Australian women had limited involvement in the British Commonwealth Occupation Force (BCOF) and the Korean War.

The main involvement of women was as nurses in BCOF hospitals in Japan, as family members of BCOF soldiers, and as Japanese war brides coming to and facing the unknown in Australia.

A small number of nurses served in a BCOF hospital in Seoul, Korea, and then RAAF nurses accompanied wounded soldiers on flights to hospitals in Japan, where Army nurses would be the main Australian women involved in their care.

The other role women faced, as always in war, was in waiting anxiously and hoping that their men would not be casualties of war.

INVESTIGATIONS:
1 What were women’s main roles and experiences in BCOF?
2 What were women’s main roles during the Korean War?
### Essential learning achievements

At the end of this topic students will have developed:
- knowledge of women’s main roles in BCOF and the Korean War;
- understanding of some of the attitudes and values commonly held at the time; and
- empathy with the experiences of the women involved in caring for the wounded.

### Suggested classroom approaches

1. Have students look at the **Forming Ideas** page. This will enable them to start forming criteria about commemoration.

2. **Investigation 1** asks students to identify the key roles of Australian women in BCOF. They will discover that this is a relatively little-known part of Australia’s involvement in this conflict. Students might be encouraged to focus on this group at the next Anzac Day march.

3. **Investigation 2** looks at the role of nurses during the Korean War. Limited documentation is available on the roles of the nurses based in Japan during this conflict.

4. If this is the only unit being studied, students may like to undertake the museum exercise in Unit 7.

### DVD

**Chapter 4 of the DVD** provides a museum study approach to the way the Australian War Memorial represents Australian women’s involvement in modern conflicts and peace operations, including the British Commonwealth Occupation Force and the Korean War.

It is suggested that this segment of the DVD be used as part of **Investigation 1**.

### CD-ROM activities

- Create a National Australian Women’s Memorial
- Create an Australian Women in War poster and timeline

### Finding out more

- **Out in the Cold. Australia's Involvement in the Korean War**
  www.awm.gov.au/korea/online.htm
- Melanie Oppenheimer, *Australian Women at War*, Department of Veterans’ Affairs, Canberra, 2008
<table>
<thead>
<tr>
<th>Conflict</th>
<th>British Commonwealth Occupation Force (BCOF) in Japan</th>
<th>Korean War</th>
</tr>
</thead>
<tbody>
<tr>
<td>Period</td>
<td>1946–1952</td>
<td>1950–1953</td>
</tr>
<tr>
<td>Background to the conflict</td>
<td>At the end of the Pacific War it was agreed by the Allies that the governments of the United Kingdom, Australia, India and New Zealand would provide a contingent in the occupation of Japan. The force was to be known as the British Commonwealth Occupation Force. The Australian Lieutenant General J Northcott was appointed as Commander-In-Chief. The occupation of Japan lasted from 13 February 1946 through to the end of 1952. By the end of 1948 the burden of occupation in the British Commonwealth areas fell to the Australians.</td>
<td>The Korean War was the first occasion that members of the United Nations acted collectively to repel aggression. Australian units served in Korea from 1950 to 1953 and continued in Korea from the armistice to 1956 as part of the United Nations Command to preserve the independence of the Republic of Korea. The war went through several stages: the invasion of South Korea from the North, which saw virtually all of South Korea come under the control of the North; the invasion by the UN troops, which drove North Korean forces back to the border; the entry of the Chinese which pushed the UN forces south; and a counter-attack by UN forces that recaptured most of South Korea, followed by a stalemate that lasted for two years until an armistice was signed.</td>
</tr>
<tr>
<td>Nature of the conflict</td>
<td>The BCOF force was responsible for policing areas while the Japanese economy and political system were re-established after the devastation of the war.</td>
<td>The war involved Army, Navy and Air Force actions. It was largely a war of thrust and counter-thrust, fought in conditions that varied from sweltering heat to freezing cold.</td>
</tr>
<tr>
<td>How Australian women were involved</td>
<td>Australian nurses were part of the occupation force, and from July 1947 families were allowed to come to Japan. One hundred and forty nurses served as part of BCOF.</td>
<td>Six Australian nurses were based in the Commonwealth hospital in Seoul at any one time, where wounded and ill troops were prepared for flights to Japan. RAAF nursing sisters accompanied troops on these flights. Australian nurses also served in the Commonwealth hospitals in Japan. No Australian women were killed or injured during this conflict.</td>
</tr>
<tr>
<td>Key statistics</td>
<td>The entire BCOF force totalled 45,000, with participants from Britain, India, New Zealand, and Australia. About 16,000 Australians served in BCOF, including an infantry contingent of 4700, base units consisting of 5300, an air force wing of 2200, and 130 from the Australian General Hospital. The Royal Australian Navy (RAN) also had a presence in the region as part of the British Pacific Fleet.</td>
<td>From 29 June 1950 to 19 April 1953, some 17,000 Australian sailors, soldiers and airmen served in the Korean War. Australian casualties were 340 killed, 1216 wounded and 30 taken prisoner of war. Twenty other countries contributed combat and medical units to the United Nations command in Korea.</td>
</tr>
</tbody>
</table>
Map showing the main regions of the world where Australian servicemen and women served in these conflicts

