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The Swedish Red Cross Hospital in Busan, 1950–1958: *A Study of Its Transition from a Military to a Civilian Hospital**

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Abstract

This article examines the development of the Swedish Red Cross Hospital in Busan during 1950–1958, investigating how principal secondary actors affected the hospital's transition from a military to a civilian hospital. Shortly after the outbreak of the Korean War in 1950, Sweden, a neutral nation, offered to send a contingent to establish a mobile field hospital, which was to be under the command of the Eighth U.S. Army. This placed the nominally impartial hospital in a tense situation, forcing it to balance military and humanitarian objectives. In the end, a larger semi-mobile evacuation hospital was set up in Busan, where both UN soldiers and prisoners of war were treated; it came to be known as the Swedish Red Cross Hospital. The decrease in and finally the cessation of hostilities in 1953 made the treatment of Korean civilian patients possible and such work was conducted both at the hospital and off-site in other areas of Busan, though initially this was not formally sanctioned by American and UN authorities. Although still a part of the military system in practice, it became a stationary civilian hospital in 1954. After the main hospital closed in 1957, a pediatrics team remained for another year.

Keywords: Korean War, Sweden, U.S. Army, Red Cross, hospital, military, civilian

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Introduction

The Republic of Korea and the Kingdom of Sweden are separated by great geographical distance and significant cultural difference. Sweden never claimed any colonies in East Asia and historically the exchange has been insignificant. However, with South Korea emerging as an economic power in the last few decades, trade, as well as personal contacts, between the two countries are continuously expanding. Even before that, Sweden participated in the Neutral Nations Supervisory Commission (NNSC) at Panmunjeom after the Korean War and was also one of the nations who accepted a large number of Korean adoptees during the second half of the twentieth century. The first major encounter between Swedish and Korean nationals, however, happened in Busan during and shortly after the Korean War. Although the Swedish Red Cross Hospital (SRCH) in Busan is a topic scarcely explored, it marked the substantial beginning of Korean-Swedish relations after the Second World War. This article covers the hospital's history from its opening in September 1950 until the termination of the Sweden Memorial Project in October 1958.[1]

This article seeks to outline how the influence of secondary actors affected the development of and decisions made by the hospital and its board, the primary actor, in its transition from a military to a civilian hospital. The primary actor operated in Korea to further its own, principally humanitarian, aims and the secondary actors are defined by their active support for that same cause. The secondary actors that have been taken into consideration for this article are the Swedish government and the U.S. military.[2] The role of the South Korean government is not discussed in depth since it is generally thought of as having had less direct bearing upon the hospital's transition.

The original and main objective of the Swedish chapter of the Red

1. The author chose to include the period after the official closing in April 1957 because the Sweden Memorial Project in many ways can be seen as an extension of the hospital's activities, albeit at a considerably smaller scale.
2. The Eighth U.S. Army in Korea (EUSAK) in turn was subjected to the United Nations Command (UNC) but the author wishes to stress the greater part played by the American military organization and by Americans in charge.

Cross, officially and organizationally responsible for the SRCH, was the treatment and care of those wounded in combat, irrespective of their nationalities and their side within the conflict. This was in accordance with the internationally adopted principles of the Red Cross (ICRC 1996, 1). As things progressed, however, this translated into a more general definition of the objective; as the lessening of military activity meant a corresponding decrease in wounded soldiers, the SRCH began to focus more on civilian patients, which was also supported by the main office in Stockholm. In this article, the SRCH, with the backing of and as a part of the Swedish Red Cross, is treated as the primary actor.

Sweden, a neutral nation, had not signed the North Atlantic Treaty and thus was not a member of NATO. Still, Sweden worked very closely with the American-led coalition's effort to impede further Soviet expansion westward and was in great support of the newly founded United Nations. The outbreak of the Korean War prompted a swift response from the Swedish government. Sending an armed contingent was out of the question as it would openly defy its policy of neutrality and thus provoke the Soviet Union, in addition to being utterly impractical (Stridsman 2008, 83-87). In the end, providing humanitarian aid in the form of a mobile field hospital was regarded as the most realistic and most effective option to demonstrate symbolical support for the UN effort in Korea (Ekecrantz 2003, 112-120). The Swedish Red Cross was tasked with organizing the effort and the Swedish government exercised its influence via the Stockholm main office. In this way, the SRCH was very much a product of the tension between Swedish neutrality, the Soviet threat, and the Swedish commitment to the UN.

The U.S. military on the other hand was fighting a war and would therefore not readily tolerate the existence of elements that might hamper that effort. Particularly in the early stages of the conflict, the Swedish contribution was very much needed, since U.S. military medicine was still suffering the effects of the post-World War II demobilization and the consequent lack of physicians.[3] Additionally, since the SRCH was organized as

3. *Encyclopedia of the Korean War*, 2nd ed., edited by Spencer C. Tucker (Santa Barbara, CA: ABC-Clio, 2010), s.v. "Medicine, Military."

a unit within the U.S. Army, it could not ignore the interests of the military authorities, who wished to secure standby military hospitals in the event of the war taking an unfavorable turn. The American military authorities were therefore naturally skeptical toward the SRCH's admittance of civilian patients. The U.S. military primarily exercised its influence on the SRCH board directly in Korea through its liaison officers and other local channels.

