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Postcolonial Bio-Power and the Duplicity of Society: *South Korea under US Military Occupation, 1945–1948*

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Abstract

This study examines public health and welfare policies during the US military occupation of South Korea (1945–1948) through the lens of Foucault's bio-power. The US military government (MG) established the Department of Public Health and Welfare, which attempted to implement American-style public health reforms based on medical professionalism embodying a form of bio-power aimed at improving Korean people's lives. However, its initiatives faced numerous challenges due to personnel shortages, inconsistent policies, and an ongoing reliance on colonial structures. Postwar refugees became key targets of bio-power as vulnerable but dangerous sources of disease and unrest. *The MG's interventions aimed at refugees, such as quarantine, immunization, and relief, proved insufficient, leading to infectious disease outbreaks and social unrest. Welfare programs for refugees and other vulnerable groups often continued inadequate and oppressive colonial systems. These policies fostered a division between general society and a social welfare sector. General society was envisioned as a space where voluntary organizations and individuals could assist their suffering compatriots. In contrast, the social welfare sector consisted of marginalized individuals subject both to insufficient and often oppressive government oversight and to the fluctuating goodwill of general society.*

Keywords: US military occupation, bio-power, Department of Public Health and Welfare (DPHW), postcolonial nation-building

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Introduction

On September 7, 1945, twenty-two days after Japan's surrender in World War II, General Douglas MacArthur declared the US military's occupation of Korea south of the 38th parallel (hereafter Korea). In Proclamation No. 1 "To the People of Korea," he stated "all powers of *government over the territory* and *people*" would be exercised under his authority (Article I). He also asserted that "until further orders, all governmental, public and honorary functionaries and employees…of all public utilities and services, including *public welfare* and *public health*…shall continue to perform their usual functions and duties" (Article II) [emphasis added].[1] Given that this proclamation highlighted "public welfare and public health" amongst all the services that should be continued, it would seem that the US military considered these functions crucial in its successful "government over the territory and people" of Korea.

The tasks that the US military had to address regarding public health and welfare in Korea were overwhelming. This report depicts the scene that US troops encountered arriving at Seoul in September 1945:

> Hospitals were not functioning, accumulations of "night soil" and debris were everywhere; the streets were filled with throngs of milling people; essential food establishments were boarded up; the water supply was inadequate and intermitten[t]; the streets were dotted with human fecal masses; flies and mosquitoes were everywhere; dead human bodies in varying states of decomposition were found throughout the city. Thousands of refugees crowded the streets. Hundreds slept on the ground in front of Seoul Station…Cattle were butchered on the streets…The City of Seoul was madodorous [malodorous].[2]

1. GHQ US Army Forces, Pacific, Office of the Commanding General, Yokohama, Japan, "To the People of Korea," Proclamation No. 1, September 7, 1945, National Library of Korea (NLK). Hereafter all proclamations and ordinances of the US military are from NLK.
2. Office of the Provincial Military Governor Kyunggi-Do, "History," 1, January 28, 1946; Public Health & Welfare: Public Health File 1945, 1946; USAFIK, XXIV Corps, G-2 Historical Section, 1945–1948; Records of General Headquarters, Far East Command,

According to this document, people on the street were mixed together with the unpleasant byproducts of their basic life processes, and even surrounded by corpses and butchered animals, which should have been removed from the streets and dealt with in separate, concealed places. Another document describing the similar chaos of life and death, and things in between in Seoul and Busan offered that "Korean civic pride would provide no substitute for Japanese coercion and fines."[3] In other words, while the public health and welfare service set up by the Japanese had apparently been abandoned in betrayal of MacArthur's proclamation, a new form based on Koreans' self-regulated civic conduct had yet to emerge. It was in this vacuum that the US military government (hereafter MG) was compelled to intervene.[4]

Michel Foucault coined the concepts of bio-power and biopolitics to grasp the emergence of a new mode of politics in 18th century Europe. These terms refers to "the set of mechanisms through which the basic biological features of the human species became the object of a political strategy," and the attempt "to rationalize the problems posed to governmental practice by phenomena characteristic of a set of living beings forming a population" (Foucault 2007, 1; 2008, 317).[5] Since then, population's health, its nutrition, birth and mortality rates, and pathological

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Supreme Commander, Allied Powers, and United Nations Command, Record Group 554, entry A1 1256, box 19, National Archives and Records Administration at College Park (NARA-CP), hereafter 554-A1 1256-19.

