgeon General, 10 Jul 1951 and 7 Sep 1951.

27. Rest and Recuperative leave. SALO, Box 7, file SALO/S/818/1/ORG Organization SAAF Korea Contingent: OC 2 Squadron – SALO, 2 Jul 1951.

the theatre, they were certainly not short of customers. This affected military efficiency in the form of absenteeism and sick leave: each STD case incapacitated the patient for approximately 7.5 days. The danger was recognised and definite steps were taken to halt, or at best limit, its spread among UN troops. Here was nothing new.

The relationship between the 'two oldest professions' - the presence of sex workers within armies - is ancient. The bleak existence for most soldiers was mitigated by only one or two compensations and one of these, in fact perhaps a more important recompense, was the relative ease of access to recreational sex. At various times, attempts were made to deny the soldier this traditional perk and so limit the accompanying health hazards, loss of efficiency and manpower, the threat to discipline and the increased number of mouths to feed. Yet this was never an asymmetrical relationship. Throughout the history of war one finds references to the many thankless tasks performed by such camp followers: serving as sutlers, laundresses, tailors, cleaners, nurses, and foragers.[28]

The Korean War was no different and the forward areas, where the battle was continuing, were "completely evacuated" of civilians with the population kept behind what was called the "stay-back line". In other words, troops on or near the front-line had little or no contact with the local population, and - according to Lt Gen Jack Dutton (a South African veteran who had served with 1 Royal Tank Regiment) - the accompanying problems that this might have brought about did not exist.[29]

The only civilians front-line soldiers met were south of the line when the soldier was on R&R or at his base camp: where the counter-attack force was kept and where further training could take place. The men left these camps during the night to visit the brothels, eating and drinking establishments and narcotics houses in the nearby towns. And therefore the higher incidence among 'base wallahs' and at units stationed in the rear areas was expected.

During the months after the end of the war, the Commonwealth Division STD rate soared, as the civilians

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28. F. TALLETT, *War and Society in Early-Modern Europe, 1495-1715* (Routledge, London and New York, 1992), pp 131-134.

29. Tape-recorded interview with Lt Gen J.R. Dutton, 1992.

moved forward and were also within reach of the troops on the front-line. In fact, from as early as the beginning of February 1953, numerous brothels sprang up in the rear areas and, although such establishments were repeatedly raided by the Military Police, they eventually developed the capability of functioning in a mobile role.[30]

Not all STDs were contracted within the theatre. Hong Kong, one of the ports of call for arriving drafts, was 'riddled with venereal disease' and was the source of a number of South African cases. In October 1952, for example, a draft of 61 men arrived in Korea for duty with 2 Squadron. Among them, were 7 cases of STD, all contracted at Hong Kong. This was almost 11.5% of the total contingent. There was apparently a psychosis connected with the name of this port, where sex workers by the dozen boarded the ships soliciting business. As the men behaved very well at other ports, it was assumed that their behaviour at Hong Kong originated in a mass psychosis that was less easy to resist when the women were surprisingly permitted aboard.[31] In view hereof, all further drafts were given a STD lecture before embarking at Durban, and arrangements were made to prohibit sex workers from boarding the ships at Hong Kong.

TABLE 1: Sexually transmitted disease rates March 1953.

COUNTRY	NEW CASES	RATE/1000/YEAR
South Africa	27	130
United Kingdom	147	195
New Zealand	33	243
Canada	194	450
Australia	99	641

Interestingly, the incidence of STDs among Dominion troops was generally far higher than in the UK component of the Division. The South African contingent had the lowest rate of all Commonwealth troops (table 1). Yet the 27 new infections reported within the South African squadron in March 1953 was

30. Archive of the Director General Medical Services (hereinafter DGMS), Box 87, file MD 129/351/4 Monthly Liaison Letters Commonwealth Divisional Medical Service, Korea.

31. 2 Sqn Korea, Box 11, file 2SQD/C/825/5/ORG Monthly Medical Returns: Capt van Hoepen - Surgeon General, 5 Nov 1952.

atypical. This high figure within the comparatively small contingent was due to the squadron's recent R&R in Japan.