These two secondary actors appreciably impacted how the hospital developed, as well as the focus of its activities, by providing limitations and pushing for their own objectives, which at times coincided with those of the primary actor and at times contradicted them. This article argues that, coupled with the general situation in Korea and the progress of the war, the influence from these two secondary actors significantly steered the development of the SRCH through the impact they had on the decision-making processes within the hospital board headed by the chief physician. It highlights the difficulties faced by a supposedly neutral organization when it has to depend on others for funding, material, and organizational support, and shows how the SRCH sought to maintain its independence by shifting toward civilian care within the military structure.[4] This attempt at maintaining impartiality is seen as a major driving force for the transition into civilian treatment.

Research Sources and Earlier Research

The primary source material for this narrative is chiefly the unpublished documents stored in the Swedish Red Cross Archive (no. 730236) and the archive for the Scandinavian Educational Hospital in Korea (no. 2713) in the National Archives of Sweden; in particular, the author has examined the monthly reports of the hospital's chief physicians and their correspon-

4. The so-called "Abyssinia Ambulance" is a precedent. It was a field hospital sent by the Swedish Red Cross to the then Ethiopian Empire during the Second Italo-Abyssinian War of 1935–1936. Organizationally it was independent and funded entirely by the Swedish Red Cross, although the effort was sanctioned by the Swedish government (Kjellberg 1936, 104-105).

dence with the Swedish Red Cross in Stockholm. The end product unmistakably and obviously represents a Swedish point of view and, more precisely, that of the chief physicians and others in positions of authority. An inherent weakness of the article, then, is that it does not provide an objective account of proceedings at the hospital, but rather seeks to explore the motivations of the hospital board and its efforts to balance its own interests and those of other actors, as they are understood by the primary actor, thus neglecting the internal workings of the Swedish government and the U.S. authorities. Future studies will hopefully incorporate such information and produce a more comprehensive picture.

A few similar studies have already been conducted and most notable among these is an article by Park Jiwook (2010). Park provides a good, concise overview of the hospital's history, emphasizing its contributions toward aiding both military personnel and the civilian population, and discusses the hospital in the context of the medical help provided by other nations during the war. His account, the first in academia to specifically deal with the SRCH, focuses primarily on the wartime years, although he does include the development leading up to the establishment of the National Medical Center. Park uses mainly Korean sources but includes some Swedish publications, pointing out that further research should make use of the archive material. He also notes the disparity of information between various sources; this will not be discussed extensively in this article but some notes on patient statistics are included below, an aspect Park does address in his study.

A common figure cited for the total number of patients treated at the SRCH is two million or more (Park 2010, 199). The statistics gleaned from the SRCH's monthly and annual reports have, however, given reason for the author to question that figure. It must be stated that there was no consistently applied format for recording patient statistics in the reports, and for that reason numbers are missing for certain periods. Nonetheless, it is clear that they do not add up to two million. During the period from 1950 to 1957, even when making generous estimates, the total number of hospitalized UN military personnel and Korean civilians does not reach 30,000 and the number of new patients to the polyclinic is approximately 20,000.

The estimated total number of polyclinic visitors is slightly more than 200,000 and approximately 25,000 children received BCG vaccination during the period 1956–1958. This adds up to 255,000, even if other figures pertaining to patient numbers at other hospitals visited by SRCH staff were included. Although the author does not wish to detract from the positive impact of the hospital, two million appears to be a greatly exaggerated number.

The Korean War brought heavy casualties, totaling several million, on all sides. Bruce Cumings (2010, 35) cites the figures at more than four million including at least two million civilians, with 221,208 Americans and 1,312,836 South Koreans dead, wounded, or missing. South Korean civilian casualties are especially difficult to calculate with estimates ranging anywhere from 244,000 to 900,000.[5] For the purposes of this study, focusing on Busan, it is important to note the dramatic increase in population early in the conflict, following the North Korean advance southward; it rose from 470,750 in 1949, to 844,134 in 1951, and to 1,049,363 in 1955 (CHCCB 1989, 1127-1128). Considering this, even when settling upon the estimate of 255,000 patients, the Swedish effort was important, especially since many of its activities were carried out outside the hospital, with the intent of diffusing knowledge to Korean medical personnel.

