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RESEARCH ARTICLE

Opinions of Korean War Veterans about Health Care Services They Received during the Wartime

Fethiye Yelkin ALP^{1*}, Ismet ESER²

¹Dokuz Eylul University, Faculty of Nursing, Inciraltı, Izmir 35340, Turkey

²Ege University, Faculty of Nursing, Bornova, Izmir 35040, Turkey

*fethiyealp@gmail.com

ABSTRACT

This research was carried out examining and defining the opinions of Korean Veterans about the health care services they received during the war. The literature related to the health care services provided for the soldiers during wars is limited. Historical processes and analyses are potentially large reserves for establishment of bonds between generations and for information transfer. Understanding the past makes us comprehend the present time and includes effective solutions for future events and cases. A qualitative study for sentinel event preparation, was carried out with 12 volunteer veterans who were members of the Izmir Branch of the Combatant Veterans Association. In the research, face-to-face interview technique was used with "Semi-structured Question Form". The necessary approvals were obtained from the ethics committee and the association to conduct the research. After the interviews are completed, it is for the research of the recording data made by the researchers, for content analysis with the program NVivo 10. Demographic information's of Veterans participating in the research; their mean age is 86 ± 1.12 and 42.7% of them are primary school graduates. 33.3% of the participants served at the front in the Korean War as combat, 33.3 % as artillery, 16.6 % as infantry, and 16.6 % as technicians. According to the information obtained from the veterans, the main themes related to the health care services that the veterans during the war are determined. The main themes related to the health care services that veterans receive are appointed as preventive health services, treatment health services and rehabilitation services. In order to know what historical authority is about health care services, it is recommended to reach different groups in the turning point role in historical process and to orient present-day in the education.

Keywords: Health care services in war, veterans, oral history.

1. Introduction

Women living in different geographical regions of the world have served for the care of wounded soldiers and veterans as well as being a witness and victim in the wars^{1,2,3}. The literature related to the health care services provided for the soldiers during wars is limited. Korean War (1950-1953) is the battle between North Korea and South Korea. Korea had been the first battlefield of the Cold War Period after the II. World War. Over the attacks of South Korea against North Korea, a war lasting 3 years broke out in which United Nations (UN) played an active role. Turkey joined the battle by sending a brigade at United Nations' service. 4 Turkish brigade employed in Korea in different times during the war. On the other hand, while Turkish Army was trying to contribute to world peace, it was also trying to form a suitable ground in order to be a member of NATO (The North Atlantic Treaty Organization). Thus, Turkish Forces achieved to form strong ties between Turkish and Korean people^{4,5,6}. Nothing much is known about the quality of the health care services provided for wounded and sick soldiers and the experiences of the soldiers as individuals getting such services. Understanding the past makes us comprehend the present time and includes effective solutions for future events and cases.

Oral history research is a kind of research method examining oral statements of the individuals witnessing and experiencing the events with relation to the research subject. The objective of oral history includes recording of witnessing of individuals by means of audio and/or video, and archiving the evidences submitted by primary

sources^{7,8,9,10}. Such archive composes the content of the text to be prepared about a historical period or subject within the interest field of the oral historian^{11,12,13}. Use of this research method has prevented loss of information about significant and historical events. However, very few studies have been made in the field of oral history in Türkiye which has great potential in this regard.

In the postwar decades Korean War veterans have postwar decades Korean War veterans have received little attention in veteran health literature compared with Second World War, Vietnam War and Gulf War veterans, and few researchers have continued to investigate the health of this ageing group into the 1990s and 2000s. These studies generally suggest that adverse health effects of Korean War service may be persisting well into later life, but their findings are limited by reliance on small, clinic-based samples^{14,17}. Jillian Ikin and et al (2007) stated in their research, about finding of an association between being wounded in action in Korea and current psychological disorders in Australian veterans, is somewhat consistent with similar findings in British veterans of the Second World War and Korea¹⁵ the 1991 Gulf War and the 1992–97 Bosnian conflict¹⁶ More than 50 years after the Korean War ceasefire, suggest that the recent associations observed in the younger Bosnian and Gulf War veterans¹⁶ could persist long into the future. An association between increased deployment duration and increased post-traumatic stress symptoms has post-traumatic stress symptoms has previously been observed in veterans of the Vietnam War¹⁸ and Bosnia.¹⁹ There is not desired number of researches with relation to the parties providing health care services in Turkish Armed Forces, the

quality of such services, and individual experiences of veterans in this regard⁴⁵. It has been aimed by this research to examine the health care services provided during Korean War from the points of view of war veterans who have personal experiences in this regard, and to provide new data with relation to the health care services during wartime and the history of nursing and health care service.

