

**Medicine in the Korean War, 1951**

*Below is an account of the medical treatment given to UN troops during the Battle of Chipyong-ni. The author is Robert Hall, a U.S. Army surgeon.*

*A good starting point for this assignment would be to do some brief research on the Korean War.*

Firsts at Chipyong-ni

The battle at Chipyong-ni was the first major defeat of the Chinese since they had entered the war. It also was one of the first, if not the very first time that the Army’s newly activated helicopter ambulances were used for the transportation of severely wounded casualties from the battlefield to hospitals. And, as far as can be determined, it was during this battle that transfusions of whole blood were given for the first time to severely wounded casualties as far forward in the combat zone as the regimental area.

The Terrain

Chipyong-niis located in mountainous terrain. The 23d Regimental Combat Team was not large enough to occupy the hills that surround and dominate Chipyong. A defensive perimeter one and one-half miles (2.4 km) long, and one mile (1.6 km) wide, was established on lower terrain, instead. There were no gaps between units, and its size allowed a small personnel reserve to be maintained. All persons and activities within this area were under the enemy’s direct observation.

Medical Problems

The troops at Chipyong felt the full force of the fierce Korean winter. The temperature varied from the teens down to zero and below. Adequate winter clothing had not been issued to all the troops, and some were without gloves. The prevention of cold injuries was a major command and medical objective.

What was possibly the most immediate medical problem at Chipyong-ni was evident upon arrival in the village. Two dead Chinese soldiers were found in a building. The cause of their deaths was not apparent. There was no indication of wounding, and their skin showed no rash or other abnormality.

The RCT surgeon discussed the implications with the regimental commander and executive officer. No medical intelligence was available to the 23d RCT concerning the Chinese Communist Forces who had entered the war recently. It was known, however, that bubonic plague was endemic in China, and louse-borne typhus had been present in Korea and China after World War II. [Unknown to those at Chipyong, typhus was discovered in the first battalion of the 7th Cavalry Regiment at this time.]5 If these soldiers had died of such a disease the transmitting agents of the disease might escape the building and infect the members of the UN force.

It was agreed that the 23d RCT faced problems enough without the additional threat of an epidemic disease. The building was burned, therefore, with full realization that the flames would illuminate the surrounding area during the coming night. Fortunately, the Chinese were not yet in position to take advantage of the fact.

Medical Treatment and Evacuation

The 2d Infantry Division’s medical service incorporated lessons that had been learned during World War II. The medical facilities at platoon, battalion, regiment, and division levels provided increasingly more sophisticated treatment than had been possible at a lower echelon. After treatment at each level a patient returned to duty with his unit or was evacuated to the next higher echelon. The seriously wounded casualty was resuscitated and treated so that resuscitation in preparation for surgery could be continued when he arrived at a hospital.

The medical aidman with each infantry platoon was the most forward member of the medical service. He cared for the others when they were wounded, and often was wounded or killed while doing this.

 At Chipyong-ni the five battalion aid stations were located near the center of the perimeter. There was little to no defilade. Here the battalion surgeons and other medical personnel continued the treatment process initiated by the medical aidmen. Bleeding was controlled, wounds were dressed, fractures and some wounds were splinted, fluid resuscitation was begun, open chest wounds were closed, airways were checked, and morphine was administered to ease pain, if necessary.

Patients requiring further treatment were evacuated to the regimental collecting station. The collecting station was of critical importance during the early phases of the Korean War. A tent could usually be erected at this level. The tent could be blacked out at night so that a light could be used inside the tent while examining and treating wounded casualties. Here a stove could be used so that the wounded man could be warmed. And here time was usually available for a more complete examination of the patient, a continuation of treatment measures instituted previously, and the institution of additional ones if necessary.