The War Hospital, 1950–1953

The Early Period and the Treatment of Battle Casualties

Shortly after the North Korean invasion on June 25, 1950, the Swedish government signalled that it was prepared to fund and dispatch a 200-bed mobile field hospital prepared and organized by the Swedish Red Cross, and this proposal was accepted by the U.S. government. On September 1, 1950, the U.S. military began rebuilding and preparing what had been a

5. *Encyclopedia of the Korean War*, 2nd ed., s.v. "Casualties."

school so that the facilities could be utilized by the Swedish hospital.[6]

As indicated previously, it became apparent from the onset that the hospital would not be of the mobile nature, which was originally intended, but would instead be housed in buildings and tents in Busan that would become its permanent premises. It thus became semi-mobile, meaning that its equipment was suited for mobile activity, though such activity would be scarce. An explanation of this decision was never given publicly by the U.S. military, but most likely it was due to the conditions of the war at the time. UN troops had been forced back and since early August were only in possession of a limited area including Busan and Daegu, called the Busan Perimeter. But the turning point of the war came on September 15, 1950, with the successful landing of the UN forces at Incheon and the following rapid advancement northward. It would make sense, then, that the American authorities deemed that the Swedish hospital would be of better use serving as an evacuation hospital for Japan at this stage, when it was still uncertain how the situation would develop. The first chief physician Carl-Erik Groth (1961, 9-10) later recalled that the hospital was, in fact, twice scheduled to be made mobile, as originally intended, and moved north of the 38th parallel, first to Heungnam and then to Wonsan. This, however, never came to fruition due to the recapturing of both cities by the North.

It is important to note that from the beginning the hospital was subject to the Eighth U.S. Army in Korea (EUSAK), making the Swedes subject to American martial law, albeit with some minor exceptions. In addition, nearly all supplies and materials, both for public and private use, were provided by the U.S. Army's Sixth Army Medical Depot. Thus, the Swedish hospital was not a thoroughly neutral relief effort; rather, it cooperated noticeably and significantly with the United Nations Command (UNC) who supported and defended the Syngman Rhee-led South. This also meant that the hospital could not ignore U.S. military interests, since it had to follow the orders given by U.S. authorities and seek their approval

6. Carl-Erik Groth, Report 2, SRCH, September 30, 1950; 1950 Annual Report, SRCH, January 15, 1951.

when new projects were to be launched. The Red Cross, and in effect its Swedish chapter, whose principles and mission were based on the Fourth Geneva Convention of 1949, should fundamentally be a neutral and impartial organization.[7] That this was not entirely the case in Korea bore consequences for how the hospital operated.

On September 24, 1950, the day after the arrival of the SRCH contingent, American medical equipment arrived from Japan. They finished unloading around noontime the following day and merely six hours later, the first patients, 68 UN soldiers with light wounds, were taken in for treatment. Major surgery patients could now be treated and the total bed capacity expanded to 350 within two weeks. On October 5, 1950, 68 North Korean POWs (prisoners of war) arrived, all of them in very bad condition with suppurations and maggot-infested, week-old wounds.[8]

The second chief physician, Nils Tolagen, arrived in early March 1951 and was reportedly very concerned with the future role of the hospital, at a time when the war was changing and peace did not seem far off. By this point, the hospital had developed into a point of transit, where no definitive treatment could be provided, often due to the lack of sufficient equipment. For this reason, during the following months, Tolagen repeatedly suggested that the SRCH commit to the hospital being made into an extensive stationary evacuation hospital, since he deemed the staff overqualified for the tasks that were being undertaken at the time.[9]

The unique conditions of the Korean War also affected the SRCH's functions. The UN troops initially held sovereign sway over the air space that facilitated smooth airplane and helicopter evacuations of the wounded (Greenwood and Berry 2005, 125-128). The bases in Japan were ideal as they were too far away from the frontlines to risk enemy bombardment

7. Impartiality and political and religious neutrality were two of the fundamental principles that the International Committee of the Red Cross adopted in 1921 and confirmed in 1946 (ICRC 1996, 1).
8. Carl-Erik Groth, Reports 1-6, SRCH, September 1–November 4, 1950; 1950 Annual Report, SRCH, January 15, 1951.
9. Nils Tolagen, Monthly Reports 1-6b, SRCH, March 18–July 10, 1951.

and close enough to make effectual evacuation possible. These factors put the SRCH in an awkward position, neither close to the frontlines nor to the main bases and slightly off the primary routes for patient transports. Tolagen noted that in times of intense frontline activity it was clear that the hospital had a role to play, even though most patients had only light wounds; however, times of less frontline activity were accompanied by the feeling that the hospital did not fulfill any real military need.[10]

The influx of patients also decreased, both as a consequence of the war situation, which would continue to shift, and due to the increase of hospital beds in the Busan area, one of the contributors being the Danish hospital ship *MS Jutlandia* that had arrived in early March. In a letter to the Swedish Red Cross Secretary-General Henry Beer, Tolagen explained that there were thousands of bed spaces in Busan and all of the hospitals were "in want" of patients.[11] "Our hospital, which is a bastard form of a mobile frontline hospital and a stationary evacuation hospital, is at risk of becoming a sparrow dancing among cranes," he explained, a result of having to compete with a number of larger, and at times better equipped, hospital units in the vicinity.[12]

In this way, Tolagen addressed the need for better equipment and a concrete plan for the hospital's future in the event of a peace agreement several times. The politics of the war and the fact that the UN flag had been hoisted over something that could largely be viewed as a purely American enterprise affected him, and he wished that their efforts would be put to better use. In a letter to the Red Cross Board of Directors in Stockholm in late June, he sombrely noted:

> It is quite evident that no real need for our Scandinavian hospitals exists here. Most imperative is that as many nations as possible are represented in the UN troops.[13]

10. Nils Tolagen, Monthly Report 5, SRCH, May 25, 1951.
11. Nils Tolagen, letter to Henrik Beer, SRCH, April 5, 1951.
12. Nils Tolagen, letter to Henrik Beer, SRCH, April 5, 1951.
13. Nils Tolagen, letter to the Swedish Red Cross Board of Directors, June 26, 1951.