3. "Public Health and Welfare," 6; Public Health & Welfare: Chapter 1 and Footnotes; 554-A1 1256-19.
4. While succeeding the Japanese Government-General of Korea, the US military was cautious about giving Koreans the impression that it was another colonial occupier. Therefore, it changed "government-general" to "military government" on September 14, 1945. The official title of United States Army Military Government in Korea (USAMGIK) was adopted on January 14, 1946, and changed to South Korean Interim Government (SKIG) on February 5, 1947 (G-2 Historical Section, 1948). This article refers to all these names, that is, military government, USAMGIK, and SKIG, as MG.
5. Foucault used the concepts "bio-power" and "biopolitics" interchangeably throughout his works, except in *The History of Sexuality,* Vol. 1, in which bio-power is presented as an upper-category that incorporates a biopolitics of the population (regulatory control) and an anatomo-politics of the human body (discipline) (Foucault 1978, 139). This study uses the two concepts interchangeably.

phenomena have become the targets of political intervention, and one of the purposes of government has been to enhance the condition of a population through using social medicine or improving public hygiene (Foucault 1980, 169; 2007, 105). Foucault here challenges the classical understanding of the relationship between the state and civil society. He argues that society is not "a primary and immediate reality" nor is it the foundation of the state or its opposition. Instead, he posits that society is "the necessary correlate of the state" and "part of modern governmental technology" based on bio-power (Foucault 2007, 350; 2008, 297).

In that the MG emphasized public health and welfare, its government over the Korean people can be seen as a manifestation of bio-power. However, the colonial Government-General of Korea had also justified its presence as a progressive project to enhance Korean people's health (Jung 2011). As such, the US military occupation of Korea offers an intriguing laboratory in which the different biopolitical approaches used by Japan and the United States to control their subjects collided and became entangled. Inspired by Foucault, this study explores how the MG's bio-power unfolded, how it contributed to building a postcolonial and biopolitical nation-state on the basis of and in opposition to the Japanese colonial legacy, and how, as a result, the categories of society and social were imagined.

Since this period was critical in the development of postcolonial public health and welfare policies in Korea, numerous studies have examined it. These roughly fall into two fields: social welfare studies and the history of medicine and public health. Social welfare studies maintain a consensus that the US military implemented insufficient relief only to placate refugees and paupers and prevent unrest, and its welfare measures were essentially a mere repetition of Japanese colonial policy (Y. H. Lee 1989; Nam 1993; Lee et al. 1998; P. H. Kim 2009; Yun 2019).

In contrast, public health or medical histories often emphasize how the MG transplanted the American public health system into Korea. This was achieved by separating public health from the police, introducing advanced medicine such as penicillin and DDT, training Korean doctors and health workers according to American standards or at American universities, and introducing public health centers. Yet, these transformations were

not always successful, as the legacy of colonial era police enforcement and medical education continued to linger. Additionally, as the Korean attempt to nationalize healthcare was frustrated, the capitalist American medical system based on profiteering and excessive specialization was entrenched in Korea (I. Park 1994; J. Shin 2001; Shin and Seo 2013; DiMoia 2013; Y. Park 2021; Yeo et al. 2018; Kang 2023; Jin-hyouk Kim 2023).

While drawing upon these extant studies, this paper is innovatively distinguished from them in three ways. First, instead of separating public health and welfare policy, it investigates them jointly as interlinked forms of bio-power to "make" the Korean population "live" (Foucault 2003, 241). It analyzes the dynamic relations between them, in terms of cooperation, convergence, and hegemony/subjection, particularly since both policies were enforced by one organization, the Department of Public Health and Welfare.

Second, this paper examines both historical materials from Korea and official documents from the United States. Through archival research in both countries, this study illuminates the development of biopolitics during this period as a confrontational arena within which different perspectives and power relations conflicted. This situation was driven by tensions between the occupier and occupied and also differences within the diverse positions inside each group.

Finally, this paper examines the meanings of *society* and *social* in relation to postcolonial health and welfare policies. Drawing on Foucault's ideas, it approaches society not as "a primary and immediate reality" but rather as a "necessary correlate" of biopolitics. While the terms society and social are commonly used in everyday language and are key concepts in sociology, they lack precise, fixed definitions and therefore remain ambiguous (H. Kim 2017). As a historical sociology of biopolitics in postcolonial Korea, this study aims to clarify how the meanings and boundaries of society and social have been shaped, as well as their relationship with the state, within the context of social policies.

