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Revisiting Americanization: *Focusing on the Reformation of Public Health in South Korea, 1945–1960*

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Abstract

Historians of post-colonial medicine in South Korea have understood a series of changes in the public health system during the Cold War era as an abrupt shift from a Japanese model to an American one. Challenging this perspective of alleged Americanization, this paper examines the continuity of a colonial medical legacy and its relationship with the newly established American-standard public health in the late 1940s and 1950s South Korea. Especially, this paper focuses on the intellectual aspect of public health that has been neglected in the historiography of public health, which to date has been limited to the administrative and institutional aspects of public health. By doing so, this paper aims to show how Japanese colonial medicine and American public health practices actively interacted with each other. Taking as case studies South Korea's doctors who studied public health in the United States with the support of the USAMGIK, this paper analyzes their academic activities on public health. By tracing the process of interaction between colonial medicine and American public health practices, this paper argues that the newly established American public health standards in the post-liberation era was a result of an entanglement between the Japanese colonial legacy and American public health.

Keywords: Americanization, public health, reformation, USAMGIK, continuity, colonial legacy, colonial medicine

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Introduction

After its August 1945 liberation from Japan, South Korea's overriding goal shifted from gaining independence to nation-building. The United States Army Military Government in Korea (USAMGIK) cultivated pro-American forces in South Korea by providing political, economic, and social assistance. These efforts, alongside Koreans' enthusiastic acceptance of any *advanced* Western ideas and materials that could aid them in building a modern state, triggered a process of *Americanization* across most areas of South Korean (henceforth, Korean) society. Americanization is defined as a phenomenon or a process through which the values and institutions of the United States were delivered to other parts of the world, and the countries receiving these values and institutions, either voluntarily or involuntarily, came to emulate them owing to the development of mass media and the reorganization of global politico-economic orders during the early twentieth century (Kim and Won 2008, 17). In South Korea, public health was one of the first fields to experience Americanization. Through Ordinance No. 1, its initial tool for exercising governing power, USAMGIK abolished the Department of Hygiene, an administrative body that had been responsible for conducting punitive sanitary police work since the Japanese annexation of Korea in 1910. In its place, USAMGIK created the Ministry of Public Health and Welfare, where an American military medical staff was in charge of public health management. This undertaking required Korean collaborators who understood the various aspects of American public health, but most Korean public health experts had no such experience. To obtain a qualified Korean workforce, USAMGIK launched a training program allowing Korean doctors to study public health for a year in the United States. After their training, these experts worked as health officials for USAMGIK and dominated the American-inspired reformation of public health in South Korea (Meng 1999; J. Shin 2000).

The aforementioned narrative presents the conventional conceptualization of historical changes in public health in post-liberation South Korea: a shift from a Japanese-standard system to an American-standard one. This perspective has emphasized the transformation of the public health regime

concomitant with the political reshuffle, focusing on the institutional and administrative reorganization of the public health system, which was initiated by USAMGIK; this process included the abolition of the sanitary police, the foundation of the Ministry of Public Health and Welfare, and the implementation of the previously mentioned expert training program. It can thus be said that the history of changes in the Korean public health system has resonated with changes in the country's political systems. In this regard, the reformation of public health in South Korea involved the replacement of the Japanese colonial system with the American-standard system (Meng 1999; J. Shin 2000).

Since the 2010s, however, historical studies on public health in post-liberation Korea have challenged this conventional view. These have highlighted the colonial legacy during the post-liberation period, contending that there was some continuity between the colonial and post-colonial periods. For example, while the original plan of USAMGIK recommended the abolition of the sanitary police, that force in fact lasted throughout the 1950s due to a lack of public health personnel (G. Jung 2011; Dimoia 2013, 55–58). Furthermore, practical problems in establishing an American-standard public health system resulted in the "coexistence of the colonial legacy and the new system" even as late as the 1960s (Y. Park 2021, 27). These studies have demonstrated that public health reform in post-liberation South Korea was conducted through a gradual and continuous process rather than by an abrupt transition.

While revealing the continuities between colonial and postcolonial public health systems, these studies still maintained a perspective similar to those of conventional studies because they understood the relationship between the colonial legacy and the novel knowledge and practice introduced by the United States as being mutually exclusive. They viewed such a colonial legacy as a hindrance to the settlement of the American public health model and as obsolete customs that needed to be removed. This view is partly attributable to the fact that previous studies' attention was often focused on public health's institutional and administrative aspects, which were more susceptible to influences from political discourses underlining the break with the colonial regime. However, several intellectual

and practical aspects of public health reveal a more complicated relationship between colonial legacies and American-standard public health. For instance, a recent study on the growth of public health studies in South Korea showed that Japanese colonial medicine and American public health often interacted with each other, though this study did not analyze the details of these interactions (D. Lee 2020).

Echoing the current scholarship, this paper aims to examine the relationship between the colonial medical legacy and American-standard public health in South Korea. Particular focus will be placed on the first Korean doctors to study public health in the United States with the support of USAMGIK, and who later dominated American-inspired public health innovations in South Korea. Taking these Korean doctors as cases, this paper analyzes the actual public health knowledge they produced—something that has been overlooked by research on the history of public health—to show the influence of South Korea's colonial legacies on the formation of its American-standard public health system. To trace the process of interaction between two types of knowledge, this paper is organized into three parts. The first section investigates the intellectual background of South Korea's first public health experts, achieved through colonial medical education, and its influence on their later studies in the United States. The second section examines these experts' activities after returning from the United States against the medical context of the late 1940s and 1950s in South Korea—especially their use of colonial medical knowledge in developing American-standard public health. The third section interrogates the adoption and diffusion of the term *bogeon* as a Korean translation of *public health*, thereby revealing that Korean public health experts made an effort to conceal the influence of Japanese colonial medicine on their construction of an American-standard public health system. Based on these observations, this paper argues that the newly established American-standard public health system in post-liberation South Korea resulted from an entanglement between Japanese colonial medicine and American public health practices.