The Start of Civilian Treatment

Although the desire to treat civilian patients was present early on, the issue was complicated by the SRCH being subject to EUSAK. The Korean War, as with most wars, hit civilians the hardest, and although Busan was spared the utter devastation that occurred elsewhere in the country, a steady stream of refugees contributed to the constant and urgent need for medical care for the civilian populace. The possibility of providing civilian health care was discussed within the Swedish Red Cross, and the Swedish Foreign Ministry signalled that "in the event of an armistice or peace [it] would be interested in helping the Korean civilian population, and it would prefer that this assistance be in the form of sustained Swedish health care operations."[14]

However, as the hospital was subject to the U.S. military, it was necessary that this civilian help be carried out on a small scale in the beginning. Tolagen highlighted the need for "diplomatic activity . . . to re-balance the army's interests and our Swedish interests [of treating Korean civilians as well]" when the first civilian patients were hospitalized in the summer of 1951.[15] Since the war was ongoing, it is understandable why the U.S. military would be reluctant to formally sanction the treatment of civilian patients. It is equally understandable why the SRCH resented that they could not admit civilian patients even when there were empty beds. This developed into a diplomatic struggle in which the SRCH clearly demonstrated that its aims were different from those of the military.

It was against this background that various civilian health care projects were initiated, one of these being partnerships with local hospitals. Swedish doctors and nurses regularly went to visit partner hospitals, where they cared for the patients and advised the Korean personnel. In some cases, patients would be transferred to the SRCH for surgery with Korean doctors accompanying and assisting. The third chief physician,

14. Memo of conversation between Nils Tolagen, Rolf Kaijser, and Board Representatives, August 2, 1951.
15. Nils Tolagen, Monthly Report 6b, SRCH, July 10, 1951.

Rolf Kaijser, pointed out that "the need for improved health care in Korea is infinitely great"[16] and described some of the weaknesses of the Korean health care situation:

> Upon seeing the refugee camps and their hospitals you feel animatedly confident that the assistance and swift assistance to the Korean health care is of the essence. And upon seeing what you could brand as normal Korean health care, as it is carried out in Seoul and Busan alike, you are made aware that an improvement of the health care standard would be a great blessing. There is no doubt that many Korean physicians are both technically and diagnostically skilled, but it is equally beyond doubt that the level of health care currently exhibited is so low as to appear inconceivable.[17]

Indeed, even in 1954, there were less than 400 practicing doctors in Busan and 15 operating hospitals (CHCCB 1989, 1181). The small-scale Swedish operations obviously could not overcome all these difficulties, and even the SRCH's limited activities raised their own problems. One organizational dilemma was the provision that the Eighth Army resources could not be used for civilian purposes and so, among other things, a separate Korean kitchen had to be readied for the new civilian patient group.[18] The development toward increased civilian treatment was also accelerated by the then ongoing armistice negotiations, raising the question of the hospital's mission after the war.[19] However, it was still primarily a military unit, meaning that treatment of UN troops would always be a priority and that the hospital should stand ready at all times to rearrange itself for strict military use if the war situation should warrant it.

As time progressed, an unofficial polyclinic for civilian Koreans was opened and it was operated parallel to the clinic for hospital staff. In the beginning, only relatives of the Korean hospital personnel were allowed to

16. Rolf Kaijser, Monthly Report 11, SRCH, August 28, 1951.
17. Rolf Kaijser, Monthly Report 12, SRCH, September 11, 1951.
18. Rolf Kaijser, Monthly Report 19, SRCH, November 13, 1951.
19. Rolf Kaijser, Monthly Report 21, SRCH, December 5, 1951; von Garrelts, Monthly Reports 22-26, SRCH, December 8, 1951–February 25, 1952.

visit the staff clinic but eventually rumors began spreading, resulting in both civilian and military organizations and institutions around Busan sending its civilian staff there for treatment.[20]

In 1952, the hospital reached its full capacity of 450 beds, which could at any time be bolstered to 650, of which 100 were reserved for Korean surgery patients. Still, the fifth chief physician, Gunnar H. Jungner, reported that no formal sanction could be given by the American authorities, because of the matter of civilian care being "so sensitive,"[21] although verbal assurances of American support were made. It was proposed that the total number of beds be decreased to 250 and a separate hospital for civilian treatment be set up next door, but such a reduction of the Swedish contribution to the UN cause was seen as problematic, despite no more beds being needed other than as a backup.[22] The American position was thus seemingly ambivalent; at times they expressed annoyance at the Swedish persistence regarding civilian treatment. Special advisor at the Swedish Ministry of Defense, Egon von Greyerz, feared that this might seriously jeopardize the goodwill that the hospital had thitherto earned from the Americans and therefore wished that the matter be further clarified in order to assure the American authorities that there was no need to worry that the civilian treatment would limit the support that the SRCH could provide in any way.[23]