The archival documents supporting this study were collected from the National Library of Korea (NLK) and the National Archives and Records Administration at College Park (NARA-CP). This study particularly

scrutinizes the materials that the G-2 Historical Section of the United States Army Forces in Korea (USAFIK) produced for a planned history of the Department of Public Health and Welfare. Immediately after its occupation of Korea, the G-2 Historical Section embarked on writing an official history of the USAFIK. Toward this purpose the G-2 compiled a plethora of official documents, undertook numerous interviews with American personnel, and produced a range of drafts based on this historical record (Chung 2014). Although these drafts were subject to correction and censorship, they reveal many contesting perspectives that underlay MG activities. To provide a forensic account of the details of the MG's biopolitics, this study thoroughly explores this discordant archive, not only the final reports on the activities of the Department of Public Health and Welfare but also the raw materials that were collected, compiled, and produced to create those reports, which have not garnered much attention in existing studies.[6] Moreover, to understand the US military's governance of Japan and compare it with the MG's administration in Korea, this study investigates several documents produced by General Headquarters, the Supreme Command for the Allied Powers (GHQ SCAP). In addition, Korean national newspaper reports were retrieved from the Naver News Library to grasp the response of the Korean public to the MG's biopolitical strategy.

Building the Postcolonial and Biopolitical State

A Compromise between American Approach and Japanese Legacy

In the immediate aftermath of US occupation, the MG took over the

6. These materials are housed in the boxes 19, 20, and 40, entry A1-1256, Record Group 554, NARA-CP, which were also digitized by NLK. Out of these, four reports appear to be the final versions: DPHW, "Public Health Activities in Korea, September 1945–May 1946" (box 20); DPHW, "History of the Department of Public Health and Welfare to May 1947" (box 40); DPHW, "History of the Department of Public Health and Welfare 1 July 1947 through 30 June 1948" (box 40); and DPHW, "History of the Department of Public Health and Welfare 1 July 1948 through 13 September 1948" (box 20).

administrative apparatuses of the colonial Government-General of Korea and started to replace Japanese officials with Americans. On September 24, 1945, it made the first modification to the colonial government with its first ordinance by adding the Bureau of Public Health and abolishing the Health Section which had existed under the Police Bureau.[7] On October 27, this new government office incorporated the welfare programs previously dispersed across colonial bureaus, including the Education Bureau, and changed its name to the Bureau of Public Health and Welfare. Ultimately, this new national bureau became the Department of Public Health and Welfare (hereafter DPHW) with the change in nomenclature legislated on March 29, 1946.[8]

Here two questions arise. First, why did the MG establish the Bureau of Public Health with its very first ordinance? The MG emphasized that its governor "officially recognized the prime significance of a public health program by his very first ordinance" but did not mention why it was considered so important.[9] Piecing together the evidence suggests three reasons. First, since the health of the US military was "directly affected by the health of the Koreans," this task was deemed to be particularly necessary to prevent diseases spreading among the Korean population to safeguard American troops.[10] Another reason for this approach was to showcase the superiority of American liberal bio-power, which emphasized the independence of public health from police enforcement, thereby aiming to gain the consent of the Korean people. The MG considered it essential "to get the fear the people had of the police out of their minds," and that "a staff made up of physicians rather than policemen would be more calculated

7. USAFIK, "Ordinance Number 1. Establishment of the Bureau of Public Health," September 24, 1945.
8. USAFIK, "Ordinance Number 18," October 27, 1945; and USAMGIK, "Ordinance Number 64 Nomenclature in the Government of Korea," March 29, 1946.
9. DPHW, "Public Health Activities in Korea, September 1945–May 1946," 1, June 4, 1946; Public Health and Welfare, Health of Troops (1946–1947); 554-A1 1256-20.
10. "Interview with Capt. L. M. Howard, MAC, Bureau of Public Health and Welfare, 27 Dec 45"; Public Health & Welfare: Public Health File, 1945, 1946; 554-A1 1256-19.

to win the sympathy of the Koreans."[11] Finally, an organized collective of Korean doctors exerted influence on the MG. One of them was Choi Che Chang, who had studied medicine at the University of Virginia in the 1930s and later worked for the DPHW as a Korean deputy director. Choi recalled that he and his colleagues recommended that the government establish an independent public health branch, and thanks to it a "modern American public health administration began" in Korea (C. Choi 1996, 181).