The collecting station at Chipyong-ni was located, of necessity, in the center of the perimeter near obvious enemy targets. It was less than 200 yards from the regimental command post, tanks and heavy mortars, and the antiaircraft artillery being used in a ground support role. There was no defilade, and the six squad tents of the collecting station did not have overhead cover as protection from direct hits by artillery or mortar shells. Walls made of railroad ties topped by bags filled with rice were built outside the tent walls as protection from small arms fire and shell fragments. Baffles were built of railroad ties at each doorway. These allowed patients on litters to be carried into and out of the tents but prevented the entrance of fragments from shells bursting nearby.

The area was shelled frequently during the battle, and artillery and mortar shells often landed nearby. The tent tops were shredded by their fragments. Miraculously, however, no artillery or mortar shell landed on any of the seven tents. Only one patient was re-wounded while within them. Lying near a tent exit, he was struck in the ankle by a fragment from a shell exploding nearby that evaded the baffle.

 Before this was prevented by the Chinese, patients with more serious wounds were evacuated to a division level clearing station. This provided more advanced treatment for greater numbers of patients. It was located twenty miles to the rear of the 23d RCT, at Iho-ri, although then current doctrine called for it to be located with the RCT. The 23d Infantry Regiment had received the artillery and engineer augmentation of a regimental combat team, but had not received an RCT’s medical augmentation. This would have been the platoon of the division medical battalion’s Clearing company to which these patients were being evacuated.

 The patients being evacuated these twenty miles to the Clearing station from the 23d Infantry Regiment’s Collecting station did not travel in the enclosed and heated ambulances that had been furnished the 2d Medical Battalion for this purpose. They rode, instead, in the 23d Infantry Regiments own unheated jeeps and trucks.

 This was because most of the 2d Medical battalion’s ambulances had been lost two months earlier during the battle at Kunu-ri. They had since been replaced but were not being used to carry patients from the regimental collecting stations of the division to the division level clearing stations—which was their purpose-- because of fear that they would be lost due to enemy action if they went as far forward as the regimental area. They were being used, instead, only to evacuate patients from the 2d Division’s clearing stations to hospitals located farther to the rear. This duplicated what was being done by Eighth Army ambulance companies.

 The regimental surgeon had just joined the regiment and learned of this novel evacuation policy. He explained it to the RCT commander and recommended that the regimental collecting station be declared a “clearing” station. This Colonel (later General) Paul L. Freeman did with a broad grin and tongue firmly in cheek.

 Ironically, this facetious designation of the collecting station as a clearing station had unintended consequence. The Distinguished (later termed the Presidential) Unit Citation awarded the units at Chipyong-ni listed the 2d Clearing Platoon of the 2d Medical Battalion as having been at Chipyong-ni, although it was twenty miles to the rear at the time. And the 23d Regiment’s medical facility was titled a “Clearing” instead of a “Collecting” company in the 23d Infantry Regiment”s “After Action Report” of this battle. (The name was changed from “Collecting,” or Regimental level facility to “Clearing,” or division level facility after the Report had been submitted by the Regiment.)

 The medical battalion was informed of Colonel Freeman’s declaration, and heated ambulances became available for the evacuation of its wounded a week before the RCT was surrounded. All medical evacuations were made during daylight hours, except for two occasions when critically wounded patients, were evacuated at night, with armed escorts.

 Four ambulances were with the Collecting station when the 23d RCT was surrounded by the enemy. The ambulances proved invaluable, and their drivers served courageously and well throughout the battle.

Medical Preparations; Whole Blood for Transfusions

As the extent of the enemy buildup around Chipyong became apparent, plans were made for the care of critically wounded casualties who would need hospital care but who could not be evacuated to hospitals for treatment should the RCT be surrounded by the enemy. Patients who would have lost a lot of blood would need a blood volume expander, but none was available. The only intravenous fluids available were normal saline and glucose in saline. They were not sufficient for the purpose.

 Blood plasma, which had been used for the prevention and treatment of shock in units as far forward as infantry platoons during World War II was no longer available because it was known to transmit the virus of what was then called "serum hepatitis. " Dextran would take its place and was in the supply pipeline but had not yet arrived.