The sixth chief physician, Ola Månsson, later reported that during the summer of 1952, the hospital received clear directions from the U.S. military's headquarters in Tokyo that civilian care was sanctioned and desirable, indicating that the worries on the American side had been eased.[24] In September 1952, the official number of beds assigned for civilian use was increased to 125, a figure that was frequently exceeded.[25] Furthermore,

20. Karl-Erik Sjöström, Appendix to Monthly Report 28, SRCH, April 14, 1952.
21. Gunnar H. Jungner, letter to Henrik Beer, SRCH, April 28, 1952.
22. Gunnar H. Jungner, letter to Henrik Beer, SRCH, April 28, 1952.
23. Egon von Greyerz, memo re. "Future Activity at the Swedish Hospital in Korea," April 27, 1952.
24. Ola Månsson, Monthly Report 31, SRCH, July 1, 1952.
25. Ola Månsson, Monthly Report 34, SRCH, September 24, 1952.

in May, a barrack on the premise was instituted as a separate polyclinic for Korean civilians and was frequented by hundreds of patients.[26]

In early February 1953, a barrack for child treatment with about 40 beds was opened; this was a welcome addition since the admission of children had, up to that point, only been possible to a limited extent.[27] A mobile children's polyclinic was also set up with the SRCH pediatrician, accompanied by a nurse and an interpreter, visiting some of the numerous orphanages close by.[28]

During the summer, frontline activity intensified, particularly in the period shortly before the signing of the armistice on July 27, 1953, resulting in an increase in UN patients and a corresponding decrease in civilian patients.[29] Such adjustments were temporary, but the fragile truce would cause more permanent changes.

The Civilian Hospital, 1953–1958

Civilian Treatment in the Post-War Period

In September 1953, Korea was at de *facto* peace,[30] and the ninth chief physician, Arne Ekengren, remarked that "[r]ecently the patients sent here have been treated for illnesses which correspond to a hospital [*sic*] during peace times."[31] Of course, this did not necessarily mean that the general health situation in the country had significantly improved. The SRCH developed in such a fashion that, in practice, it became a civilian hospital, albeit part of a military organization. This trend was never reversed, which was natural under the circumstances, although the military patient

26. Gunnar H. Jungner, Monthly Report 29, SRCH, May 13, 1952.
27. Folke Blomgren, Appendix to the 1953 Annual Report, SRCH, February 19, 1954.
28. Bo Ewert, Monthly Report 39, SRCH, March 4, 1953.
29. Arne Ekengren, Monthly Report 44, SRCH, August 12, 1953.
30. To this day, no formal peace treaty has been signed; instead, there has been a prolonged period of suspended major hostilities.
31. Arne Ekengren, Monthly Report 45, SRCH, September 11, 1953.

ward did reopen eventually. Following the cessation of hostilities, a diversification of the hospital's activities was exhibited at the hospital itself and throughout the city of Busan.

In October 1953, a project was initiated where a limited number of patients were transferred from Korean army hospitals to U.S. military hospitals for the purpose of providing them with better care. The SRCH, when prompted to participate, replied that they would cooperate with the 5th ROK (Republic of Korea) Army Hospital in Busan, with whom they had previously had contact. Ekengren nonetheless commented that "our work with Korean civilians has meant considerably more than our participation at military hospitals," which had access to medicaments and equipment, "things not found readily available for the civilian population in Busan, where the Swedish Hospital currently is the only health care center available."[32] The plan was to reorganize the hospital buildings so that they could be utilized for civilian treatment as soon as possible. The SRCH board hoped this would "gradually loosen up the provision concerning bed divisions of UN and Korean patients."[33] The possibility that fighting might resume could not be excluded entirely, but it was assumed that their commitments to the UN efforts could still be fulfilled, even in such an event.[34] This highlights once again the differences in priorities between the military and the Swedish hospital, as well as the Swedish reluctance to focus on military health care.

Similarly, the intake of UN personnel began to decrease to the point that the average number of patients in September 1953 fell below 100, and in December 1953 the number approached 20, a mere one-tenth of the figures for spring of the same year. In June 1954, the SRCH stopped taking in military patients completely, a policy which was maintained for a little less than a year.[35]

The end of 1953 brought many significant changes to Busan; one was

32. Arne Ekengren, Monthly Report 47, SRCH, November 4, 1953.
33. Arne Ekengren, Monthly Report 47, SRCH, November 4, 1953.
34. Arne Ekengren, Monthly Report 47, SRCH, November 4, 1953.
35. Lennart Hast, Monthly Report 54, SRCH, June 10, 1954.

the opening of many new hospitals, the majority established by American religious groups. Of these, the (West) German Red Cross Hospital opened after some trouble in May 1953. The SRCH would later come to have much exchange with this hospital, which largely came to operate in a manner similar to the Swedish hospital, with the exception that it was never a part of the military organization. On the other hand, for most other countries' efforts, the end of the war meant the opposite. *MS Jutlandia* left Korea in August 1953, and in February 1954 the Indian field hospital unit closed, followed by the Norwegian Mobile Army Surgical Hospital in October 1954 and the termination of the Italian Red Cross Hospital in January 1955 (Son 1998, 427-454). The Swedish hospital, however, remained although it was gradually phased out, as required by the Swedish government which saw the necessity of lessening expenses once the war was over and the support mission for the UN was concluded. One motivating factor for the Swedes to carry on was the ongoing negotiations concerning a joint Scandinavian medical project; they wanted to continue operating in Busan at least until that project could be launched, though it was to be much further delayed than most would have imagined at the time.