2. Material and Method

2.1. RESEARCH DESIGN, PARTICIPANTS AND SAMPLE

This research has been carried out by means of qualitative research pattern in order to define opinions of veterans of Korean War about the health care services they received during wartime. The population of the research is composed of veterans who are a member of Izmir Branch of War Veterans Association. Sample of the research is composed of the members of Izmir Branch of War Veterans Association, who accepted to take part in the research by means of an informed consent form, who do not have any dementia and communication problems and who can speak Turkish.

2.2. DATA COLLECTION METHOD AND DATA COLLECTION TOOLS

This qualitative research was carried out in 2017 with 12 volunteer veterans who are a member of Izmir Branch of War Veterans Association. In the research, "Semi-structured Question Form" and face-to-face interview method were used. Permissions, required for the fulfilment of research, were obtained from the Ethical Committee and the related association. Interviews were carried out under the same conditions and in compliance with

the interview plan at Izmir Branch of War Veterans Association. 3 sessions, which were semi-structured and lasted 60-90 minutes, were made in total. Such interviews were recorded by tape recorder. During the preparation and fulfilment processes of the interviews; limits of the subheadings of the subject, determined by researchers, were established in the 1st stage; research questions and replies of participants were repeated in detail during each interview in the 2nd stage; time and place of interview were determined in the 3rd stage. The interviews were carried out at War Veterans Association in a comfortable environment where the volunteers could easily express themselves far from noises and external stimuli.

During the collection of research data, the war veterans were asked about the units they served in Turkish Armed Forces, their professional ranks, the operation in which they bled, hospitalisation state and health care service provision etc. by means of "Semi-structured Question Form". Clarity of the interview form and suitability of the questions were amended after opinions of three expert professors were obtained. Following questions were included in the interview process:

- 1.How did you get wounded in the front and who made medical response and where?
- 2.Could you talk about health care services you received during the war?
- 3.Did you get psychological support after returning home?
- 4.Did you get physiotherapy and rehabilitation service?
- 5.Did you use prosthesis or supportive device after getting wounded?

During the interviews, the questions were asked to the veterans by means of face-to-face interview method and by using communication and listening skills. the interviews were recorded by tape recorded and notes were taken by the researcher as well.

2.3.EVALUATION OF DATA

After completion of interviews, the research data, obtained by the researchers via tape recorded and taking notes, were subjected to content analysis by means of NVivo10 programme. It should be remembered that the data entry and encoding process is time-consuming and most of the work is carried out by the researcher and not by the program.

While spreadsheets can be helpful, it is understood that analysis software could be more beneficial. For example, NVivo 10 is software for qualitative data analysis, especially highlighting its use in content and narrative analysis³⁶. The software promotes a workspace to store, manage, question and analyze the data structure. Specific tools such as NVivo, is in the category of theory-inducing programs based on coding³⁷. Thus, by analogy, one can obtain knowledge of identification and manipulation of attributes, antecedents and consequences as aggregated information that form the

essential units or categories of data codification of an analyzed concept.

Themes and sub-themes were written down by means of transcription method and determined by coding data. Privacy of the identities of participants was enhanced by means of the code formed for each participant during analysis process. Thematic and content narrative analysis was used to interpret the narrative text. Guided by approaches outlined each transcript was first read for content. The researcher then took a brief from the transcripts to allow for cognitive processing. After reading transcripts a second time, the researcher listened to all of the audio recordings. On the third read of transcripts, from the researcher extract data by the Nvivo program and highlighted repeated words, comments or phrases. The highlighted words and phrases were extracted and grouped into similar subthemes (figure 1). Each transcript was read for a fourth time to verify grouping of words, phrases then labeling themes (figure 2). Themes and sub-themes were composed after all interviews were read repeatedly and in detail by the researchers. Research pattern, study group, data collection tools and process, codes formed during data analysis process, perceptions and inferences related to the

themes were submitted for expert opinion and verification was made. In evaluation of sociodemographic data of the participants, number, average, percentage ranges were used. Interviews were made with War

Veterans who do not have any dementia and communication problems.