This low South African STD rate may be attributed to several things. The South Africans were all members of the Permanent Force, who had to specifically volunteer to serve in the Far East. They were also older and many were married. Furthermore, in May 1950, only months before the departure of the South African contingent, an amended *Immorality Act* made carnal intercourse between what were called 'Europeans' and 'non-Europeans' a criminal offence.[32] South African race politics and the conservative socialisation of most South Africans most certainly also played a role. The small number of South Africans in the theatre, ease of control over a smaller contingent and the prophylactic doses of penicillin administered even before departure from the Union must be mentioned too. South Africans may not necessarily have been less disposed to make sexual contact. The government just took greater steps to limit any embarrassment resulting from such tacit proof of racial mingling.

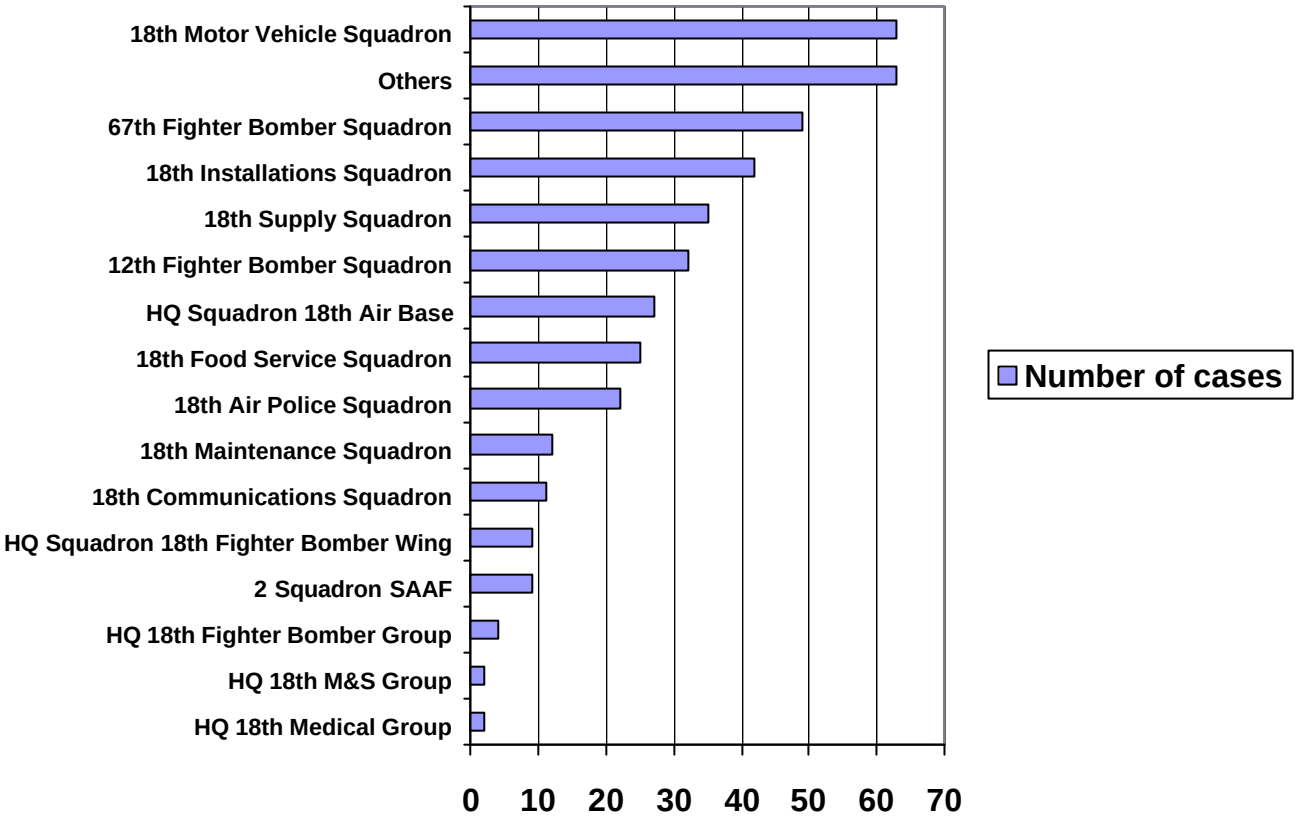
2 Squadron SAAF was also the squadron with the lowest STD rate in the whole of 18th Fighter Bomber Wing (figure 2). The American squadrons, and more particularly the camp-based units, appear to have had a large problem; and a special meeting was held to discuss the incidence of STD at K-55. Almost 49% of all STDs reported were acquired in the immediate area, namely Osan and Suwon; while over 33% of all cases were picked up while on R & R in Japan.

