Asklepios en het zwaard: de Nederlandse militaire geneeskunde in de schaduw van de bom, 1949-1989

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Summary

During the Cold War, the purpose of the Dutch Army Medical Service (MGD) was to promote the health and operational readiness of the Royal Netherlands Army. Medical war preparations were an integral part of this. The evacuation, treatment and nursing of sick and wounded soldiers in wartime required the formulation of procedures and doctrines as well as an extensive organization, complete with supplies and equipment, trained personnel and mobilization plans. However, these activities were shrouded in uncertainty as the prospect of biological, chemical or even nuclear warfare called into question all casualty estimations based on previous conflicts.

The central question in this dissertation is how the MGD dealt with the nuclear threat perception and how military-medical war preparations were influenced by it. Against the backdrop of the ominous prospects of future warfare, military physicians tried to legitimize their war preparations and make sense of them. This mechanism is made clear using the concept of *sociotechnical imaginaries*: constructed optimistic images of the future that are based on the collective belief in scientific and technological progress. This study shows that the MGD maintained an optimistic outlook from the beginning through the end of the Cold War, but the reasoning that supported this viewpoint evolved over time.

In the early 1950's, it was generally maintained that promoting military health improved the army's readiness, thus contributing to NATO's strategy of deterrence. According to this logic, the military medical services indirectly contributed to the prevention of war. And even if war did break out, the measures taken in peacetime would save lives and limbs. By magnifying an optimistic outcome, war preparations remained meaningful and the associated problems were effectively pushed into the background.

Critical voices within the armed forces were few. The army medical service heavily relied on conscripts, whose involvement in war preparations was limited. Only a small group of regular officers were actually concerned with planning the next war (possibly under nuclear conditions). They understood that the prospects were bleak, but they rationalized that fact by arguing that the military standoff with the Soviet Union would unlikely escalate into a hot war. And even if it did, professional soldiers maintained that a single nuclear bomb did not necessarily mean the end of life for everyone. They taught disaster medicine in a sober and detached manner. In military classrooms the opportunities for discussion were kept at minimum. Cynicism or doubt about the continuation of the medical task under nuclear circumstances undermined morale and indirectly affected the preparedness of the armed forces and thus the effectiveness of the deterrence strategy.

Furthermore, military medics and physicians felt professionally obligated to do everything they could to help the sick and wounded, regardless of the circumstances. The negative consequence of this can-do mentality was that the dangers of nuclear weapons, whether deliberately or out of ignorance were given less weight.

As medical knowledge of the terrible effects of nuclear weapons increased, it became increasingly difficult to downplay the nuclear threat. Growing nuclear stockpiles made clear that nuclear war could not be limited. Studies predicted that the number of dead and injured after a nuclear exchange would run into the millions. After 1960, speculations on actually fighting an atomic war diminished, marking the end of the 'nuclear romantic age'. NATO reasoned that the nuclear threshold had to be raised and adjusted its strategy accordingly. As a result, dispersed armoured operations became a focal point in Dutch operational planning. The underlying idea was that the use of nuclear weapons could automatically be limited or prevented if the enemy was denied a 'rewarding' atomic target. It was this theory – or wishful thinking – that helped shape the image of the modern battlefield.

As planning for conventional operations dominated military staff work, a taboo slowly but surely emerged in military literature against talking and writing about actually waging an atomic war. Military medical exercises underscored this trend. Practicing protective measures against nuclear hazards was only a small, almost negligible aspect of the training. Some experts did underscore the fact that the enemy use of nuclear weapons could not be ruled out, but their warnings were disregarded.

At the level of civil-military relations, medical preparations followed similar lines. In the early 1950s, both military and civilian casualty expectations for the next war appeared manageable and authorities assumed that hospitals would be able to accommodate all wounded. This hope evaporated when NATO presented its casualty predictions in a nuclear conflict at the end of the decade, however, and as a result, medical preparations were geared towards a 'limited war'. This scenario kept the use of nuclear weapons deliberately vague, which enabled civil and military authorities to cling to the idea that preparations were both useful and necessary. These not only promoted social resilience in wartime, but also demonstrated Dutch reliability as a NATO partner. Deontological ethics on the part of the medical officers also played an important role: they felt it was simply their duty to prepare to give medical support, whatever the circumstances.

The obvious limitations of military-medical war preparations raised few critical voices in parliament. Political discussions about the MGD mainly focused on the costs of medical care in peacetime and sustaining the armed forces on the long term (which were seen as a financial burden). Aside from casualty estimations being inaccessible to the public, war preparations and treating large numbers of injured soldiers were difficult to reconcile with war prevention. In the unlikely event that deterrence failed, every organization would be powerless, and the distinction

between civilian and military wounded would be irrelevant. Most politicians preferred not to talk about that scenario: the term nuclear taboo, referring to a powerful sense of revulsion associated with such destructive weapons, is therefore also applicable to the deliberate silence on the costs of a nuclear war. In conclusion, nuclear weapons were less decisive in military-medical war preparations than we might otherwise assume based on their strategical importance. It was the limited resources made available by the army leadership and cabinet rather than the prospect of nuclear warfare that determined medical planning for the next war.