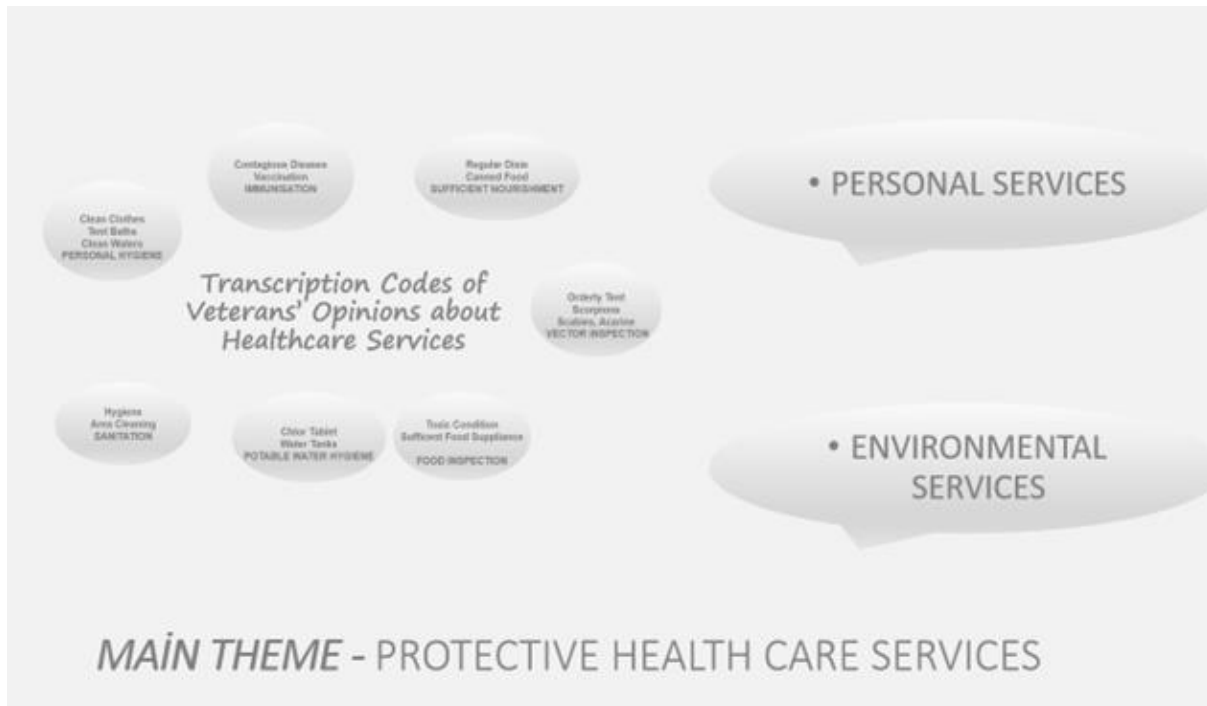


Figure 1.



Figure 2

2.4. ETHICS OF RESEARCH

Permissions, required for the fulfilment of research, were obtained from the Ethical Committee and the related association (Approval number: E.97534). Interviews were made with War Veterans who accepted to take part in the research by means of a informed consent form.

3. Results

Demographic information about the Veterans participated in the research: age average is 86 ± 1.12 ; 42.7% of them are primary school graduates; 33.3% of them served as Combat Soldier, 33.3% of them served as Artilleryman, 16.6% of them served as Infantry and 16.6%

of them served as Technician in the Korean War.

In line with the information obtained from interviews, the main themes related to the health care services received by the veterans during wartime have been determined as follows: Protective Healthcare Services, Remedial Healthcare Services and Rehabilitation Services (**Table 1**). As a result of the interviews, opinions of the veterans about healthcare services have been provided collectively under main themes by combining frequency of data belonging to each sub-theme.

