Extreme Weather Conditions: Military Medicine Responds to a Korean War Winter

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Figures 1 and 2 illustrate the M-1951 Cold-Wet Uniform (extreme cold), from base layers through outer garments. This cold-weather gear replaced the World War II era M-1943 to become standard issue for American soldiers during the Korean War. The Cold-Wet Uniform could be supplemented with a heavy parka, a component of the Cold-Dry Uniform. The parka could replace the field jacket, or be worn on top of it. The Army Medical Department had good reason for documenting the new uniform and publicizing its development through photographs like the two featured here.

In the fall of 1950, American soldiers and their command ing officers were unprepared for their first Korean winter, when temperatures could plunge to more than 30 degrees below zero and arctic winds from Siberia yielded deadly consequences. A Life magazine article from February 1951 reported that more than 5,000 U.S. troops in Korea suffered from frostbite that first winter. For some, evacuation and medical care was timely, but others lost feet and hands, as well as fingers and toes. Army surgeons realized that many frostbite diagnoses during World War II had, in fact, been trench foot and that their treatment programs were not designed to manage the dangers of a truly severe winter. Without proper prevention and treatment, soldiers fell prey to frostbite in catastrophic numbers, leaving their units less effective in the field.

The Medical Corps responded swiftly to the need. New treatment regimens were developed for troops in the field and severe cases were transferred to Percy Jones Army Hospital in Battle Creek, Michigan, where doctors worked to save gangrenous limbs that would have almost certainly been amputated during the last war. But medical care was only one part of the solution. The Quartermaster Corps also designed uniforms to protect soldiers from extreme cold while allowing them to perform their duties as much as possible. This included layers of head coverings, protection for the hands, and the “Mickey Mouse” boots designed to withstand extreme cold.

Today, this work is continued by organizations such as the U.S. Army Institute of Environmental Medicine in Natick, Massachusetts, where experts focus their research on the health and performance of the warfighter in extreme conditions. Their most recent publications note that frostbite still accounts for the largest number of cold injuries per year; however, their guidance on countermeasures and risk assessment far exceed the resources available in fall 1950. The early research and development initiated during the Korean War reflects the continued missions of military medical research assets to provide their soldiers and civilians with the necessary equipment to carry out missions in all climates and conditions, all over the world.

REFERENCES
2. OHA 270: Percy Jones General Hospital, Frostbite Lantern Slides, 1951–53. Otis Historical Archives, National Museum of Health and Medicine, Silver Spring, MD.