American Medicine in the Japanese Colonial Period and Its Legacies

In October 1945, USAMGIK recruited Korean medical doctors in order to train them for public health specializations in the United States. The plan was for the selected individuals to study the basic principles and practices of public health for one year at major educational institutions in the field—for example, Harvard University, Michigan University, and Johns Hopkins University. This public health training program was conducted with the administrative support of the US government and financial assistance from the Rockefeller Foundation, a representative American transnational philanthropic organization providing aid to underdeveloped countries to improve their public health. The training program was designed to cultivate a Korean professional workforce that could assist USAMGIK's healthcare efforts after gaining a complete understanding of American-style public health. For this purpose, USAMGIK selected these ten Korean doctors for the program: Choe Je-chang, Chu In Ho, Baek Haeng-in, Yun Yu-seon, Choe Chang-sun, Kim Dong-cheol, Han Beom-seok, Hwang Yong-un, Song Hyung-rae, and Choe Myung-ryong.

All the public health training program participants were Korean doctors who had undergone medical education during the Japanese colonial period. Han was a physiologist who graduated from the medical school at Keijō Imperial University (MSKIU), established by the Japanese Government-General in Korea (JGGK) with the aim of nurturing medical leadership and scholars. Chu was a pharmacologist, and Song was an ophthalmologist; both graduated from Keijō Medical College (KMC), which was established by JGGK to train medical practitioners. Yun, Baek, Choe Myung-ryong, and Choe Chang-sun were alumni of Severance Medical College (SMC), which was run by a union of missionaries from the United States, Canada, Australia, and other countries. Choe Je-chang, Kim, and Hwang graduated from foreign medical institutions in the Anglophone region (Table 1).

Around 1945, the number of medical experts in South Korea far exceeded those in any other fields. The number of Korean medical professionals who had been educated during the colonial period

Table 1. Korean Doctors in the Public Health Training Program Established by USAMGIK, 1945–1947

Name	Educational background	Training institution	Subspecialty
Han Beom-seok	Keijō Imperial University	University of Michigan	Vital statistics
Chu In-ho	Keijō Medical College	University of Michigan	Industrial health
Song Hyung-rae	Keijō Medical College	Harvard University	School health
Yun Yu-seon	Severance Medical College	Johns Hopkins University	Venereal disease control
Baek Haeng-in	Severance Medical College	Johns Hopkins University	Epidemiology
Choe Myung-ryong	Severance Medical College	Harvard University	Sanitation
Choe Chang-sun	Severance Medical College	University of Michigan	Tuberculosis control
Choe Je-chang	University of Virginia	Johns Hopkins University	Health administration
Kim Dong-cheol	St. John's Medical School in Shanghai	University of Michigan	Child health
Hwang Yong-un	University of Pittsburgh	Harvard University	Epidemiology

Sources: Adapted from the Korean Society of Public Health (2014, 15), D. Lee (2020, 347), Chu (1946), Chu (1989, 7–9), *Dong-A Ilbo* (1946), Choe (1996, 172).

approximated 4,000, and 340 of these held a doctorate. By contrast, the number of Korean experts in the natural sciences and engineering fields approximated 1,500, and only 10 of them possessed a PhD. Relatively large numbers of medical personnel were produced during the colonial period for two major reasons. First, the medical profession was popular among Koreans because it promised a high income and strong social reputation as an elite member of modern society. Second, JGGK actively provided medical education opportunities to both Japanese and Korean citizens in order to relieve the shortage of essential health services; toward this end, it established medical schools and accredited private ones (Kim 2014).

In post-liberation South Korea, Korean doctors created a rivalry between government medical schools and private medical schools. Since the 1920s, medical school-related academic factions had begun to form among Korean doctors. In this regard, the fraternities of these medical institutions

played a major role in such faction-based rivalries: MSKIU, KMC, and SMC; these institutions had produced the highest number of medical graduates in Korea (H. Lee 2010, 220–229). Under the Japanese colonial educational system, MSKIU was considered superior to all other medical colleges because it had the special function of training medical leaders and researchers (J. Jung 2011, 92–95). The decolonization of Korea changed this institutional hierarchy.

The abolition of the colonial educational system put the three medical schools on equal footing. Furthermore, as American missionary doctors and their Korean colleagues at SMC began to work as advisory councilors of USAMGIK, the SMC faction's influence expanded across the medical field in South Korea. Thus, the attendant political changes of decolonization provoked tensions between the members of SMC and those of the two former colonial medical schools—MSKIU and KMC. Jeong Gu-chung, a Korean medical councilor of USAMGIK and president of the Korean Surgery Association in 1946, stated that the Korean medical community was driven by two main forces: a clique originating from the SMC and another from the former colonial medical schools (Jeong 1985, 487). These groups tried to control and balance their powers by evenly distributing major academic positions in societies and committees in South Korea. For instance, the executive committee of the Geonguk Medical Society, the first medical association in South Korea, included Chairman Yi Yong-sol, a professor at SMC, two members who were MSKIU alumni, two who were KMC alumni, and one member who was SMC alumnus. Similarly, the leadership of the Joseon Medical Society, an integrated association of Korean doctors that unified existing medical organizations in December 1945, included its president Yun Il-seon, a professor at SMC and onetime assistant professor at MSKIU, the vice-president Jeong Gu-chung, a graduate of the Medical School at Osaka Imperial University in Japan, and another vice-president, Kang Geon-ha, a MSKIU graduate (Yi 1948).

The Korean medical community's rivalries affected USAMGIK's selection of Korean applicants for its public health training program. USAMGIK's public health reform required participation from English-fluent Korean medical experts with an enthusiasm for improving public

health; the Korean doctors' academic cliques were not its main concern. USAMGIK therefore largely relied on a specific group of English-fluent Korean doctors, most of whom were SMC alumni taught by American missionary doctors and alumni of foreign medical schools in Anglophone countries. Among the nine Korean medical personnel employed by USAMGIK's Bureau of Public Health, four were SMC graduates, and three were Anglophone medical school graduates. There were only two graduates of colonial schools—from MSKIU and KMC, respectively (Choe 1996, 171–172, 181).

These Korean personnel were involved in USAMGIK's recruitment of Korean doctors to the public health training program. Four of them—Yun Yu-seon, Kim, Hwang, and Choe Je-chang—joined the training program, and others searched for candidates to recruit into the training program by using their school ties. Due to this recruitment process, the composition of the candidates was biased toward SMC and Anglophone medical school alumni; MSKIU and KMC alumni found this situation unsatisfactory because it threatened to diminish their future impact on public health in South Korea.