Forming ideas

This is the National Memorial to Australian involvement in the Korean War.
What impressions does it give you about the conflict?
There is no mention of women on this memorial. Suggest why this might be.
You will now be able to test your ideas.

IN YOUR INVESTIGATIONS you should draw on these components of the Australian Women in War resource:

UNIT 4 (pages 65–76)

DVD:
CHAPTER 4
Modern Conflicts and Peace Operations

CD-ROM activities:
• Create a National Australian Women’s Memorial
• Create an Australian Women in War poster and timeline
What were women’s main roles in the British Commonwealth Occupation Force (BCOF) in Japan?

Look at Source 1 and answer the questions that follow.

Source 1

Conditions in Kure, Japan

We were given quarters in Kure, opposite the large 7 storey British Commonwealth Military General Hospital, Kure …

Kure had been a huge Japanese naval base. It, and the population housed nearby, had been severely bombed and damaged during the war. Conditions were still very primitive. We were often understaffed. We had Japanese guards and Japanese personnel, who had many endemic diseases to which our bodies had no immunity. They cleaned our quarters and prepared our meals, often with dirty fingernails. There was regular spraying and fogging around our quarters, inside the quarters and the kitchens and food preparation areas and food utensils to combat mosquitoes, fleas, flies, rats and other vermin. Sister Guilfoyle who was ic often said the stench was overpowering and to ‘damn well spray again.’

A series of canals ran between many of the sites in Kure and Hiro, where the Australian troops were held as reinforcements or in holding camps. The canals were filthy, slimy, full of run-off of excreta filled paddy fields, rats and mice, and, often, the rotting bodies of humans and animals. Eradication campaigns were constantly waged against the rats and mice with toxic, poisonous baits and traps. We were forbidden to swim anywhere….

In Kure Hospital we often worked long hours, with limited facilities and staff, particularly when the ambulance convoys and train ambulance carriages arrived with loads of casualties, some quite horrific. Whenever we became sick ourselves, we avoided reporting it, as it meant a greater workload on the remaining sisters and nurses, and curtailed our times off duty, which we treasured. Thus our medical records would not reveal the true extent of whatever illnesses and diseases we, ourselves got, mitigating against later claims, to which, at that time, we gave no thought…

Ambulance convoys often disgorged 100-150 badly wounded casualties at a time, when we had to work around the clock, often without a break. The surgical ward, alone, in the hospital could hold up to 200 cases, and often did. Many of the soldiers arrived in a filthy condition, in dirty, chemical infested clothing and boots which they had not changed, in some cases, for many weeks. Many of them were infested with lice. They were all fumigated, de- loused, had all their hair shaved or cut off, and were placed in chemically treated baths. I do not know what all the toxic chemicals and solvents used for this purpose were, but there were many, most of which have since been banned. I do know that they were all liberally dusted all over with anti-louse powder and with DDT hand dust guns, or by engine-driven dusting apparatus.

Within the wards, there were many toxic chemicals used to counter infection, cross infection and keep the wards as sterile as possible. These included a variety of bleaches, Creosol and Lysol, to name just a few. Although we should have always used gloves and protective clothing etc., and washed our hands, as, indeed, should have the doctors, between patients, this was not always possible, when we were dog tired and overworked …

We often visited Hiroshima, the site of the dropping of the first atomic bomb, as did most servicemen, walking and digging amongst the radiated stones and rocks. Many of us took or sent samples home. In addition, on a voluntary basis, with or without official approval, we often visited the very sick Japanese in Hiroshima and surrounds, taking food, clothing, medical supplies and giving them what little comfort we could. Many lived in caves in filthy clothing, which they had worn for several years, in pitiful conditions and dire poverty. The RAAF Hospital at Iwakuni had a radiation ward for airmen suffering from radiation, and a busy radiation outpatients’ ward, for many years after 1945.

Captain Barbara Ann Probyn-Smith, RAANC (Retd)
1 Describe the physical conditions which the nurses with the British Commonwealth Occupation Force (BCOF) had to face.