Table 1. Main and Sub Themes related to Opinions of Veterans about Health Care Services during Wartime

Main Theme	Main Theme	Sub-Theme
PROTECTIVE HEALTH CARE SERVICES	PERSONAL SERVICES	IMMUNISATION MEDICAL PROTECTION PERSONAL HYGIENE SUFFICIENT NOURISHMENT
	ENVIRONMENTAL SERVICES	POTABLE WATER HYGIENE SANITATION FOOD INSPECTION VECTOR INSPECTION
REMEDIAL HEALTH CARE SERVICES	TRANSFER FROM FRONT TO THE HOSPITAL	TRANSFER VEHICLE INTERVENTION DURING TRANSFER
	HOSPITALISATION	SURGICAL INTERVENTION WOUND CARE DRUG USE
REHABILITATION SERVICES	MEDICAL REHABILITATION	PHYSICAL HANDICAP
	SOCIAL REHABILITATION	NEW LABOUR, ADAPTATION, ELEVATION OF SPIRITS

OPINIONS OF VETERANS ABOUT PROTECTIVE HEALTHCARE SERVICES

Interview data of the participants have been examined under following subthemes: Protective Healthcare Services, Personal Services (immunisation, personal hygiene, sufficient nourishment) and Environmental Services (potable water hygiene, sanitation, food inspection, vector inspection (Table 1).

PERSONAL SERVICES

When records of interviews made with veterans have been examined, it has been understood that they arrived Korea after a long journey lasting for 30 days by the sea, and the Koreans waiting for them in the port welcomed them with love and gratitude. During the interviews the veterans stated that they were vaccinated by preventive inoculation, that there was always water for personal hygiene in the ship and in the tents they settled behind the front, the rations delivered to them for eating were sufficient even abundant (*The abbreviation V stands for the interviewed veteran*).

"...Food and storage conditions were highly good in supply. Last consumption dates of foods, included in boxes and packages in ration, were not expired. That means they value human beings and human health too. A life package was given every day. It included various foods. Life package was given every soldier and every day. There was even tobacco, though there was nobody among us who used it." (V11).

ENVIRONMENTAL SERVICES

The Veterans stated with relation to potable water hygiene, sanitation, food inspection and vector inspection issues listed among protective healthcare services that great

importance was attached to potable water in the rear guard and in the front due to the risk of poisoning, and the water was supplied and distributed under control.

"...There was no water shortage; there were abreuvoirs. Bathing tents were available. There was an established system. In the tent, 5 people were having bath on one side, and 5 people were having bath on the other side. Clean clothes were provided including underwear. The tents were located in a forestry area. In cases such as insect bite, snake bite, scorpion sting, which are frequent in nature, related person was taken to the medical unit first and then transferred to the hospital" (V5).

"Cleaning activities were done in the tents. Clean potable water was delivered particularly in large bottles. The water bottles delivered to the large water tank in military unit was put in safe area. We did not drink water other than that one. We used to drink the water brought by them. They told us not to drink other water due to risk of disease. The enemy could poison everything. The water was always under control" (V8).

OPINIONS OF VETERANS ABOUT REMEDIAL HEALTHCARE SERVICES AND REHABILITATION SERVICES

With respect to interview data of the participants, Remedial Healthcare Services were examined under following subthemes: Intervention at Frontline, Transfer from Front to Hospital and Hospitalisation (surgical intervention, wound care, drug use). Rehabilitation Services were examined under following subthemes: Medical Rehabilitation (for physical handicap) and Social Rehabilitation (adaptation after returning home, elevation of spirits) (Table 1).

REMEDIAL HEALTHCARE SERVICES

During the interviews the Veterans have stated that the medical team and medical soldiers intervened when a health-related problem occurred while they are in military unit in the rear guard. They mentioned that the soldiers wounded in the frontline were transferred to American Hospitals (UN's hospitals in Seoul and Busan by means of military vehicles (cemse - vehicles branded GMC - General Motors Corporation) and military helicopters. They also stated that Tokio Hospital in Japan was used for solving sophisticated health problems.

"...I was not injured in Korea but I personally made the wounded Lieut. Mehmet be transferred to hospital by helicopter. Medical soldiers were applying treatments such as dressing in the military unit; however, we sent the wounded soldiers to the hospitals in Seoul or Busan when there is a need for operation..." (V3).