Consequently, representatives from such government medical school factions requested USAMGIK to allow them to participate in the public health training program. As it sought their cooperation in reforming overall public health, USAMGIK could not ignore their demands. Responding to their requests, USAMGIK almost evenly allocated training positions for each faction: three for former government medical school graduates, four for SMC graduates, and three for foreign medical school graduates (Song 2000, 3).

The composition of participants in terms of English proficiency and educational background within the public health training program showed that SMC graduates' impact on government public health work increased during the American occupation period compared to their influence during the Japanese colonial period. JGGK sought public health-related advice and cooperation, mostly from Japanese experts at MSKIU and KMC. Of course, it also allowed some members of SMC to participate in public health work. For example, Choe Yeong-tae, a microbiologist at SMC, served as a vice-

director of the JGGK's medical aid team in Manchuria for combating a typhus epidemic in 1942 (Chu 1989, 3–6). Nonetheless, active exchanges between JGGK and SMC were rare. The Anglophone medical schools' graduates, who lacked school ties in colonial Korea, made even fewer attempts to join the JGGK's public health work than SMC graduates.[1] In this sense, providing different Korean medical factions with equal opportunities to participate in government public health work indicates that SMC alumni and Anglophone medical school alumni, who had once been sidelined in colonial public health, became dominant forces in government interaction.

From 1945, the increasing influence of SMC graduates and Anglophone medical school graduates on public health, and concomitant reduction in the influence of MSKIU graduates and KMC graduates, was believed to stem from the gap in their respective communication abilities with USAMGIK. Choe Je-chang's memoirs, where he states the JGGK prohibited SMC from using English, reinforced the image that government medical school graduates had meager English skills by implying their conformation to JGGK language policy (Choe 1996, 70–71).

However, government medical schools used various languages based on their academic needs—not the JGGK's directions. MSKIU's education policy emphasized that its students should learn Japanese and German as well as other languages such as English. The curriculum of the Premedical School at Keijō Imperial University retained English education as a regular course (Keijō Imperial University 1925, 16–17). Furthermore, in 1926, MSKIU's inaugural ceremony opening speech by Shiga Kiyoshi, the school's first dean, stressed the importance of learning English. He considered English as the most widely used language for communication at

1. To date, thirteen Korean doctors who began their medical careers in Anglophone countries during the colonial period have been identified. Seven of them worked at missionary hospitals or opened private clinics after returning to Korea from abroad. Three of them did not come return to Korea. The whereabouts of the other three graduates remains unknown (*Dong-A Ilbo* 1922; *Dong-A Ilbo* 1923; *Dong-A Ilbo* 1925; *Dong-A Ilbo* 1935; *Dong-A Ilbo* 1936; *Dong-A Ilbo* 1937; *Dong-A Ilbo* 1957; *Chosun Ilbo* 1923; *Chosun Ilbo* 1926; *Chosun Ilbo* 1927; *Chosun Ilbo* 1933; *Chosun Ilbo* 1936; *Chosun Ilbo* 1937a; *Chosun Ilbo* 1937b; Choe 1996, 172).

international conferences (Shiga 1926, 79–81).

Although an emphasis on learning English did not prevail across all departments of MSKIU, several departments followed this school language policy. These departments included hygiene, parasitology, internal medicine, and physiology, all of which were led by professors who had studied in Anglophone countries. For example, Mizushima Haruo, a professor of hygiene, earned his doctoral degree at Johns Hopkins University (J. Park 2020, 198), Tanabe Misao, a professor of parasitology, studied at Johns Hopkins University and Harvard University for three years (Izumi 2012, 392), Ito Masayoshi, a professor of internal medicine, trained at the University of Minnesota for two years,[2] and Nakanishi Seishu, a professor of physiology, studied at Cambridge University.[3] These professors valued English proficiency for intellectual exchanges with their Western colleagues, and required their pupils to improve their English communication. In these circumstances, Han Beom-seok, belonging to the Department of Physiology, obtained the opportunity to study English and American medicine (KIUAA 1974, 214–222).

English proficiency was also stressed at KMC. Chu In-ho, who trained in its pharmacology department, developed his English skills under his Japanese adviser Hazama Bun'ichi's influence. Hazama, the department head, had eagerly presented his studies on electric physiology to Western medical communities, and met with favorable reviews, especially from American researchers. This experience stimulated him to develop an interest in American medicine and English. His emphasis on English communication skills was expressed in performing an entrance test for the graduate course of the Department of Physiology at KMC. One of the main standards of this test was sufficient English proficiency to communicate with Western researchers. Chu practiced English communication skills to pass the entrance exam, and even after entering the physiology department, he

2. "Ito Masayoshi," accessed December 2, 2021, http://db.history.go.kr/item/level.do?levelId=im_215_01317.
3. "Yi Jong-ryun," accessed December 2, 2021, http://www.kams.or.kr/business/fame/sub1.php?mode=view&sid=10&keyfield=all&sub_mode=public.

continued to polish his English skills (Chu 1989, 149–160).

Such emphasis on English proficiency at two government medical schools in colonial Korea accompanied the emergence of American medicine as a new model in the Japanese medical community. While conventional historiography holds that Japanese modern medicine was shaped based on a German model, the disruption of Japan-Germany diplomatic relations in 1914 provoked new efforts to accept American medicine instead of German medicine. Increasing numbers of Japanese medical scholars travelled to the United States to study advanced medicine in the late 1920s. For example, in 1911, twenty-two Japanese doctors went to Western countries with Japanese government scholarships: eight studied in Germany, and one in Austria. The remainder studied in three or more countries within two years, and all their journeys included a sojourn in Germany. No one targeted the United States alone. However, the United States became the most popular destination among Japanese doctors during World War I. In 1917, twenty-five Japanese doctors studied abroad with government support. Fourteen of them stayed only in the United States, whereas a mere three visited Germany. The United States continued to attract Japanese doctors even after World War I. In 1934, among twenty Japanese doctors studying overseas with government aid, four stayed in the United States, one in Germany, and one in the United Kingdom. Most of the remainder went to Germany, Italy, and the United States (Japanese Ministry of Education 1913, 11–12; 1917, 1–26; 1934, 1–14).