2 Describe the nature of the work they carried out.

3 Source 1 on page 70 is part of a memoir by a nurse who claimed that her post-war medical conditions were caused by her BCOF service. Identify those areas where she believes she was exposed to dangerous chemicals.

4 If this description is accurate, why do you think people would have served in such conditions?

5 Look at these images below showing aspects of life for Australian nurses in BCOF. How do they add to your understanding of the nature of their experiences?
Families in Japan

In December, 1946, Cabinet approved the despatch of families of Australian servicemen to [live in] Japan when housing and medical facilities became available, and the first group of families reached Japan on June 1, 1947.

The main family housing area was located on a disused Japanese airstrip fronting the Inland Sea at Hiroshima, in 34th Australian Infantry Brigade area. Here a considerable township grew up with bungalows and two- or four-apartment dwellings. Chapels, a school, shop and cinema were included in the development. Japanese contractors carried out the work, and furniture was obtained from Japanese sources. To give variety, different types of houses were interspersed, and the changing shades of pastel colouring of plaster walls and roofs made a cheerful and bright picture. My wife, on being consulted regarding the future name of the area, immediately asked what was the Japanese for ‘Rainbow Village’. Niji Mura it therefore became, and still remains.


What do you think the women in these families might have done to occupy their time while they were in Japan?

How might their activities have helped or harmed post-war relations with Japan?

How important would it be to have families stationed with serving soldiers?
Japanese war brides

When [Australian BCOF soldier] Gordon Parker married a Japanese girl, ‘Cherry’, early in the occupation of Japan, he stirred up considerable concern amongst the Army and Australian politicians.

Not long after Gordon and Cherry’s marriage, other BCOF members applied to the Government, thereby forcing the Australian Government to develop a policy with regards to foreign marriages. By 27 March, 1952, the Australian government had approved admission of Japanese wives of Australian servicemen and ex-servicemen into Australia provided they were approved by the Australian Embassy in Japan.

Kure Municipal Police screened all girls to ensure that they were not:
- communists;
- prostitutes;
- holders of a criminal record; or
- from a family with signs of hereditary insanity.

In addition they had to pass a thorough medical test that included a full x-ray and blood tests. If tuberculosis or any other serious illness was detected, they were denied access until they became medically fit.

The examination and investigation was considered more stringent than that required for any other migrant. The average age of wives was 22, and 49 of the 150 couples had, or were about to have, children. In 22 out of the 150 cases, both parents [of the bride] were dead. Of the remainder, the parents of only 14 objected to the marriage. Only in one case did the Japanese police request non-approval of the marriage, if at all possible, because the parents were strongly opposed to the marriage.

Whether Australia should ban the admission of Japanese wives is a matter for eventual discussion, but until that decision is made those wives who do come to Australia — lawfully and at the invitation of their Australian husbands — should be treated decently, with a special effort on the part of returned men to make them feel comfortable, if only to offset the inevitable hostility from that small section of the community who, in addition to not having travelled beyond their own shores, have a way of attacking any person who does not conform to their own pattern and way of life.

Based on Returned Services League Mufti, December 1952

9 Suggest some of the main difficulties these brides might have faced in Australia.

10 Suggest ways that these difficulties could have been overcome in Australia.

For the 140 nurses who served in BCOF their main role began when the Korean War started, and they received casualties into Japanese hospitals. These experiences are considered in the next investigation.
What were women’s main roles in the Korean War?

Australian women’s main contribution to the Korean War was as nurses — with a small number based in Korea preparing men for medical evacuation to Japan, RAAF nursing sisters accompanied the men on the flights, and then mostly Army nurses cared for the casualties in hospitals in Japan.

Read the following sources and use them to answer these questions:

1. Describe the conditions under which the nurses worked.
2. Why do you think the nurses accepted these conditions?
3. What qualities did the nurses demonstrate?
4. Many nurses suffered illnesses after their service. Why might this have happened?
5. Why might there be no record of women’s illnesses on their official service records?

Source 1

An Army nurse remembers Seoul

In February or March 1953, I was transferred to Seoul... Seoul had then been fought over four times. It was a mere shell. Bombed out buildings, no running water, no electricity. Dirt, desolation and despair everywhere. Children and families living in deplorable conditions. Destitute. Begging in the streets. The unit was a Casualty Clearing Station, for medical evacuation, usually by 86 Transport Wing, RAAF. I was placed in charge of the surgical cases. On arrival at this unit, having usually passed through Indian, Canadian, British, Belgian or American field medical units, most of the patients, on stretchers, were filthy, dirt encrusted, louse ridden, many still had their weapons. They were stripped, deloused, all hair was removed, their heads were dipped and they were fumigated and dipped in chemical solutions. Toxic solvents such as kerosene, metho, turps and cetrimide were used for cleaning and washing patients. There was no heating or electricity in the wards, even during the freezing winters. Often stretchers were placed side by side. To get from one end of the ward to the other to collect or deliver bed pans etc, involved stepping from one stretcher to the next, a difficult task.