In 1954, the hospital's practical and physical limitations became more apparent than ever, as its reputation now reached far beyond Busan; this was not at all surprising considering the scarcity of similarly well-equipped and free-of-charge hospitals in Korea at the time. The effect was, however, that patients increasingly had to be refused care, and the numbers were further reduced when financial considerations required a decrease of hospital activity.[36] The goal was to decrease to 200 beds by summer; this was achieved by admitting only emergency patients and further reducing staff. While the two main hospital buildings, as well as the barracks for child and tuberculosis treatment, continued to house patients, all other barracks were converted into storage areas, living quarters, and spare rooms.[37]

In 1955, the SRCH moved to a different location, into the buildings

36. Einar Franke, Monthly Report 53, SRCH, May 5, 1954.
37. Lennart Hast, Monthly Report 54, SRCH, June 10, 1954; Åke Häger, Monthly Report 55, SRCH, July 8, 1954.

that had belonged to the 21st Station Hospital. The facilities that had been used up until then were restored into a school. Patients were transferred during the month of April so that the old hospital was entirely evacuated by May 1, 1955. The new hospital buildings were visibly more spacious than the older ones and, if necessary, would allow for an increase of the number of beds from 250 to as many as 750.[38]

The new location also meant a partial change of clientele as the SRCH once more started admitting UN patients, which continued until the hospital's final closure. A new ward consisting of 50 beds was established for this purpose.[39] On the whole, hospital activity was just as intense as before and the polyclinic was bustling with patients, of whom many were children from other hospitals in the city or relatives of the more than 300 Korean employees at the SRCH.[40]

The following year of 1956 brought further tightening measures and efforts to reduce hospital activity, with the hospital's closing date approaching. This was not an easy task and it was the polyclinic activity in particular that proved uncontrollable.[41] The workforce was reduced in stages; a 40-bed surgical ward was closed and the tuberculosis ward was downsized, while a concrete step-by-step phase-out plan was being formulated.[42] Nonetheless, there is no reason to suspect that the hospital mission was carried out with any less fervor than before, as it did continue to develop, especially in the field of pediatrics.

The phase-out eventually reached its final stages and the average number of occupied beds in June 1956 was below 200, and by the beginning of 1957 the number was down to a bare 100 beds. On March 18, 1956, the radiology and surgery wards, the pharmacy, and the laboratory closed, and the remaining patients were discharged or transferred. Most of the leftover material and equipment was handed over to U.S. depots,

38. Memo re. "The Swedish Hospital in Korea," June 30, 1955.
39. 1955 Annual Report, SRCH, Undated.
40. Torsten Bergwik, Monthly Report 69, SRCH, September 1, 1955.
41. Sture Rödén, Monthly Report 73, SRCH, January 3, 1956.
42. Gösta Rylander, Monthly Reports 77-78, SRCH, May 13–June 14, 1956.

where it was either discarded or stored. Other material was donated or sold to hospitals in the area.[43] In April, the last of the Swedish workforce departed Busan, with the exception of the two staff members that would compose the Sweden Memorial Team.

Pediatrics as an Area of Specialization: The Sweden Memorial Project and the National Medical Center

The signing of the armistice agreement also meant developments within the pediatric work of the SRCH. This happened on two fronts, on and off the hospital grounds. The polyclinic was well visited by thousands of children and significant work was performed at orphanages around the city, with more than ten homes having a total of around 2,500 children regularly being visited by doctors. The children were allowed to undergo general medical examinations and medicines were handed out; at the same time, attempts were made to "teach and stimulate the orphanage staff to take better care of the children."[44] The treatment of 2,500 children, though it was not maintained, is remarkable, considering that one estimate put the total number of children in the care of orphanages in Busan at 4,044 in 1952, 4,032 in 1954, and 4,704 in 1957 (CHCCB 1989, 1182-1183).

Over time, the number of orphanages regularly visited by doctors was reduced; there were five orphanages, housing approximately 800 children in total, for which the Swedes took particular responsibility. Visits were made to these orphanages once a week and appropriate antibiotic treatment was given in case of infections.[45] In February 1956, the SRCH staff began performing Mantoux screening tests[46] for diagnosing tuberculosis at all five homes.[47]

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43. Arne Ekengren, Monthly Report 87, SRCH, March 27, 1957.
44. Folke Blomgren, Appendix to the 1953 Annual Report, SRCH, February 19, 1954.
45. Anders Berglund, Appendix to Monthly Report 70, SRCH, October 1, 1955.
46. Diagnostic tool for tuberculosis using PPD (Purified Protein Derivative), first used in 1907.
47. Sten Törnqvist, Appendix to Monthly Report 75, SRCH, March 2, 1956.