Proponents of American medicine criticized German schools for being heavily weighted toward laboratory experiments and theoretical discussions that were useless for treating patients. They suggested that American medicine, on the other hand, concentrated on practical and applicable research for solving actual problems. Based on these claims, the American medicine proponents anticipated that it would dominate international medical communities in the near future. The pro-American professors at MSKIU and KMC embraced American medicine in this context, thereby trying to be at the forefront of reformative changes in Japanese medicine (J. Park 2019, 27–35).

Nonetheless, in the colonial Korean medical community in general,

American medicine proponents at government medical schools remained a minority. Most mainstream medical scholars continued to place their roots in German medicine. Likewise, the status of German as a second language in the Korean medical community did not change during the Japanese colonial period. Most academic article abstracts in the *Chosen igakukai jassi* (Journal of the Korean Medical Association), an academic journal representing the entire community of medical scientists in the Korean Peninsula, were written in German.[4] Furthermore, *Acta Medicinalia in Keijo* (renamed *Keijo Journal of Medicine* in 1930), the academic journal of MSKIU, and *Keijō igaku senmongakkō kiyō*, the Bulletin of the KMC, contained scientific articles written mainly in German.[5] In short, those who valued American medicine and English remained largely on the periphery of the medical community in colonial Korea.

The core of Americanization in late 1940s South Korea was the relocation of pro-American medical scholars from the peripheries to the center of the Korean medical community—a movement buttressed by the political influence of USAMGIK. They provided USAMGIK with the information and manpower necessary for reforming the old colonial public health system. Through their cooperation in USAMGIK's public health work, these medical scholars obtained more opportunities for overseas studies, research funding, and policy-making, all of which elevated their expertise and social status. Thus, other Korean doctors' interest in American medicine and English gradually increased. In short, familiarity with American medicine and English soon became a measure of success in post-liberation South Korea.

4. "Chosen igakukai jassi 1–4," accessed December 2, 2021, http://lod.nl.go.kr/resource/CNTS-00048003287; "Chosenigakukaijassi 5–41," accessed December 2, 2021, http://lod.nl.go.kr/resource/CNTS-00048003286.
5. "The Keijo Journal of Medicine. 1-11," accessed December 2, 2021, http://lod.nl.go.kr/resource/WMO000075729; "Keijō igaku senmongakkō kiyō," accessed December 2, 2021, https://primoapac01.hosted.exlibrisgroup.com/permalink/f/1l6eo7m/82SNU_INST21450764800002591.

Entanglement of Colonial Legacies and American Public Health

Korean doctors who completed USAMGIK's public health training program worked as public health officials, educators, and researchers. Upon their return from the United States, they were immediately employed by the Ministry of Public Health and Welfare at USAMGIK. Among these returnees, Choe Je-chang, the Vice Minister of Health, held the highest government position. Most of these public health experts remained working as bureaucrats after the Korean government was established in 1948. For example, Han, Choe Chang-sun, Yun Yu-seon, Chu, Baek, and Song became the director of the School of Public Health, the Vice Minister of Social Affairs, head of the Chronic Disease Section, head of the Sanitation Section, head of the Preventive Medicine Section, and head of the Medical Affairs Section, respectively. By the end of the 1950s, most of them had left the Korean government; Yun, who was assigned as head of the Medical Affairs Section in 1955, was an exception. Nonetheless, Han, Chu, and Baek continued to devote themselves to public health by serving as researchers and educators, working at Seoul National University, Seoul Women's Medical College (later the College of Medicine at Korea University), and Ewha Womans University, respectively. Yun also became a professor at Hanyang University in 1969 (Shin and Seo 2013, 200–202; D. Lee 2020, 353–354; *Dong-gwang sinmun* 1947; *Chosun Ilbo* 1949b).

Korean experts of American-standard public health intended to introduce what they had learned in the United States into South Korea, but they could not transplant this know-how as is. Although each expert had studied his own subspecialty in the United States (Table 1), some of them could not persist their major area of research in South Korea. Chu changed his main research field from industrial health to medical entomology, the study of disease-causing insects, after returning to South Korea. He worked for the United States Army Medical Research Institute of Hemorrhagic Fever in South Korea during the Korean War and studied medical entomology there (Chu 1989, 11). Actively researching the intermediate hosts of infectious diseases, such as fleas and mosquitoes, he published six papers on the species and geographic distribution of mosquitoes, three

papers on the efficiency of insecticides, and numerous papers on mites, flies, and other vectors of infectious disease during the late 1950s and 1960s (ADPMKU 1981).

Chu chose medical entomology instead of industrial health for two reasons. First, protection against industrial health hazards was not an urgent issue in the late 1940s and 1950s in South Korea. Epidemics were considered the most critical health problem during this period. After liberation from Japan, a rapid stream of refugees bearing various infectious diseases migrated to the Korean Peninsula from China, Japan, and other areas. This situation threatened the health of Koreans and United States military forces in South Korea. A large-scale outbreak of cholera occurred in 1946, followed by the explosive spread of epidemic encephalitis in 1949 (Dimoia 2013, 48–49, 58; *Chosun Ilbo* 1949a). Acute infectious diseases, such as typhoid fever, dysentery, and smallpox, were also common. These epidemics caused much damage during the Korean War. The number of deaths due to acute infectious diseases increased from 2,403 in 1950 to 33,026 in 1951 (I. Lee 2020, 76–77). Faced with these problems, Chu began to study epidemics.

Second, Chu's experiences with colonial medical education stimulated his affinity for medical entomology. As he said, "My interest in insect-borne diseases was derived from my past experiences as a research assistant." His postgraduate training at the pharmacology department of KMC significantly influenced his choice of research field after Korea's liberation (Chu 1989, 156). Chu fervently researched the anatomy and physiology of insects during his postgraduate training because his advisor Hazama studied the effects of drugs on the electric physiology of animals by chiefly using insects as research objects. To support Hazama's studies, Chu mastered insect-related experimental techniques and improved his understanding of the development and ecology of insects. As Hazama's assistant, he developed a deep interest in entomology that continued after he changed his major to public health (Chu 1989, 154–156). Given this intellectual backdrop, he focused on insect vectors among various research topics related to infectious diseases when he started to study epidemics.