Second, why did the US military incorporate public health and welfare into one administrative branch? Both in the United States and Japan, public health and welfare were considered adjacent concerns and therefore addressed by one branch. This seems related to the fact that these two fields protected the public wellbeing from disease and poverty respectively. The US Federal Security Agency (FSA) was established in 1939 under the New Deal. This colossal organization consisted of the Social Security Board, Public Health Service, and Office of Education, alongside other bureaus, and would develop into the Department of Health, Education, and Welfare (HEW) in 1953 (Cuéllar 2009; Miles 1974, 17–24). The Japanese Ministry of Welfare (MW; *Kōsei shō* in Japanese) was established one year earlier in 1938 to improve public health and support the war effort, and it dealt with welfare, health, and labor issues (Ham 2023, 22–53). The colonial Government-General of Korea organized the Bureau of Welfare in 1941 following this model but stopped operations after a year, returning public health to the Police Bureau and welfare to the Education Bureau (Seo 2014; Baek 2023). As a result, when the US occupied Korea, there was no independent government office to address public health and welfare.

In fact, Korea's DPHW was the outcome of a postcolonial compromise between the new occupiers and the legacy of the former colonizers. When the US Army Pacific occupied Japan, Crawford F. Sams was the chief of the Health, Education, and Welfare Division of the Military Government Section, GHQ SCAP. Sams also assisted General Hodge as Advisor for

11. "Interview: Public Health and Welfare Major (Lt. Col.) Harold M. Jesurun, Kyongsang Pukdo, 11 June 1946"; Public Health & Welfare: Public Health File, 1945, 1946; 554-A1 1256-19; and "Public Health and Welfare," 2–3.

Health and Welfare to the USAFIK. He soon found that the health and welfare administration itself was too expansive but also that transforming the totalitarian educational system was a separate, significant task. As a result, the GHQ SCAP established the Public Health and Welfare Section separate from the Information and Education Section on October 2, 1945 to correspond "with the main technical branches of the Japanese Government," that is, the Ministry of Welfare and the Ministry of Education (Sams 1998, 33–34, 205; Hoff and Coates 1976, 667, 670–671). Following this decision, Korea's Bureau of Public Health was transformed to the Bureau of Public Health and Welfare. Therefore, although Japanese rule had ended, its governmental system retained an indirect impact on liberated Korea. Were it not for this circumstance, postcolonial Korea's relevant administrative branch could have been the Department of Health, Education, and Welfare, emulating the original US Army Pacific's division and prefiguring US HEW of 1953, at least in name.

Moreover, the DPHW lacked one essential function of both the imperial and postwar Japanese MW: social insurance. From the late 19th century, Imperial Japan introduced social insurance, including health (sickness) insurance, employers' liability insurance, national health insurance, seamen's insurance, and welfare pension insurance.[12] However, these programs had not been applied to Korea, except to colonial government officials, military officers, public school teachers, and miners. Thus, colonial period Korean welfare remained extremely residual with meager disaster relief and public assistance (Seo 2014). The DPHW preserved the stripped down colonial approach too, lacking any provision for social insurance. Only in 1963, two decades later, would social insurance be established under the Park Chung Hee regime.

The Korean translation of the DPHW, Bogeon husaengbu, also had colonial vestiges. The Bureau of Public Health was translated as Wisaengguk.

12. Public Health and Welfare Section, GHQ SCAP, *Public Health and Welfare in Japan*, 1949, 146–148; Administrative Services Division, Operations Branch, Foreign (Occupied) Area Reports, 1945–54; Records of the Adjutant General's Office, Record Group 407, entry NM 368B, box 1801, NARA-CP.

The term *wisaeng* was introduced to Korea from Japan as a translation of the German *Gesundheitpflege* and the English health or sanitation. The colonial police department responsible for public health was called the sanitary police (J. Lee 2003, 36; Y. Park 2003, 37). However, the Korean doctors who cooperated with the MG considered it inappropriate to continue to use this colonial term and wanted to distinguish the new American approach from the colonial sanitary police. After debate they chose *bogeon* as the translation for public health, believing that they had coined it "for the first time in this country" (C. Choi 1996, 172, 181; Chu 1989, 198). However, the term *bogeon* (*hoken* in Japanese) had actually existed since the colonial period (Shin and Seo 2013, 205). It had even been used to refer to a subcategory of the colonial sanitary police (1910–1917) (Jung 2011, 233). For the translation of welfare, the colonial era term *husaeng* (*kōsei* in Japanese) was used without any attempt to change the translation. This was mainly because there was no cohesive organization of social workers comparable to that of doctors. Ultimately, the Korean doctors' desire to create an entirely new postcolonial public health and welfare system free of the colonial legacy was not achieved, and the optimistic belief that this was actually achieved was possible only due to collective amnesia or ignorance regarding the colonial past.