Some soldiers hadn’t washed for 6 weeks, or up to 3 months in the bitter winters in the frontline. Some were infested with leptospirosis and other water-borne diseases or other diseases endemic to Korea. The aim of the unit was quick turnover, with evacuation to Japan’s medical facilities. The unit had no sheets, only old, often grotty blankets.

The Seoul unit was primitive. Putrid toilets and ‘bush’ showers used by Sisters, nurses and patients were outside and consisted of hessian screens. Some staff slept on hessian palliasses. I understand that hessian is a source of Asbestosis. The camp was surrounded by rubbish and junk. The wooden lids for toilets had gaps letting in flies etc. While there we ate mostly Canadian food, including bacon, which may have been from local sources. We also had underground Australian lamb (rabbits). There was a lot of sickness in that unit. The convoys were horrific.

Captain Barbara Ann Probyn-Smith, RAANC, (Retd)
I think, you know, in the years since the Korean War the voice of women who served there has been very quiet. We’ve never spoken about it. The war has always been thought of as a man’s war with stories of post-war trauma. It’s not difficult to realise that the nurses’ role is overlooked. We were few in numbers, in a sexual as well as a racial minority among the personnel of twenty-six nations. We very quickly learned that Australia is a very minute part of the world community, as we discovered …

For the nurse it was easier not to question the cause of the war. You were in the Army and you did your duty, even if you thought the war was ridiculous. The sense of duty was overwhelming, and that meant more than politics. After a long twelve-hour shift you could be called back on duty, especially as a theatre sister. Nurses quickly became forthright, resilient people who could quickly bring calm to a chaotic situation by sorting out the wounded. And it’s not easy to sort out wounded — triage, as it’s called — because you cannot allow your personal feelings to come into it. You might think, ‘Oh, he’s a young soldier, he’s an older one, he hasn’t got very many wounds but that one’s got a lot of wounds.’ You have to make the decision on their physical state, not whether you like him or not.

It was very difficult, particularly as a female, because — even within the confines of the unit or at the hospital in Japan — because being a female with such a multitude of men, and human nature being what it is, you were not able to even show one flicker of likeness for one particular person at all. You just simply had to treat the wounded and the other male staff that you were with and the men that you associated with when you went to the front line, and so forth, as one block of people. Perhaps I would describe it in the hospital, I was given by the men (laughs) the name ‘the Bloody Duchess’!

Well, we few women were non-combatants in a place where we could have been killed just as easily as the men, only we could not shoot back, we never had the chance. So what do you do with your fear and your anger? You internalise it, you absorb it, because you have a job to do and that job involves taking care of the wounded. If you adopt this attitude for a long time it becomes part of your character and is carried over into non-war situations. Right?

Lack of equipment and facilities was a very relevant factor in creating anger. One of the big problems was the lack of blood for transfusion — no blood bank to draw upon — so how do you deal with a soldier who’s had his buttocks blown off when his jeep was hit by an exploding mine directly under the jeep? … You cannot apply a tourniquet, you cannot tie off the bleeders quickly enough, so you let him bleed to death and immediately go to the next casualty. Forget him, then years later the full horror hits you, triggered by a reference on any form of media.

And this explains why I cannot, even now, in comfort, watch the news programs of what’s going on in the world at the moment. Absolutely. You may not believe this, but it comes back so vividly at times that I can even smell it.

Interview with Mrs Betty Lawrence née Crocker, recorded by Rob Linn at West Beach, South Australia, on the 22 May 2002 for The State Library of South Australia South Australians at War Oral History Project 2002. www.slsa.sa.gov.au/saatwar/collection/transcripts/oh644_7a.htm
What psychological pressures do sources 1–3 show that nurses were under?

Create a list of words that you would use to describe the nurses’ service in Korea.

Over 17,000 Australian soldiers served in Korea, and over three hundred of them died during their combat service. Thousands more were ill or wounded. How would this have affected their families in Australia?

Look back at your thoughts about the Korean War memorial. Would you add to or change those comments?

Do you think there should be any recognition of women’s roles in this war at the memorial site? If so, provide your suggestions.