 The benefits resulting from the use of transfusions of whole blood for the treatment of severely wounded casualties had been demonstrated during wars in China and Spain, and again during World War II. As far as can be determined, however, it had not been used as far forward in the combat zone as the regimental area. Indeed, its use within the division area had been considered impractical.6

 The battle at Chipyong-ni provided an opportunity to test the proposition that units of whole blood could be cared for, and that transfusions of whole blood could be given to and would benefit seriously wounded casualties at the regimental level during combat operations.

 Transfusions of whole blood would be used later in battalion aid stations in Korea.7 They would be used still later in forward areas within the U.S. divisions in Vietnam, where they would be a major factor in preventing the deaths of wounded casualties before they reached a hospital.8 At this time in Korea, however, whole blood was being furnished only to hospitals. The regimental commander’s assistance was required to secure it for use at the regimental level. As a result of his and the regimental executive officer’s efforts, several units of Type O blood were available in the collecting station by the time the Chinese attacked. Additional units were delivered by the medical evacuation helicopters that were able to land on the third day of the siege, February 15th, when twenty of the most severely wounded casualties were evacuated by air.

The Enemy Attacks

Flares were seen around the perimeter during the evening of February 13, after which whistles and bugles signaled the enemy attack. Almost simultaneously a mortar shell landed near the regimental Command Post, killing one member of the regimental staff and severely wounding another. From then on, the collecting station functioned not only as a collecting station, receiving and caring for wounded patients from the battalion aid stations. It functioned also as an aid station, and its personnel acted as aid men and litter-bearers for those individuals wounded in its vicinity.

 One hundred patients were within the collecting station at daybreak, February fourteenth. Medical evacuation helicopters were requested for evacuation of the most seriously wounded, and several arrived overhead. By then, however the small arms, mortar and artillery fire falling in the area prevented them from landing.

 More tents were erected to house the increasing numbers of wounded casualties. Wounded Chinese casualties began arriving also. Since all activities were carried out under the observation of the enemy, no attempt was made to conceal the fact that the Chinese wounded were receiving the same care and treatment as the wounded members of the RCT.

Colonel Freeman’s Wound

One of those wounded during the first night was the regimental commander. Colonel Freeman was in his tent, talking with the regimental executive officer, Lt. Colonel, later Brigadier General Frank Meszar. He had been lying on his cot with hands behind his head, and had just reversed his position so that his left ankle occupied the space where his right temple had been, when a shell landed near the tent’s entrance and a fragment penetrated the bone of his left leg above the ankle. If he had not moved, he would have received a severe, and possibly fatal head wound.

 The ankle wound would have been cause for medical evacuation under normal circumstances. The circumstances were not normal, however.

 Shortly after first light the regimental surgeon was contacted by the 2nd Division chief of staff and questioned about the wound. The surgeon explained its nature. He then said that medical evacuation not only was unnecessary but would be undesirable, and might have the gravest consequences. He said the morale of the troops was high, despite their knowledge that ammunition stocks were critically low, aerial re-supply efforts were being hampered by the enemy’s observed fire falling on the drop zone, and the certainty that the enemy would continue his attacks. The surgeon attributed this their high morale to their confidence in the regimental commander. He stated that it was his opinion that Colonel Freeman’s presence was essential if the perimeter was to be held.

 Shortly afterwards the X Corps commander, then Major General Almond ordered Colonel Freeman to leave Chipyong-ni, and directed one of his staff officers, a Lt. Colonel to replace him. When his replacement arrived by helicopter Colonel Freeman refused to leave. He continued to command the 23d RCT until the last day of the siege, and left only when it appeared that an Armor-Infantry relief force would reach the besieged RCT in time to save it.

Expansion of the Collecting Station

Space had become a premium in the collecting station, so litters were placed side by side on the ground. This intensified the nursing difficulties, already difficult, since patients could be reached only by walking or crawling along the poles of adjacent litters.