"...American (UN) hospital was the nearest one to the front, primary treatment for the wounded was carried out there, then they were transferred directly to the hospital in Seoul or Busan. Slightly wounded soldiers were treated in the field hospital. The ones with severe conditions were sent to the hospital. Do you know what they used to say? For instance, I personally show this, a howitzer exposed, half of this face got wounded beyond recognition. They made him a new face when he returned from treatment. They told that if a wounded is put in American hospital while breathing, they would bring back him to life..." (V4).

"...My leg got injured in the front. They sent me to hospital as they could not stop

bleeding. I lived with serum for 40 days. They cared my wounds neatly. I could not survive if they did not do that..." (V6).

"...I did not get injured in Korea but I carried lots of wounded soldier on my back... They were taken by military vehicles (cemse - vehicles branded GMC - General Motors Corporation) and then by helicopters to the hospital..." (V9).

"...I served as clerk in administrative warfare centre. Administrative warfare centres draw battle plans. When we were informed about heavily injured soldiers, we sometimes sent them to Tokio..." (V7).

REHABILITATION SERVICES

The Veterans stated that they returned home after a long journey lasting for 30 days by the sea and welcomed with official ceremony in izmir port, and they experienced such pride for a long time. No participant applied to hospital after returning home for medical rehabilitation. They stated that even though they overcame the social rehabilitation process with the help of their families and relatives, they were woken up by nightmares for years, they remember what they experienced just as if it happened only yesterday, and they still feel sorry for their friends they lost. They also mentioned the pleasure they felt when they were invited by the Korean government years later and welcomed in like heroes there.

"...Psychological effects of the war still continue. We got lost in the circle formed within the battle field; when we got out of the circle, all the unit fell apart, most of them was captured. Most of them died there. I got lost... I found my unit 1 month later. If the weather was cloudy, I used to look at mossy sides of

trees and stones. I used to find the north that way. I learned this at school. I constantly went towards the south. There were enemies everywhere. I walked at nights and hid during the daytime" (V1).

"...The Americans found me. I had a name tag in my neck. I don't want to remember those days. War is a terrible thing... I went to the American (UN) unit; the doctor examined me. They sent me to Turkish unit. There were shelter and hospital of Türkiye there. They examined me too. I learned afterwards that I walked alone for 1 month. Even yesterday night, I was escaping in my dream again..." (V1).

"...We were waiting in Vegas front at 5 to 7 for the weather to get darker, there was a wetland behind us. They were throwing mortar shells constantly. The shells were rising like a minaret. The wetland saved us. Not a person could survive there. We saw how bullets collided with each other on the air. Then we came upside and saw that one of the soldiers died without getting injured (I think that it was sudden heart failure), I cannot forget those moments..." (V2).

"...On May 28, at 5 past 8, the opponents oppressed heavily. The opponents oppressed heavily... It continued for 3 consecutive days and nights. I got highly affected by that war. My wife told several times that I woke up suddenly at nights. This is the effect of war..." (V4).

"...Psychological effect of the war remained with us for a long time. Sometimes, other ladies ask my wife: 'What kind of a veteran is this uncle? he has no wound.' My wife answers them: 'Do you know inside of his head?' How did I recover? After returning from Korea, they

applied me a treatment in Military hospital in Eskişehir. They gave me sick leave for 3 months. Then I returned to my unit" (V10).

4. Discussion

Contrary to planned processes in history, it is urgent that unpreparedness not only for wars but also for disasters such as earthquakes, floods and fires be replaced by a planning and constructive proactive approach. Differences in interests today due to generation gaps and passivation of individuals due to the increase in the use of technology, nonpreparation for unexpected events are thought-provoking. Historical processes and analyses are potentially large reserves for establishment of bonds between generations and for information transfer. By means of oral history researches, it is aimed to obtain information, which cannot be detected by written-documented history, by compiling individual witnessings related to a significant historical event.