It is difficult to find reliable statistics for this period, but a Scandinavian delegation estimated the number of South Koreans suffering from active and contagious tuberculosis[48] to be around 1.2 million.[49] Although taken at a later date, a nationwide survey in 1965 found approximately five percent of the population to be carriers of active tuberculosis (Hong et al. 1998). Since the population was around 20 million during the first half of the 1950s, the delegation's estimate appears reasonable. The spread of tuberculosis, then, was a serious concern at the time.

Thus, 1956 was the year that the Swedish child tuberculosis management efforts took off and, parallel to the work at the polyclinic as well as the regular visits to the orphanages, this was a mission that was dear to the newly appointed pediatrician, Folke Blomgren. In June 1956, he began inoculating infants with BCG vaccine[50] at the Il Sin Women's Hospital, established by the Australian Presbyterian Mission, and the SRCH.[51] This soon developed into a full-scale campaign and later came to include the Children's Charity Hospital, the five orphanages, the German hospital, the Baptist Hospital, and the Maryknoll Hospital.

Apart from certain problems with securing the deliveries of BCG vaccine and determining the vaccine's efficacy rate,[52] it was a successful project that was well received. In the beginning of 1957, the project expanded under the auspices of the pediatrician Aino Vainola, and systematic vaccinations were conducted at orphanages around the city; at the same time Korean doctors were educated in tuberculosis management.[53] This pediatric undertaking continued even after the hospital's closure.

Sweden Memorial was the tentative name given to a project whose

48. Only a small percentage of those infected with mycobacterium tuberculosis (MTB) develop the active disease, so the estimate of 1.2 million implies a much wider spread of latent, non-contagious tuberculosis.
49. Report from the Scandinavian Delegation for the Investigation of Possibilities to Establish a Civilian Educational Hospital in Korea, October 1953.
50. Bacillus Calmette-Guérin, a vaccine against tuberculosis first used on humans in 1921.
51. Folke Blomgren, Appendix to Monthly Report 79, SRCH, July 5, 1956.
52. Fritz Karlström, Monthly Reports 81-82, SRCH, September 3–October 5, 1956.
53. Aino Vainola, Appendix to Monthly Report 86, SRCH, February 4, 1957.

main aim was to leave a substantial legacy of the SRCH in Busan after the hospital's closing. The Sweden Memorial Project was officially launched toward the end of 1954 and had to alter its direction several times. By 1955, the pediatric work of the SRCH was considerable and expanding, and early on it was suggested that the Memorial Project be focused on those activities. The board wanted to establish an orphanage that could be run by Swedish personnel, though this goal was never realized.[54] Another possibility was to collaborate with other organizations, mainly Mission to Lepers,[55] to establish an orphanage for children of leprous parents.[56] Complaints from the neighbors and difficulties with the Busan city authorities, however, hampered the effort and finally led to its termination.[57]

In June 1956, it was suggested that the funds that had been set aside for the Sweden Memorial Project be used to pay the wages of a Swedish doctor who could remain in Busan after the closing of the SRCH.[58] By this time, the anti-tuberculosis campaign had begun and it was decided that the Sweden Memorial should be a continuation of that, officially starting on April 11, 1957.[59] The pediatrician, Aino Vainola, and one nurse composed what was referred to as the Swedish Medical Team in Korea (SMTK).[60] The team was a part of the American military organization, as the SRCH had been, and they had access to American military facilities.[61]

The main mission of the SMTK was pediatric and anti-tubercular services. Orphanages that had been visited before continued to be regularly visited and consultative work was conducted at the Children's Charity

54. Åke Häger, Monthly Reports 58-59, SRCH, October 8–November 4, 1954; Monthly Report 62, SRCH, February 2, 1955.
55. International Christian charity founded in 1874 in Ireland.
56. Ola Månsson, Monthly Report 63, SRCH, March 1, 1955; Final Report, SRCH, June 16, 1955.
57. Torsten Bergwik, Monthly Reports 67-68, SRCH, July 4–August 2, 1955.
58. Gösta Rylander, Monthly Report 78, SRCH, June 14, 1956.
59. Arne Ekengren, Commander's Order 324, SRCH, April 8, 1957.
60. Sven Rydman, letter to the Royal Swedish Embassy in Washington, June 24, 1957.
61. Sven Rydman, memo re. "Sweden Memorial," December 4, 1957.

Hospital[62] and the hospital affiliated with Busan National University.[63] Furthermore, the SMTK made visits to orphanages and hospitals all over Busan, where they performed BCG vaccinations on thousands of children.[64] In October 1958, the SMTK was terminated, coinciding with the opening of the National Medical Center (NMC) in Seoul. Thus, the Swedish medical aid effort in Busan was formally concluded.