 A regimental medical company was not authorized the personnel and equipment that now were needed. The walking wounded patients helped other patients as much as possible. Additional urinals and bedpans were improvised, but this could not be done for catheters, and those available were in constant use.

 The rations being air-dropped were not very suitable for the patients who were able to eat. A search for alternatives disclosed an emaciated cow. Soups and stews from this source would have been served to those able to eat the evening of February 15th if the tactical situation had not changed by then. Those unable to eat were given intravenous glucose in saline and were evacuated by air as quickly as possible.

 It became necessary to redress the wounds of those who had been wounded as much as twenty-four to thirty-six hours earlier, to change their splints if necessary, and to begin penicillin therapy when indicated. Tetanus toxoid was not available.

 Property-exchange had gone well with the wounded casualties who had been evacuated by air. The litters, blankets and splints that accompanied the wounded had been replaced from the evacuation helicopters. The helicopters also had brought additional bottles of whole blood. Blankets and other medical supplies were being air-dropped, but their recovery was handicapped by the artillery and mortar fire falling on the drop zone.

 During the night of February 14-15 the enemy attacked more strongly than before, and soon the tents of the collecting station were filled with some 200 casualties. The five battalion surgeons were asked to retain as many patients as could be kept warm in the aid stations, and to evacuate only the most severely wounded ones to the collecting station.

 Wounded casualties continued to arrive at the collecting station. however, and it was necessary to find additional heated shelter for them. There was no more room in the tents of the collecting station. Since the patients would have frozen if not placed in heated shelter, the only solution was their placement in the four enclosed ambulances that were dispersed near the collecting station. The ambulances afforded no protection against the artillery and mortar shells falling in the area. The patients in them were kept from freezing, however, by their drivers going to them at intervals during the night and running their engines long enough to heat the ambulance interiors. Although vehicles in the vicinity were damaged by shell fragments, not a casualty was re-wounded while in the ambulances.

Helicopter Evacuations

Twenty of the most seriously wounded patients were evacuated by helicopter in the morning of February 15th before enemy artillery and mortar fire prevented further evacuation. These evacuations were some of the first made by the army’s medical evacuation helicopters.

The pilots and the Bell H-13 and Hiller H-23 helicopters they flew had arrived recently. The patients were carried externally, strapped onto litters that were attached to litter-racks that had been welded to the helicopter’s skids

The French wounded had received superb treatment by the time they left the French battalion aid station. The different languages posed no problem to caring for them in the collecting station. They were visited each day by the commander of the French battalion. Walking with the cane required as a result of the seven wounds he had received during World Wars I and II, he visited each French patient. He addressed him by name, chatted with him at some length, and saluted him before moving on.

 Corps d’ArméGénéral Raoul-Charles Magrin-Vernery held a rank equivalent to that of a Lt. General in the U.S. Army. He was a volunteer, as were all members of Le BataillonFrançais de l’Organization des Nations UnisenCorée.” He had adopted the nom de guerre, “Lt. Colonel Ralph Monclar,” and wore the insignia of a Lt. Colonel.

The Enemy Breaks Through

The enemy had succeeded in breaking through the southwest portion of the defensive perimeter during the night of February 14-15, and now was trying to occupy a hill located half a mile to the south of the collecting station

If the enemy was not driven from this hill he would be able to place small arms fire on the regimental command post, the artillery, and the battalion headquarters, and his reinforcements would be able to break into the center of the perimeter and attack its remaining defensive positions from their rear.

The Reserve is Committed

The RCT reserve was committed, and repeated efforts were made to drive the enemy from this hill.

Providentially, the sky was clear, and by early afternoon friendly aircraft arrived and began strafing and bombing the enemy on the hill and his reinforcements moving towards it. After descending and making their runs, the pilots would indicate a particularly effective one by performing barrel rolls as they ascended, giving a welcome boost to the spirits of those watching.