Researches on treatment and care services provided for wounded and sick soldiers during wartime examine financial dimension of treatment services, number of doctors, nurses, hospitals and beds etc.²⁰ It is of great importance for healthcare providers, care managers/trainers, military nurses to be prepared for war and unexpected disasters^{21,22,23}. There are samples of studies in the world literature, which evaluate healthcare services provided during wartime from the points of view of military physicians and nurse who have personally experienced such kind of situations. Considering the ages of Veterans expressing their opinions in this regard, it has been prioritised to examine the opinions of the ones who have benefited from such care, in order to prevent loss of those valuable

information^{24,25}. Hence, a basis has been provided for the researches to be made in the future with relation to healthcare services during wartime. When researches related to healthcare services provided during wartime have been examined, samples have been found abroad even though the number of such researches is not very much^{26,27,28,29}.

Jillian Ikin and et al (2007) stated in their research that results suggest a complex interrelationship between characteristics of war service and subsequent long-term psychological ill health. Combat severity and duration, war-related injury, inexperience, lack of seniority, and youthfulness all contribute to long-term psychological morbidity. There may be other military and nonmilitary characteristics, such as a malevolent and/or toxic combat environment, lent and/or toxic combat environment, socio-economic disadvantage, individual personality traits and levels of social support, that could have also contributed to veterans' vulnerability to illness and the persistence of symptoms over time¹⁴.

In a qualitative study carried out with military nurses served in hospitals during Vietnam War, they have suggested to be prepared for conditions such as places without window or door, open operating rooms and environments without electricity³⁰. It has been stated during the interviews made with ten military soldiers served at least once in Iraq or Afganistan that the nurses intending to take charge in the war should be provided with advanced life support and basic trauma nursing trainings. It has also been stated that the resources were restricted and use of materials required great attention^{30,31,32}.

Experiences of battle field nurses have been grouped, and it has been stated by many nurses that they felt angry, tired, stressed and sensitive against people when they returned home. Military nurses have experienced various changes in physical conditions after military service³¹. They mentioned about sensitivity against noises and visual stimuli, difficulties in making daily choices or staying in the crowd, and difficulty in trusting people. Military nurses defined returning to home as an exciting but unclear situation. They have talked about changes in themselves, their families and support systems and that life would never be the same as before^{33,34,35}. Historiography starts with recording the words. Oral history is a highly old, well known and frequently used qualitative research method by which interviews about past experiences of people are made^{7,8,9,13}. In order to make operational preparations for incidents, uncovering real-life experiences can be a pathfinder.

As in all disasters, in case of war/terrorism duties of health staffs; take preventive measures, incident providing immediate life support, determining care needs, medical treatment and nursing care to implement it to the required standards, to return soldiers to the battlefield and to civilians as soon as possible to facilitate return to normal life³⁸.

The results of our study could be viewed as providing a possible vision of the future health concerns faced by younger veterans of more recent conflicts. Indeed, the results of these kind of studies could be useful in identifying those veterans of more recent conflicts who may be at greatest risk of adverse psychological health outcomes, and in developing appropriate improved strategies

to prevent or reduce long-term psychological morbidity^{14, 17}. Long-term follow-up of these veteran groups will be important to assess the effectiveness of any new treatments and effectiveness of any new treatments and other interventions.

5. Conclusion

In line with the information obtained from interviews, the main themes related to the health care services received by the veterans during wartime have been determined as Protective Healthcare Services, Remedial Healthcare Services and Rehabilitation Services. The necessary training and communication must be provided, from the moment of emergency life support at the scene of the first encounter with the war victim, to the hospital environment where medical care and treatment is followed and during the rehabilitation and social adaptation phase.

6. Recommendations

The phenomenon of war and its consequences require special knowledge, skills and complex interventions. In this sense, development and post-graduation current supporting developments with in trauma intervention training and advanced life support certification programs are recommended to all health staffs. In order to comprehend what a historical provision is with relation to healthcare services, it is recommended to reach different groups acting as milestones in historical process, and to guide the present day during educational process.

Conflicts of Interest Statement:

No conflict of interest was declared by the authors.

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ORCID ID:

1. <https://orcid.org/0000-0002-2656-2963>
2. <https://orcid.org/0000-0002-6563-6822>

Ethics Committee Approval:

Our study was approved by the Ege University Nursing Faculty Ethics.

Author Contributions:

Concept – F.Y.A.; Supervision – i.E. ; Materials – F.Y.A.; Data Collection and Processing – F.Y.A.; Analysis and Interpretation – F.Y.A., i.E.; Writing – F. Y.A.

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