Various colonial experiences affected Chu's methodology and his research field. The United States military forces aided him in investigating

the species and regional distributions of disease vectors such as the mosquitoes and fleas inhabiting South Korea; he thus learned several advanced research methods (Chu 1989, 10–12). Nonetheless, he criticized American military researchers for positing—without sufficient investigation—that the species of disease vectors inhabiting Japan and Manchuria also inhabited South Korea. Arguing that the species of insects inhabiting South Korea and other regions of East Asia were different, he emphasized the importance of conducting thorough fieldwork, holding those conducted by the Department of Microbiology at MSKIU during the 1920s and 1930s as exemplars. He suggested that field studies by that department revealed, to some extent, the entire picture of the classification and distribution of insect vectors living on the Korean Peninsula (Chu and Hong 1958, 1). Based on such colonial research, he analyzed ecological changes in insect vectors across South Korea (Chu and Hong 1958, 4–5; Chu 1956, 42). In this sense, Chu did not consider colonial medicine as obsolete knowledge or something to be replaced by American medicine; he regarded it as a scientific achievement worth emulating even in the post-liberation period.

The Japanese colonial legacy had consequences for the acceptance of American-style public health in South Korea. Most often, interactions between the Japanese colonial legacy and American public health practices commonly occurred in the form of collaboration between Korean public health specialists who had studied in the United States and their senior doctors who had majored in hygiene or other related disciplines during the colonial period. Korean hygienists had participated in research and education since the colonial period, so they were acknowledged as authorities on public health in the Korean medical community. One of the most representative figures among these experts was Sim Sang-hwang (1909–1972), who graduated from KMC in 1935 and studied hygiene at Kyōto Imperial University in Japan from 1940 to 1944. He had worked for the Monggang Hygiene Research Institute in Inner Mongolia, an institution researching military hygiene for the Japanese Army, until early 1945 and returned to Korea to become a professor in the Department of Hygiene at Seoul National University School of Medicine (PCCMPS 1977, 7). Korean public health specialists, who were just starting their careers in the field,

required these hygienists' cooperation to disseminate American-standard public health because the hygienists had already played a pivotal role in public health tasks with the government, academic societies, and medical schools in post-liberation South Korea. This academic context allowed Korean public health specialists to integrate colonial hygiene knowledge into American-style public health.

One remarkable collaboration between Korean public health specialists and their senior hygienists involved the creation of a public health textbook entitled *Yebang uihak* (Preventive Medicine), which was published by the Korean Society of Hygiene in 1957. The book aimed to disseminate American-style public health concepts to medical professionals. Sim, a president of the Korean Society of Hygiene, stated that *Yebang uihak* was the first textbook in Korea to ameliorate medical professions' lack of understanding regarding preventive medicine (Sim et al. 1957, preface). Preventive medicine was defined as a broad range of science and technology aimed at preventing disease, prolonging life, and promoting health, based on the studies of Charles-Edward A. Winslow (1877–1957), a leading American public health expert who headed the Department of Public Health at Yale University in the United States (Sim et al. 1957, 24–25).[6]

Yebang uihak was written by Sim and eight other authors: Chu, Song, and six public health specialists who studied in the United States after the Korean War. Different authors wrote different chapters of the work; Sim and Chu co-wrote eight chapters of the entire volume. Its 24 chapters were categorized into five sections: methodology, environmental hygiene, epidemiology, maternal and child health, and public health administration. The chapters by Sim and Chu belong to the environmental hygiene section (Sim et al. 1957).

The joint efforts of Sim and Chu to write *Yebang uihak*'s environmental hygiene section epitomized the incorporation of colonial legacies into the intellectual system of American-standard public health. This environmental

6. Steve Kemper, "C-E.A. Winslow, Who Launched Public Health at Yale a Century Ago, Still Influential Today," last modified June 2, 2015, https://news.yale.edu/2015/06/02/public-health-giant-c-ea-winslow-who-launched-public-health-yale-century-ago-still-influe.

hygiene section was built on American public health's achievements and knowledge from the hygiene textbooks of the Japanese colonial period. Indeed, a chapter on clothing hygiene in this section partly rested upon Sim's investigations conducted during the colonial period. He had surveyed the thermal effect of clothes and shoes on Japanese soldiers' health at the Monggang Hygiene Research Institute (PCCMPS 1977, 7, 26). Based on these studies, the chapter on clothing hygiene explained the preventive effect of winter items against frostbite: "According to professor Sim's experiments, those who wear winter boots and winter socks feel a cold sensation in their toes when temperature is under 12℃ and pain in their toes under 6℃" (Sim et al. 1957, 249). By doing so, this chapter incorporated Sim's colonial surveys, eliminating the imperialistic context surrounding them.

This colonial legacy's impact was apparent throughout the environmental hygiene section even beyond the clothing hygiene chapter. This section's bibliography encompassed literature from both the American public health and Japanese hygiene. It contained sixteen English publications, six Japanese publications, four German publications, and one French publication. The German references were classic works harking back to the old Japanese tradition of studying German medicine. All the German works were hygiene handbooks published from the 1910s to 1930s, unlike the English references, which referenced various studies published in the 1940s and early 1950s (Sim et al. 1957, 450–451).

Furthermore, the Japanese references were textbooks written by Japanese medical scholars who had led hygiene-related research and education under the Japanese Empire. The authors of these references were Toda Shōzō, a professor of hygiene at Kyōto Imperial University; Harajima Susumu, a professor of preventive medicine at Keio University; Koya Yoshio, a Minister of Health and Welfare; Ishikawa Tomoyoshi, the head of the Department of Labor Hygiene at Kokuritu kōshū eiseien (National Institute of Public Hygiene); Irukayama Katsurō, an official of the Ministry of Health and Welfare; and Inoue Zenjirō, a professor of hygiene at Hokkaido Imperial University (Sim et al. 1957, 450; Izumi 2012, 43, 70, 78, 265, 420, 502). Of particular note, Toda had been Sim's advisor when the latter trained at Kyōto Imperial University (PCCMPS 1977, 37–38).