It was thought that R&R played the single largest role in the contraction of the disease. In the Commonwealth Division, the STD rate averaged 270 per 1000 men per year but climbed to 320 in February 1953 and 325 in March 1953, when the Division went into reserve. The increased R&R leave was clearly reflected in both additional cases and for the first time since June 1952, more cases within the Division were contracted in Japan - the destination of most on R&R - than in Korea. Personnel on R&R could not be easily controlled. Curfews could not be easily imposed and no bed checks - to ensure that the men were in bed and alone - could be made. The only recourse was to present a STD lecture as part of the

32. The Immorality Amendment Act (21 of 1950) was assented to on 1 May 1950.

R&R briefing and to make sufficient prophylactics available before departure.

FIGURE 2: Number of sexually transmitted disease cases in 18th Fighter Bomber Wing USAF by squadron, February to July 1953.



The U.S. 18th Wing Medical Group ascribed this peaking during R&R to a poor leisure-time utilisation programme and insufficient bed checks. Most of the personnel who contracted STDs were found to be:

- young airmen (80% of all cases were in the 18 to 23 year age group);
- intoxicated. The incidence of STDs also, invariably, peaked each January. In January 1953, for example, there were 8 new cases of urethritis in the Squadron, of which two were gonorrhoea and two were new cases of chanroid and the medical officer ascribed this

to the festivities of the Christmas season.[33] (As in the Second World War, most STD patients were exposed to the disease while drunk.[34])

- have taken no preventative measures; and (despite the briefings)
- have had no realisation of the danger involved.[35]

Interestingly enough, these risk factors correlate with the present threat of HIV in the SANDF. The combat environment, distance from home and high stress and emotional strain combine to make men 'play harder'. Within this macho environment, there was a 'work hard, play hard' psychosis and one of the ways soldiers play hard is casual sex. History bears adequate testimony. The high life, the availability of money and presence of sex workers, who knew where the business was, completed the equation.

The UNF used a variety of methods to combat the incidence of STD. These included a better all-round special services programme, providing more things to keep the men occupied after normal duty hours. Better sports programmes were organised, with competitive games in baseball, volleyball and touch football. Off-base recreation programmes, particularly for the men on R&R, included sightseeing tours, swimming, fishing and hunting. Generally, the idea was to keep the men busy and leave them with little time to themselves.

More aggressive methods were also used. Colour STD movies were shown frequently. All incoming personnel were briefed and more floodlights were installed along base fences across from the towns, to hamper personnel from slipping under the fence. The presentation of lectures on STDs appears to have been effective. In the case of 2 Squadron, the number of new cases dropped from seven in July 1951, to one a month later.[36] The 18th Motor Vehicle Squadron (see figure 2) managed to

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33. 2 Sqn Korea, Box 11, file 2SQD/C/825/5/ORG Monthly Medical Returns: Capt van Hoepen - Surgeon General, 3 Feb 1953.

34. See for example WD SAAF Narratives, Box 21 Medical History of the War 17 Squadron SAAF.

35. 2 Sqn Korea, Box 47, file 2SQDN/1101/1/MED Medical General: Special study on Venereal Disease at K-55.

36. 2 Sqn Korea, Box 11, file 2SQDN/825/5/ORG Monthly Medical Returns: Lt Venter - Surgeon General, 9 Aug 1951.

decrease their unit rate from the highest in the Wing to the lowest in a relatively short period of time, by implementing most of these measures.