Bio-Power with the Face of Doctors

After its name was finalized in March 1946, the DPHW consisted of two components: health and welfare. The former included bureaus for the medical services, dentistry, nursing, pharmaceutical provision, veterinary affairs, preventive medicine, sanitation, laboratories, and vital statistics, while the latter covered bureaus of general relief, housing, welfare institutions and agencies, employee welfare, statistics and research, and welfare supply.[13] That same year, the Women's Bureau and the Narcotic

13. USAMGIK, *Manual of Military Government Organization and Function*, May 1946, 36; 554-A1 1256-5.

Control Bureau were added in September and November, respectively.[14] As such, the DPHW dealt with a wide variety of tasks and hired 968 employees, ranking third among all departments in 1947 (I. Park 1994, 72). Given this size, instead of investigating all responsibilities of the DPHW, the following section outlines its features distinguished from the colonial period health and welfare administration.

First, unlike the colonial Government-General of Korea that had excluded Koreans from high-ranking positions, the MG actively hired Koreans to support nation-building, and Korean doctors were particularly pivotal in the DPHW. On September 24, 1945, when the Bureau of Public Health was established, Lee Yong Sull, who had studied medicine at both Severance Medical Union College and Northwestern University, was appointed as the Korean director to assist the American director Glenn W. McDonald.[15] In February 1947 with the completion of Koreanization, that is, filling all administrative positions with Koreans, Lee became the sole director of the DPHW (J. Shin 2001, 49). As noted, Choi Che Chang was hired as a deputy director. Among the 38 high-ranking positions of the DPHW, half were occupied by doctors, nine by pharmacists, three by veterinarians, one by a dentist, and one by a nurse. Only five positions were assigned to the welfare component: three appointees majored in law, one in sociology, and one lacked any BA (Jin-hyouk Kim 2023, 41–44).

In the fall of 1945, the MG selected ten Korean medical doctors and educated them at American medical colleges for one year with the support of the Rockefeller Foundation, on the condition that they would work for the DPHW. In 1947, three or four doctors were additionally sent to the United States by the Rockefeller Foundation and two were on a UN scholarship (Shin and Seo 2013; Jin-hyouk Kim 2023, 76–81).[16] By contrast,

14. DPHW, "History of the Department of Public Health and Welfare to May 1947," 1–2; History: Public Health & Welfare; 554-A1 1256-40.
15. USAFIK, "Appointment Number 1," September 24, 1945; and USAFIK, "Appointment Number 64," January 3, 1946.
16. Jin-hyouk Kim (2023, 80) maintains that three doctors studied in the United States thanks to the Rockefeller Foundation in 1947, but the MG recorded four. DPHW, "History of the Department of Public Health and Welfare 1 July 1947 through 30 June 1948," 22; History:

the MG paid little attention to the training of welfare experts. Although public welfare was administered by "civil service personnel generally with little experience and no education" in the field, they were only trained through periodical conferences. The situation inside Korea, where "no university or other school provides professional training for social workers" also did not improve during US occupation.[17]

Second, the hegemony of public health over welfare in the DPHW was reflected by not only doctors' predominance but various reforms that occurred in public health. According to the American model, the MG reorganized medical schools into a six-year training system, established twelve model public health clinics for preventive medicine nationwide, and licensed, registered, and retrained health personnel (C. Choi 1996, 184, 207; Jin-hyouk Kim 2023, 69–73; Kang 2023 238–245). It also permitted only doctors to report communicable diseases, unlike the colonial system under which anyone could.[18] From December 1947, only doctors could issue death certificates according to the "International List of Causes of Death" (Tong-uhoe 1989, 401).[19] With new death certificates issuable only by doctors, Koreans' death started to become medicalized and internationally standardized. These measures were designed to strengthen the professionalism of doctors, contributing to enhancing their social status and influence.

The reforms in gathering vital statistics also increased doctors' authority. The colonial government collected vital statistics, such as birth, death, still birth, marriage, and divorce, using a family register (*hojeok*). However, from the perspective of Americans, this data was inaccurate and "so simple that it was impossible to present an adequate analysis."[20] They considered the new collection of vital statistics "extremely important" and "basic for all public health work…insurance, disease statistics, conscription,

Public Health & Welfare; 554-A1 1256-40.