Past Japanese concepts regarding hygiene influenced the formation of new public health in a more covert manner than the composition of a bibliography. Sim and Chu subtly utilized colonial-period intellectual resources in some parts of their chapters. For example, their description of Barkhausen-Geräuschmesser, a device for measuring noise levels, was a Korean translation of the original Japanese text with slight modifications, although Sim and Chu mentioned nothing about the source of their description. The former part of the Korean description was an exact translation of its counterpart in *Kankyō eiseigaku* (Environmental Hygiene), written by Ishikawa Tomoyoshi in 1942, while the latter part was a summary of the Japanese original delineation.[7] In addition, an electrical circuit diagram of the Barkhausen-Geräuschmesser included in *Yebang uihak* can be matched to a simplified version in *Kankyō eiseigaku*. The diagram by Sim and Chu was a modest replica of Ishikawa's diagram. They simplified the Japanese original drawing and translated English loanwords written in Katakana into English, though omitting to translate one word that evoked the Japanese origin of the diagram (Fig. 1 and Fig. 2) (Ishikawa 1942, 127).

Sim and Chu modified the Korean translation of the original Japanese text to harmonize it with other knowledge from English-language literature on public health. Assembling and translating knowledge written in different languages, they left English terms intact with their English spelling while trying to translate all the Japanese words into Korean or English. In particular, the English loanwords in the Japanese text were replaced with their own English spellings: *busā* to *buzzer*, *saikuru* to *cycle*, and *daiyaru* to *dial* (Ishikawa 1942, 127; Sim et al. 1957, 284). Moreover, they gave the

7. The original sentences in *Yebang uihak* and *Kankyō eiseigaku* are as follows.
"Buzzer과 變壓器에 依하여 一定電壓의 800cycles 교류를 발생케 하여 이를 抵抗을 通하여 受話器에 넣는다. 이 受話器를 片耳에 대어 他耳로 外部音을 들으면서 抵抗을 加減하여 雙方音이 同一하게 되도록 하여 이때의 抵抗의 値를 Dial에 記入된 phon 單位로 읽는다" (Sim et al. 1957, 284).
"ブザー及變壓器によって一定電壓の800サイクル交流を發生せしめ 之を抵抗を通じて 受話器に導く。受話器を片耳にあて他耳で外の被測定音をきき乍ら 抵抗を加減し 兩耳に 等强音を感じるに至りて抵抗の値を求め讀む。抵抗のダイヤルには直接音の大さの目盛がフオンで示されてある" (Ishikawa 1942, 127).

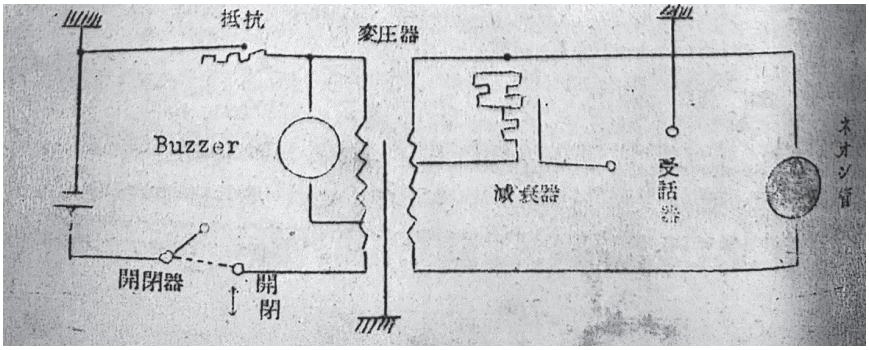

Figure 1. Electrical circuit diagram of the Barkhausen-Geräuschmesser device (Korean version)

Source: Sim et al. (1957, 284).

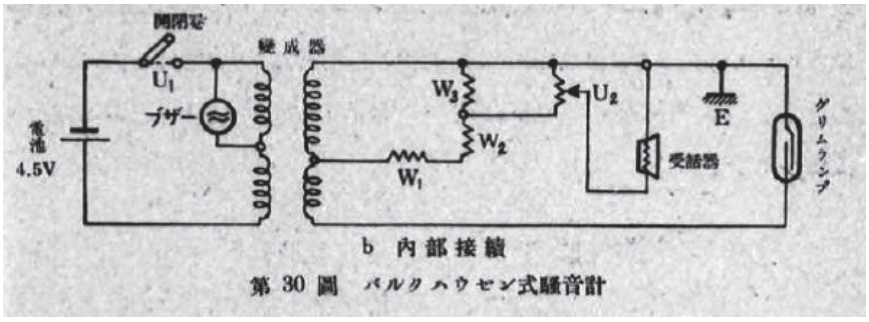

Figure 2. Electrical circuit diagram of the Barkhausen-Geräuschmesser device (Japanese version)

Source: Ishikawa (1942, 127).

description of Barkhausen-Geräuschmesser an English-language title *balance method*, which did not exist in the original Japanese text. Thus, they arranged explanations cited from the Japanese literature in harmony with other parts of the book, which referenced English-language literature (Sim et al. 1957, 284).

In sum, the colonial legacy of Japanese hygiene permeated American-

inspired innovation of public health in South Korea. Chu's experiences with colonial medical education and practical problems in introducing the American public health model into South Korea promoted the preferential development of specific topics and methodologies (for example, medical entomology and field research). Throughout this process, the medical knowledge produced during the colonial period was valorized as a useful scientific resource to Korean public health specialists, and it was incorporated into the novel intellectual system of public health. In short, South Korea's public health reform resulted from an entanglement between the colonial legacies of Japanese medicine and newly introduced public health-related ideas and practices from the United States.

Translating Public Health and Effacing *Wisaenghak*

In colonial Korea, knowledge, institutions, and practices for maintaining and improving individual and community health were encompassed under the rubric of *wisaeng*, a Korean translation of the German word *hygiene*. After the liberation of Korea, however, USAMGIK preferred the English expression *public health* to *hygiene*. *Public health* began to be used in official government documents and the names of administrative bodies instead of *hygiene*. As *public health* spread across South Korea, the translation of this novel term became a matter of great significance. Korean doctors and health officials sought to find the best Korean translation for it, and consequently, they adopted the word *bogeon* as a Korean translation of *public health*. Rather than a newly coined word invented for translation purposes, *bogeon* was, in fact, a word with a longer history. Its usage had begun to spread across Korea beginning in the 1920s, though it had been rarely used. Nonetheless, after its adoption as a translation for *public health*, its usage increased dramatically, and it eventually replaced *wisaeng* in common and official usage (D. Shin 2015, 90–95).