The medical officer of 2 Squadron, by and large, used penicillin as a prophylactic. However, sufficient penicillin could not always be obtained in the Far East - 150 000 doses had to be brought out from South Africa in March 1953[37] - and, furthermore, not all STD's could be treated with this drug. In July 1952, two cases of a non-gonococcal urethritis (NGU) were diagnosed within 2 Squadron. This urethritis was of unknown etology definitely related to sexual intercourse, with an incubation period of at least 14 days, clinically resembling a mild gonorrhoea but entirely resistant to penicillin. Both cases were effectively treated with sulphadiazine and chloramphenicol.[38]

Medical supplies and hospitalisation

Under normal conditions the squadron medical officer replenished his stock of medicines from the stores of the 18th Medical Group, USAF. However, the medical supplies held by the Americans were disappointing. They were standardised and of very limited schedule[39] and the squadron medical officer was therefore unable to get all the medicines he required, all of the time. As a result, he was often forced to use American methods of treatment: a substitution that caused allergies and many members of the SAAF returned from the sickbays suffering from other symptoms. The medical officer had therefore to either mix his own medicines or dispense his own personal supply that he sent for from Japan or South Africa. Such supplies were normally placed in the custody of an officer, often the paymaster or chaplain, and arrived with the

37. MPF, Box 1202, file MD 760/1 vol 4. Volunteers for Service outside the Union or SWA, Korea: Surgeon General - Senior Stores Officer, Central Medical and Veterinary Stores, Defence Headquarters, 10 Feb 1953.

38. 2 Sqn Korea, Box 11, file 2SQD/C/825/5/ORG Monthly Medical Returns: Capt van Hoepen - Surgeon General, 20 Jul 1952.

39. 2 Sqn Korea, Box 11, file 2SQD/C/825/5/ORG Monthly Medical Returns: Lt Venter - Surgeon General, 6 Jun 1952.

next replacement draft.[40] This included insect repellents, elastoplast and penicillin.[41]

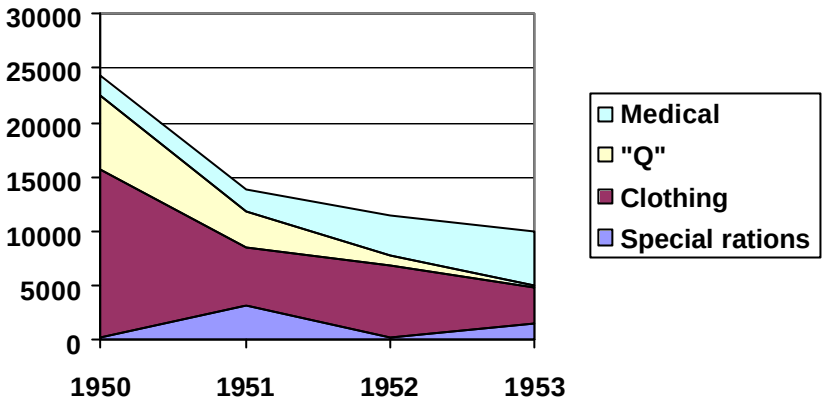

FIGURE 3: Stores imported from South Africa according to type. Amounts in South African pounds. (Source: DC, Box 3485, file DC 2626/5.)

The volume of medical supplies despatched from South Africa increased steadily throughout the war. In the first year, medical supplies represented 10% of all stores despatched from the Union. By 1953, this figure had increased to 51% (figure 3). Furthermore, a total of as little as £1101 worth of medical supplies were obtained from the US Army throughout the duration of the war: a clear reflection of the limited schedule of drugs held by the Americans in the Far East (figure 1).

A medical officer accompanied all personnel sent to Korea or returning to the Union by sea.[42] Once in South Africa, all returning personnel were taken up into 1 Military Hospital and examined for parasites, tuberculosis infection and contagious diseases. This automatic hospitalisation and the thorough medical examinations were not very well received. And more so because of the 24 to 36 hour delay in reunion with their

40. MPF, Box 1202, file MD 760/1 vol 3. Volunteers for Service outside the Union or SWA, Korea: Telex UDF DHQ Pretoria - SAAF Liaison Officer FEAF Tokyo, 15 Jul 1952.

41. 2 Sqn Korea, Box 11, file 2SQD/C/825/5/ORG Monthly Medical Returns.