17. DPHW, "History of the Department of Public Health and Welfare 1 July 1947 through 30 June 1948," 2, 121–123.
18. "Interview: Public Health and Welfare Major (Lt. Col.) Harold M. Jesurun."
19. DPHW, "Public Health Activities in Korea, September 1945–May 1946," 5.
20. "Public Health and Welfare," 24.

etc."[21] To overcome the existing limitations, the DPHW's Vital Statistics Section adopted three new principles: registration by place of occurrence, the simultaneous collection of vital statistics and the family register, and a shortening of the time limit for reports. The section also sent Han Pum Suk, who had studied medicine at Keijō Imperial University, to the United States in 1945 to train in vital statistics.[22] Moreover, the DPHW compiled and tabulated colonial era morbidity statistics from Seoul National University Hospital and collected such information from other major hospitals from 1948.[23] Based on morbidity data, the Korean population was recognizable as a collection of living beings who could contract diverse diseases, from which they could be cured or die.

Yet, the DPHW's attempt to transplant American biopolitical governance into Korea based on medical professionalism revealed limitations. The most crucial one was "a terrific shortage of skilled and qualified personnel, both U.S. and Korean."[24] William R. Willard, acting director of the Bureau of Public Health and Welfare and the DPHW from December 1945 to March 1946, recalled that his branch suffered from a "rapid turnover" of American personnel and many "had no understanding of the purpose of the occupation and, indeed, had no interest in anything but in returning home." Some even "displayed a feeling of resentment" when they were assigned for any public health mission they considered "highly complicated" (Willard 1947, 662).[25] Although the MG officially appreciated Korean doctors' "patriotism" in working for the government rather than in private practice, some American servicemen did not hide their contempt toward Korean personnel, depicting

21. "Interview with 1st Lt A. Weissman, Legal Section, Bureau of Public Health and Welfare, 6 January 1946"; Public Health & Welfare: Public Health File, 1945, 1946; 554-A1 1256-19.
22. DPHW, "History of the Department of Public Health and Welfare to May 1947," 2–3.
23. DPHW, "History of the Department of Public Health and Welfare 1 July 1947 through 30 June 1948," 75.
24. "Interview with Captain Clarence J. Glacken, AGD, Head of General Affairs Dept, Public Welfare Branch, Bureau of Public Health and Welfare, 26 Feb 46"; Public Health & Welfare: Public Health File, 1945, 1946; 554-A1 1256-19.
25. USAFIK, "Appointment Number 51," December 15, 1945; and USAMGIK, "Removal Number 82," May 7, 1946.

them as "at best mediocre" and limited by "typical oriental psychology."[26] Such racist, condescending attitudes must have impeded American cooperation with Koreans.

Moreover, while the MG's goal was to build Western biomedical infrastructure in Korea, America could not avoid utilizing Korean traditional doctors due to the shortage of Western-trained doctors (DiMoia 2013, 42–45). Colonial Korea had faced a severe shortage of doctors trained in Western medicine. In 1940, the number of Western-trained doctors per thousand people was 0.91 in Japan, 0.42 in Taiwan (which was also a Japanese colony), and only 0.13 in Korea. As a result, traditional doctors played a crucial role in healthcare, especially in rural areas where Western-trained doctors were scarce (Y. Park 2011, 308). The MG also licensed traditional doctors due to its inability to significantly increase the number of Western-trained doctors in a short timeframe (H. Park 2024). By 1948, there were 3,569 Western-trained doctors and 1,578 traditional doctors in Korea (I. Park 1994, 47).

Nevertheless, doctors, both Western and traditional, were still in extremely short supply and ill-trained from an American perspective. An American officer noted that the new vital statistics system was "no better than the accuracy of the reporting," since "many persons die without being seen by a doctor, and many more [deaths] are incorrectly reported."[27] As a result, the MG's ambition to know the vital statistics of the population was never precisely realized.