Choe Je-chang and Yi Yong-seol were among those who initially adopted *bogeon* as a Korean translation for public health. When USAMGIK reorganized the JGGK's past administrative system and established the

Bureau of Public Health (later the Ministry of Public Health and Welfare) in 1945, Choe Je-chang and Yi devised a Korean name for this bureau. They chose *bogeon* over the more familiar word *wisaeng* because they believed that the latter did not fully encompass the varied functions of the Bureau of Public Health (Choe 1996, 206).

In May 1947, the Korean public health specialists who had just returned from the United States initiated the more extensive use of *bogeon*. They discussed the issue of translating the name of their research field into Korean. Several terms were proposed as candidates for the translation of *public health*, including *gonggong wisaeng*, a word with the same Chinese characters as the official translation of *public health* in China, and *gongjung wisaeng*, a term also using the same Chinese characters as those used in Japan. Among these words, the Korean public health specialists selected *bogeon*, which was quite different in character from the other candidates. This was partly due to their nationalistic sentiments against Japan and China; they all agreed that a unique word, distinct from the "banal expressions used in Japan and China" would befit "the newly born South Korea" (Chu 1989, 198–201). In short, the Korean public health specialists' adoption of *bogeon* reflected their intention to build an academic tradition that would be independent from past Japanese and Chinese influences.

Korean public health specialists attempted to draw clear boundaries between *bogeon* and *wisaeng*. As mentioned earlier, Choe Je-chang said that *wisaeng* had a narrower meaning than *bogeon*. His view of the relationship between the two terms was similar to that of Chu. Although not precisely defining each word, Chu noted that the term *wisaeng* was generally used for emphasizing the aspect of environmental hygiene in *bogeon*. According to him, a similar situation occurred in Japan with regard to public health-related terminology. While *kōshū eisei*, the Japanese translation of *public health*, denoted a novel field reflecting up-to-date American-style public health concepts, the term *eisei*, pronounced as *wisaeng* in Korean, referred to an obsolete tradition limited to environmental hygiene (Chu 1989, 198, 200).

Bogeon was considered to have a wider scope than *wisaeng*. For example, Baek defined *bogeon* as a broad field that included diverse

approaches for managing population health, such as environmental hygiene; he stated that *bogeon* sometimes focused solely on environmental hygiene measures and encompassed the management of microbiological and social factors in disease prevention (Baek 1972, 24). Regarding the other example, a comprehensive definition of *bogeon* was manifested through the curriculum in the *Gongjung bogeonwon*, a training institute for cultivating Korean public health personnel, established in 1953 with the support of the Korean-American Foundation. This curriculum contained various subdivisions of public health: public health administration, public health nursing, vital statistics, epidemiology, environmental health, hygiene, and so on. Among those disciplines, environmental health and hygiene dealt with typical topics, such as water and sewage, food poisoning, rural sanitation, housing, and clothing (Han 1953, 3–4). In short, *bogeon* is an integrated entity composed of multiple fields related to the health of the community.

Wisaeng and *bogeon* were not separated solely by their academic categories. Sociopolitical values were also attached to the criteria for distinguishing them. Baek mentioned that public health before and after 1945 had opposite properties. He sharply contrasted the Japanese colonial public health system, which was "coercive, passive, perfunctory, and also imitative" with the public health system in South Korea, which was "democratic, creative, autonomous, and practical" (Baek 1955, preface). According to him, the Japanese colonial public health system was "a part of the police administration and therefore relied on severe regulation and supervision without appropriate scientific and technological basis." On the contrary, "public health during the American occupation period had an ideal administrative system" (Baek 1972, 32–33). In other words, *wisaeng* was considered as a colonial legacy that had to be removed.

Taking a stance similar to that of Baek, Yun presented a genealogy of *bogeonhak*, the post-colonial discipline of public health in South Korea, and distinguished it from that of *wisaenghak*, the colonial discipline of hygiene that had been introduced from Japan. He highlighted Kim Chang-se, a Korean public health specialist who had studied at the School of Hygiene and Public Health of Johns Hopkins University during the Japanese colonial period, noting that Kim Chang-se was "the first Korean devoted to *gongjung*

bogeon." Yun separated Kim Chang-se's activities from the tradition of *wisaenghak*, that was led by the Department of Hygiene at Keijō Imperial University (DHKIU). The *wisaenghak* research at DHKIU, according to Yun, was "derived from Japanese modern medicine," which had "become isolated from society." Instead, the Korean origin of *gongjung bogeon* threw back to Christian missionaries' public health projects, which had begun even before the establishment of Keijō Imperial University; these were "based on modern ideas of maternal and infant health." The parallel genealogies of *bogeonhak* and *wisaenghak* displayed the demarcation between "American-style *bogeonhak*" and "colonial *wisaenghak*," that led to the visualization of *wisaenghak* as a flawed and alien entity in Korean history (Yun 1962, 14).

However, the actual concept of *wisaenghak* in colonial Korea was different from what Korean public health specialists described. It was closely related to American-style public health. The full name of DHKIU was the Department of Hygiene and Preventive Medicine. It was made by adding *preventive medicine* to the term *department of hygiene*, that had been used universally across Japanese medical schools. The term *preventive medicine* was a measure for underlining the fact that DHKIU accepted American public health; in fact, Mizushima Haruo, head of DHKIU, had studied for three years from 1928 onwards at the School of Hygiene and Public Health of Johns Hopkins University (J. Park 2020, 198).

Research and education by DHKIU reflected the trend of public health studies in the United States at that time. Mizushima's subspecialty was vital statistics, the statistical analysis of which had emerged as a useful methodology in the public health field. After returning to Korea, he continued to study vital statistics with his pupils. Under his guidance, DHKIU cultivated several Korean vital statistics experts. As a representative example, Choe Hui-yeong, a chief assistant of DHKIU, worked closely with Mizushima and later succeeded in his research theme to make a life table for the Korean population (J. Park 2019, 64–71).