42. DGMS, Box 87, file MD 129/351/2 Korea Contingent Replacements Far East Volunteers for Service General: Director General Air Force - Officer Commanding AFS Waterkloof, 12 Jun 1951.

families. American troops were worse off. They were hospitalised for up to two weeks.[43]

Conclusion

The South African medical files relating to the Korean War have been neglected, leaving the work of the medical staff and this particular aspect of life during the war unstudied. Political posturing, the eventual acquisition of the latest in jet-aircraft technology and the presence of almost nine hundred South African men in a foreign country with a hostile climate, undoubtedly made the task of the medical team more difficult. The South African medical history of the Korean War followed the pattern of other wars. Transience of life and the search for light-hearted pleasure seeking led to the relaxation of conventions, such as chaperoning, which normally shaped relations between men and women. This resulted in loosened social inhibitions and an eagerness to "make the best of the present without looking ahead."[44] This has been an interpolated theme of numerous novels and films: more recently in 'Hemingway in love and war', a 1996 First-World-War-based film directed by Sir Richard Attenborough.[45]

The Korean War was no different. The South African Korea contingent contracted an STD rate of some 130 per thousand per year. Yet the timely and efficient action of the South African medical staff in South Africa and, more particularly, in the Far East limited the number of STD cases within the South African force. These measures included the administration of prophylactic doses of penicillin (even before leaving South Africa), the imposition of curfews and bed checks, and thorough STD briefings (both before departure for the Far East and prior to taking R&R). The combating of STDs and the elimination of such tacit evidence of racial fraternisation was important to a government then in the process of implementing a policy of separate racial development. This, together with the antiquarian, often public-

43. 2 Sqn Korea, Box 47, file 2SQD/1101/MED Medical General Policy and Instructions.

44. S. FERGUSON and H. FITZGERALD, *Studies in the Social Services* (Her Majesty's Stationery Office, London, 1954), p 74.

45. 'Hemingway in love and war' (New Line Cinema, 1996).

relations approach of many South African official military historians, may account for the neglect of this topic.

Nominal Roll of members of the SA Medical Corps serving in Korea

OFFICERS	DATE DEPARTED	DATE RETURNED
Maj H.C. Enslin	26 Sep 1950	02 Sep 1951
Lt M.J. Mentz	26 Sep 1950	02 Sep 1951
Capt J.P.A. Venter	20 Apr 1951	09 Jul 1952
Capt E.J. van Hoepen	14 Mar 1952	20 May 1953
Capt C.J. Slabbert	01 Oct 1952	03 Dec 1953
OTHER RANKS	DATE DEPARTED	DATE RETURNED
Cpl I.Z.B. Botha	26 Sep 1950	30 Oct 1951
S/Sgt C.A.C. Labuscagne	26 Sep 1950	05 Oct 1951
Sgt P.J. Myburgh	26 Sep 1950	05 Oct 1951
Cpl A.F. Weich	26 Sep 1950	05 Oct 1951
Cpl J.H. Zeelie	26 Sep 1950	14 Jan 1952
Sgt G.J. Bowes-Taylor	27 Jun 1951	18 Sep 1952
Cpl J.P. du Toit	27 Jun 1951	11 Aug 1952
Sgt G.W.L. Coram	30 Oct 1951	12 Dec 1952
Cpl L.N. Claassen	26 May 1952	21 Jul 1953
Cpl A. McGregor	26 May 1952	21 Jul 1953
Sgt A.B. Elliot	15 Apr 1953	19 Dec 1953

Opsomming

Oorlog, seks en politiek: Die Suid-Afrikaanse Mediese afdeling in Korea, 1950-1953

Suid-Afrika se deelname aan die Koreaanse Oorlog was ‘n komplekse saak - beide vanuit ‘n militêre oogpunt as op die terrein van binne- en buitelandse beleid. Nogtans het die Unie ‘n lugmageskader, sowel as ‘n geringe leërelement, insluitende ‘n klein mediese seksie, tot die beskikking van die Verenigde Nasies gestel. Die mediese seksie was nooit meer as sewe man sterk nie. Die studie let op bykans 900 jong Suid-Afrikaners in ‘n vreemde land. Daar is sprake van die verganklikheid van die mens in ‘n oorlogsituasie. Dit het nog altyd tot ‘n mate van hedonisme gelei, ‘n soeke na ligsinnige plesier en die geneigdheid om net vir die oomblik te leef.