The transfer of public health authority from the police to doctors was also turbulent. The DPHW recorded that "employing Korean doctors for responsible positions in the new public health administration" confronted a "tabu [taboo] in Korean social thinking," namely that "public health duties were a function of the police."[28] Willard maintained that the police, as a

26. "Public Health and Welfare," 33; "Interview with Capt. P. W. Bogikes, Supply Office, Bureau of Public Health and Welfare, 4 Feb 46"; Public Health & Welfare: Public Health File, 1945, 1946; 554-A1 1256-19; and "Interview with Capt. E. M. Howell, Sn C, 31 Jan. 1946"; Public Health & Welfare: Public Health File, 1945, 1946; 554-A1 1256-19.
27. "Interview with 1st Lt A. Weissman."
28. "Public Health and Welfare," 23.

collection of individuals possessing the "Oriental human" mindset, disliked to be deprived of their powers and thus refused to cooperate with the DPHW. This resulted in the temporary paralysis of public health, particularly in rural areas (Willard 1947, 663–664). Consequently, "to perform the functions previously the responsibility of the Police Department" was "a slow process and at times very discouraging."[29]

Those Vulnerable but Dangerous: The Main Targets of Postcolonial Bio-Power

Refugees: The Intersection of Nation-State and Health-Welfare

As noted above, the occupying forces arriving in September 1945 encountered a situation of extreme squalor across major cities. In response to this, public health officers organized "broom brigades," held parades to promote sanitation, placed waste fills throughout cities, disposed of dead bodies, sprayed DDT from the air, inspected slaughterhouses, and prohibited the indiscriminate butchering of livestock.[30] However, the "throngs of milling people," and in particular the "thousands of refugees" filling the streets, remained "[o]ne of the most pressing and difficult tasks" for the MG until the end of its tenure, "to the detriment to other welfare needs."[31]

During colonial rule, numerous Koreans were compelled to leave for Japan, Manchuria, China, and other places across Asia. Prior to the end of World War II, the number of Koreans in Japan and Manchuria, the two biggest diasporas, is estimated to have been 2.1 million and 1.9 million, respectively (K. Park 2009, 43–51). Among these, about 1.1–1.4 million from Japan and 0.3–0.8 million from Manchuria returned to Korea during the US occupation. Combining this with 0.4 million from China, other

29. Office of the Provincial Military Governor Kyunggi-do, "History," 4.
30. "Public Health and Welfare," 8–12.
31. Office of the Provincial Military Governor Kyunggi-Do, "History," 1; DPHW, "History of the Department of Public Health and Welfare 1 July 1947 through 30 June 1948," 123–124; and "Public Health and Welfare," 48.

Pacific regions, and North Korea, the total number of refugees returning reached 2.2–2.4 million (Yi 2024, 37; Augustine 2023, 107). By 1948, the MG noted that "about one person in seven or eight living in South Korea is a repatriate…or a migrant from North Korea."[32] Additionally about 0.6 million Japanese remained in South Korea (Yi 2024, 69).

Preparing for the postwar rebuilding of East Asia in April 1945, the US government desired to return the Japanese in Korea and Koreans in Japan to their respective homelands. For the Japanese in Korea, the reason given for this was "the bitterness and resentment" that Koreans had toward them and the possible "renewal of Japanese expansionist policies."[33] Likewise, the "Koreans in Japan must necessarily return to Korea…for their own protection and for the maintenance of peace and order."[34] Therefore, to both dismantle the Japanese Empire and build a postwar nation-state system, the US military carried out repatriation on an enormous scale.

Refugees became a point of focus to which public health and welfare were confluent. The US military's primary goal regarding civilians was to "prevent widespread disease and unrest likely to interfere with the occupation" (Hoff and Coates 1976, 668). Refugees were vulnerable to disease because they had to endure vast travel without appropriate sanitation and nutrition, often at a massive scale in numbers. Many of them were paupers since they had been uprooted from their residences and could not carry much property. Simultaneously, however, as the phrase "disease and unrest" implied, the US military also considered them dangerous since they could both spread disease and trigger unrest.

From the beginning, the MG deemed refugees as sources of infectious

32. DPHW, "History of the Department of Public Health and Welfare 1 July 1947 through 30 June 1948," 123–124.
33. "K-9 Preliminary. Korea: Economic Problems: Repatriation of Japanese Residents in Korea," April 27, 1945, 2-4; Office of Assistant Secretary and Under Secretary of State Dean Acheson, 1941–48, 1950: Records Relating to the South Pacific Commission, 1947–1948; General Records of the Department of State, 1763–2002, Record Group 59, entry 674, box 12.
34. "K-7 Preliminary. Korea: Repatriation of Koreans in Japan." April 25, 1945, 5–7; 59-674-12.

diseases. For instance, a smallpox endemic occurred in October 1945 with 136 cases and 36 deaths, and it was believed to originate from Manchurian refugee "disease-carriers."[35] To prevent refugees from transmitting disease, refugee aid stations provided them with immunization and delousing.[36] Despite these efforts, the MG failed to control a range of communicable diseases including typhus, typhoid, and diphtheria. The deadliest outbreak was of cholera in the summer of 1946: it reportedly infected 15,642 and killed 10,191.[37]