Relief Efforts

The British 27th Commonwealth Brigade, attempting to reach Chipyong-ni along the RCT’s main supply route had been stopped by a well-entrenched enemy force. An armor-infantry task force composed of units from the 1st Cavalry Division’s 5th Cavalry Regiment and 70th Tank Battalion, and the 6th Tank Battalion of the 24th Infantry Division was approaching along another route from the south. It was encountering enemy forces along the entire route, and taking heavy casualties among the infantrymen of Company L of the 5th Cavalry Regiment, who were riding the tanks.

Loading Up and then Unloading the Wounded Casualties

By late afternoon it appeared that the Task Force would be able to reach Chipyong. Orders were given for the RCT’s wounded casualties to be loaded into all available vehicles so that they could be escorted to the rear by the Task Force. The wounded who had been held in the battalion aid stations were brought to the collecting station. They, and those already in the collecting station were then placed in the four ambulances and many two and one-half ton trucks.

 Soon after, the first tanks, painted to simulate tigers entered the perimeter, and the Task Force commander descended from the tank in which he had been riding with its hatch closed. Only thirteen of the wounded infantrymen were still atop the tanks by this time. Refusing the request of their company commander that the tanks return and pick up the wounded who had been left along the way, the Task Force commander decided to wait until morning before returning.

The wounded casualties now had to be unloaded from the ambulances and trucks into which they had been placed. Then, along with the wounded of the task force, they were squeezed into the six tents of the collecting station. Only the most severely wounded patients remained on litters. The others were placed on the ground, with the least seriously wounded lying on their sides in order to use less space. In this manner, and by using the four ambulances, over 300 patients were sheltered, treated, and kept warm during the night.

The Enemy Withdraws

With the morning of February 16th it became apparent that the enemy had withdrawn. Helicopters were requested, and a few of the most seriously wounded patients were evacuated before snow and fog delayed further helicopter evacuation.

The Task Force returned to the UN lines during the morning without making enemy contact. It reappeared at Chipyong in the afternoon, with two platoons of ambulances. Fifty wounded casualties had been evacuated by helicopter by this time.

The more seriously wounded of the remaining patients were placed in the twenty-eight ambulances. The remaining patients were placed in six two and one-half ton trucks. Then, escorted by the tanks of the cavalry, the wounded casualties of this battle—Korean, French, some of the Chinese, and American––began their journey towards the hospitals in the rear, and the surgical treatment that had been postponed.

Summary

During the three day period, 13 through 15 February, 1951 the 23d Regimental Combat Team sustained 404 casualties. These consisted of 52 known killed, 42 listed as missing, 259 wounded and 51 non-battle injuries. The fact that there were no neuropsychiatric casualties is an indication of excellent morale.

 Two of the wounded patients died after reception in the collecting station the first night. There were no more deaths among the more than 300 wounded casualties who were cared for in the collecting station until they could be evacuated to hospitals on the fourth day.

 Based on World War II experience, a number of deaths would have been expected among this number of casualties retained in the collecting station for this length of time without surgical treatment of their wounds. This was especially true because the chain of evacuation at Chipyong-ni was short, and the collecting station probably received some casualties who would not have survived a longer evacuation.

 World War II experience had shown that approximately ten percent of wounded casualties required the immediate, life-saving surgery that was provided by the WW II predecessors of the Mobile Army Surgical (MASH) Hospitals of the Korean War.

 This surgery was postponed for the wounded patients in the collecting station at Chipyong-ni. This was true even for those who were evacuated by air. As was born out later in Vietnam, there was an apparent association between the provision of whole blood to the most seriously wounded of these patients and the fact that, after the first night, there were no more deaths among the wounded patients in the Collecting Station at Chipyong-ni before all were evacuated to hospitals on the fourth day of the battle.

 And, as was stated in the first paragraph of ANNEX VII, the Medical Annex to the 23d Infantry Regiment’s After Action Report of this battle, “The defense of Chipyong-ni from 13 to 15 February, 1951 demonstrated the inherent ability of an RCT to care for its own wounded for a short period of time while isolated from divisional medical support when afforded air supply and air evacuation of its critically wounded.