The initial idea to have a joint Scandinavian medical project in Korea was put forth relatively early and the first official meeting was held in June 1951, with representatives from Denmark, Norway, and Sweden, as well as the United Nations Korean Reconstruction Agency (UNKRA) and the United Nations Civil Assistance Corps Korea (UNCACK) in attendance (National Medical Center 2008, 13). The project was imagined to primarily benefit the war-torn country, but was also projected to benefit the Scandinavian doctors who would be provided with excellent research opportunities.[65] The NMC opened in October 1958 and was run by the three Scandinavian countries for ten years before it was handed over to the South Korean government in 1968 (National Medical Center 2008, 13).

The SRCH could remain in Busan until 1957 and the SMTK could be active for more than a year thanks to the continued financial support from the Swedish government. The government, in turn, was motivated by the idea of a "purposeful transition . . . between the Swedish effort up until now and the coming Scandinavian effort."[66] In the end, the connection between the two projects was not an obvious one and it must be stated that it was of a more psychological than practical nature.

62. A children's hospital operated and supported by the Busan Masonic Club.
63. Aino Vainola, Report March/April 1957, SRCH, June 1, 1957.
64. Aino Vainola, Reports March/April 1957–September 1958, SRCH, June 1 1957–October 5, 1958.
65. Nils Tolagen, Monthly Report 6b, SRCH, July 10, 1951.
66. Marc Giron, letter to Henrik Beer, February 7, 1956.

Concluding Remarks

The launch of the Swedish Red Cross Hospital in Busan was the result of a convergence of objectives pursued by the Swedish Red Cross, the U.S. military, and the Swedish government. After the establishment of the SRCH, the latter two acted as secondary actors vis-à-vis the hospital, the primary actor, in that they provided services necessary for the SRCH to fulfill its aims. They simultaneously influenced the hospital, in accordance with their own objectives. As general conditions changed in Korea, their objectives changed accordingly and continuously impacted the decisions being made by the SRCH board.

The Swedish government's decision to provide humanitarian aid was very much based on political considerations, giving symbolic support to the UN without directly provoking the Soviet Union. For this reason, although the effort was organized by the Swedish Red Cross, it was subject to U.S. martial law and became a part of the military organization. In effect, this meant that the SRCH had to balance the humanitarian objectives of the Red Cross with the military interests of the UN and the U.S. military.

This difference of interests was not wholly apparent as long as the frontline activity was intense and the rate of wounded patients was constant. Military authorities also fully supported the equal treatment of all patients, be they Americans, North Koreans, or Chinese. However, during calmer periods, and eventually after the signing of the armistice, the hospital's subjection to the military caused difficulties for doctors who knew all too well of the hardships of the civilian population but whose hospital could not treat civilian patients, even though there were empty beds.

This disagreement would eventually be overcome as the war situation changed and trust was built between the Americans and the Swedes. The SRCH intentionally increased the number of beds reserved for civilians gradually, while formally and informally assuring military authorities that the hospital's readiness was never compromised.

By 1954, when U.S. and UN organizations began focusing more on the rebuilding of Korea, the SRCH was acknowledged as a positive contri-

bution, not only because of its treatment of civilian patients, but also for its efforts to educate and train Korean medical personnel. By this time, the interests of the Swedish Red Cross and the U.S. military corresponded with each other to such a degree that the SRCH remained a part of the military organization, as a reserve hospital, without causing any considerable friction. They also corresponded with the aims of the South Korean government concerning medical education and tuberculosis management.

Beginning in the summer of 1951, the possibility of a Scandinavian joint medical project was discussed and its fulfillment motivated the Swedish government to continue funding the SRCH, even after the armistice in 1953. As previously mentioned, the government's primary aim for financing the hospital was to show its support for the UN action; thus, it would have been natural for the effort to be terminated shortly after the end of hostilities, as was the case for many other nations. One great imperative for continuing the effort was the desire to have some continuity between the SRCH and the Scandinavian project; this did not preclude the deliberate organizational reductions that were being made at the same time in order to reduce the financial burden. The Swedish Red Cross also supported a continuation of such efforts since the dire humanitarian situation in Busan persisted and the Red Cross was happy to allow the SRCH to remain until the opening of the National Medical Center.

This opening did not take place until October 1958 and the aforementioned continuity was realized only through the continued presence of the Swedish Medical Team. Thus, the hospital's activities lessened throughout 1956 and 1957, in accordance with the phase-out plan, with the exception of the pediatric tuberculosis campaign, which went on for another year and a half.

When the Swedish Red Cross Hospital is examined with the aim of understanding how the aforementioned secondary actors affected its development, it is possible to gain a more nuanced understanding of the Swedish endeavour and the development it underwent. Both the SRCH and the SMTK were formally military units throughout their operation, a direct result of the Swedish government's commitment to the UN, but treatment of civilians began early on. By the summer of 1954, the SRCH

was, at least in practice, a civilian hospital and it remained as such up until its closure. This can be seen as stemming from the SRCH's attempt to maintain its impartiality even while a part of the military organization; by focusing on civilian treatment, the hospital gained a form of independence from the military. From the SRCH's perspective, this was made possible through diplomacy and the gradual expansion of civilian care, coupled with the changing war situation in Korea.

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