Nevertheless, Korean public health specialists who had been trained during the American occupation period knew little about the existence of the American public health tradition at DHKIU. Even Han, who had

graduated from MSKIU and studied vital statistics in the United States, never mentioned it. Korean public health specialists may not have realized that DHKIU had introduced American public health concepts because most of them did not have the chance to learn those concepts. At SMC, Kim Chang-se had worked as a professor of hygiene from 1925 to 1928, but after his resignation, lectures on public health were delivered by Nakamura Keizō, a professor of microbiology at MSKIU (SMC 1934, 97–98; Y. Park 2006, 211–216). At KMC, Matsuoka Kengo, the head of the Department of Microbiology and Hygiene, had left the medical school in 1938 to participate in the Sino-Japanese War, so officials from JGGK took charge of lectures on hygiene (SMC 1934, 97–98). Even students at MSKIU had no opportunities to learn American public health concepts from Mizushima and Choe Hui-yeong, who both resigned in 1940 (KIUAA 1974, 228–239). Though Choe Hui-yeong became a professor of preventive medicine at Seoul National University in 1946, he was soon dismissed due to a political scandal and left for North Korea during the Korean War. As a result, his academic achievements in vital statistics were not disseminated widely in South Korea (Seoul National University College of Medicine 2008, 64).

Research on vital statistics at DHKIU was rediscovered at the end of the 1940s by Park Jae-bin, a graduate of Seoul National University who later majored in public health. Before leaving for the United States to study public health in 1954, he worked for the Department of Hygiene at Seoul National University. While working there, he unexpectedly found the literature on vital statistics published by DHKIU among some materials left unattended at the office space of the department. Reading these works, he realized that American-style public health concepts had affected DHKIU's research and became increasingly interested in vital statistics (J. Park 2008, 229–230). Nonetheless, his discovery did not lead to a revision of the already shaped image of *wisaenghak*.

Wisaenghak was gradually rejected by the Korean medical community because of its image as a colonial vestige spread. By the mid-1960s, universities and academic societies changed the official name of the field dealing with public health from *wisaenghak* to *yebang uihak*. *Wisaenghak kyosil* (Department of Hygiene) at Seoul National University, Jeonnam

National University, Korea University, Catholic University, Yonsei University, and Busan National University were renamed Yebang uihak kyosil (Department of Preventive Medicine) in 1948, 1957, 1959, 1960, 1962, and 1965, respectively (Korean Society of Preventive Medicine 1994, 2, 131, 190, 279, 477; YUMCDPM 2005, 88). *Daehan wisaeng hakhoe*, the Korean Society of Hygiene, also changed its name to *Daehan yebang uihakhoe*, the Korean Society of Preventive Medicine in 1958 (Korean Society of Preventive Medicine 1998, 103). Although *wisaenghak* still existed in combination with other words such as *hwangyeong wisaenghak* (environmental hygiene) and *sikpum wisaenghak* (food hygiene), it was no longer used on its own. These changes of names and their usages demonstrated the relegation of *wisaenghak* to a subdivision of American-standard public health.

Conclusion

Tracing the intellectual and academic activities of the Korean public health specialists nurtured by the USAMGIK's scholarship program, this paper examined the relationship between colonial legacy and American-standard public health. Their experiences of learning English and pro-Americanism during the Japanese colonial period provided them opportunities to participate in the public health administration and its training program following Korea's liberation from Japan in 1945. In applying the American public health model to South Korea, they utilized the medical research produced during the Japanese colonial period. Their efforts to introduce and disseminate American-standard public health, moreover, required the help of Japanese-trained Korean hygienists already belonging to the cadres of the Korean medical community. In the process of collaboration between those two groups, the colonial legacy of Japanese-style hygiene was entangled with the novel knowledge of public health from the United States. Underlining their break with Japanese colonial medicine, however, the Korean public health specialists tried to mask its influence on the newly established American-standard public health by effacing the institutional vestige of colonial hygiene, *wisaenghak*, from the official sphere of the South Korean

medical community. As a result, the name of *wisaenghak* was excluded from the public and professional discourse of public health, save for when used in such compound words as *hwangyeong wisaenghak* or *sikpum wisaenghak*.

This story enables a reconsideration of the Americanization of public health in South Korea in three respects. First, the Americanization was not confined to the events following South Korea's liberation from Japan and ensuing political reorganization. Korean proponents of American-standard medicine, albeit on a small scale, had existed since the Japanese colonial period. Although they had been at the periphery of the Korean medical community at that time, from the beginning of the American occupation period, they came to move toward the center of the South Korean medical community, leading the American-inspired reformation of public health. Given their activities, the Americanization was not a ruptured transition from the Japanese-standard public health to the American-standard public health, but a gradual and continuous change that occurred throughout the late colonial and post-liberation periods.

Second, the Americanization of public health in South Korea was not a transplant or mere modification of American public health. In the course of the growth and spread of American-standard public health in South Korea, knowledge and practices of public health from the United states constantly interacted with the colonial legacy of hygiene research. For instance, Chu's post-liberation research on the types and distribution of mosquitoes and fleas in Korea combined the experimental techniques learned from medical staffs of the US Army along with the methodology of previous fieldwork conducted by MSKIU on the same subject. In addition, Sim's pre-1945 research was integrated into the intellectual framework of American public health, separated from the context of Japanese imperialism in which it was originally produced. These two cases demonstrate the heterogeneous origins of American-standard public health in South Korea.

Lastly, the Americanization of public health in South Korea was not simply a matter of scientific knowledge and technology, but a phenomenon intertwined with political, social, and cultural values. Korean public health specialists' efforts to hide the contribution of Japanese colonial medicine to the formation of American-standard public health reflected the

contemporaneous political situation in South Korea. They emphasized the break with the *outmoded* tradition of Japanese colonial medicine, conforming to the anti-Japanese sentiment prevalent in South Korea at the time, especially popular demands to eliminate all vestiges of Japanese colonial rule. As a part of these efforts, they withdrew the institutional vestige of colonial hygiene from the official sphere of the South Korean medical community. The erasure of colonial hygiene from the history of public health in post-liberation South Korea reveals the sociopolitical concerns of Korean public health specialists, which involved their creating and enhancing the traditional image of Americanization as a shift from the *obsolete* Japanese model to the *advanced* American one.

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