The origin of this cholera outbreak was assumed to be refugees. The MG determined that it originated with the passengers of a steamship that had departed from Shanghai loaded with Korean refugees and arrived in Busan on May 15, 1946. It admitted that the main cause was its personnel's "lax and negligent handling of the disembarkation."[38] In other words, infected passengers from the ship landed without quarantine and transmitted the disease nationwide through their subsequent movements (Im 2023, 258–259). The DPHW had endeavored to control cholera with "a rigid quarantine around focal areas of infection, mass immunization, fly control, and an educational campaign for the general public," but it was too late.[39] In contrast, Japan recorded only 1,000–1,200 cases of cholera and 167 deaths during the US occupation (Sams 1998, 90).[40] The cholera epidemic in Korea, therefore, can be attributed to the DPHW's unsuccessful approach as well as the inferior colonial medical infrastructure that the MG inherited.

Moreover, although the colonial office of the sanitary police was abolished early in the postwar period, the Korean population's fear of this

35. "Public Health and Welfare," 13–14.
36. "Public Health and Welfare," 14–18, 59.
37. "Public Health and Welfare," 14–21; and DPHW, "History of the Department of Public Health and Welfare 1 July 1947 through 30 June 1948," 5.
38. "The Cholera Epidemic of 1946"; Public Health & Welfare: Employee Welfare; 554-A1 1256-20.
39. "The Cholera Epidemic of 1946"; Public Health & Welfare: Employee Welfare; 554-A1 1256-20.
40. Also see "Cholera in Japan: An untold history of censorship and suffering," May 18, 2022, NHK World, https://www3.nhk.or.jp/nhkworld/en/news/backstories/1992/ (accessed December 7, 2024).

organization lingered. People often hid cholera cases and related deaths rather than reported them, just as many had done during the colonial period, a tendency that must have exacerbated any outbreak.[41] It is also noteworthy that "not a single case of cholera existed among American personnel, civilian or military."[42] Although the MG criticized the Japanese colonial government for disregarding Korean need for medicines by allocating them first to the Japanese Armed forces and Japanese civilians next, the postwar cholera epidemic suggests that this hierarchy of occupiers over their occupied subjects did not change much under US governance.[43] Similarly, the DPHW's main way of controlling infectious diseases, that is, quarantine and immunization, was not that different from the approach used by the Japanese sanitary police (DiMoia 2013, 56; Y. Park 2021, 61–62).

Refugees were also the focus of the welfare administration. According to the DPHW, there were about two million people needing relief in April 1948, constituting ten percent of the total population (around 20 million), and half this number were refugees.[44] The refugees' economic plight originated not only from their peripatetic status but from the US military's inconsistent policies. On October 12, 1945, the SCAP limited both Japanese and Korean refugees from carrying more than 1,000 yen on the pretext of constraining inflation in their respective homelands (D. Choi 2013, 152; Augustine 2023, 67). This policy not only forced many Koreans in Japan to give up repatriation but had a devastating impact on those who returned to Korea, which was suffering extreme inflation due to the MG's free-market policies regarding rice and necessary commodities (Yi 2024, 38–40). As a result, "all persons returning from Japan to their homeland [would] soon become welfare cases" instead of "becoming the hope of Korea" (D. Choi 2013, 153). They were only granted "temporary assistance such as food,

41. DPHW, "History of the Department of Public Health and Welfare 1 July 1947 through 30 June 1948," 6.
42. USAFIK, "Circular No. 62. Cholera"; Public Health & Welfare: Health of Troops; 554-A1 1256-20.
43. "Public Health and Welfare," 42.
44. DPHW, "History of the Department of Public Health and Welfare 1 July 1947 through 30 June 1948," 105.

shelter, railroad tickets, emergency medical care and (in extreme cases) clothing" and "encouraged to return promptly to their own homes or to the homes of relatives and friends."[45]

Yet many refugees without places to return to stayed much longer at shelters, most of which could not provide adequate nutrition and sanitation. According to a news article, a camp that Seoul city operated accommodated 2,400 people in December 1946. Among them, about 1,700 suffered from malnutrition and frostbite, and as winter began on average seven to eight died daily. Some camps even forcibly expelled those who stayed too long (Yi 2024, 41–49, 54). In April 1947, the DPHW estimated that 16,034 families were living in camps or shelters, 94,834 families stayed "in quarters" such as "caves, shacks, under bridges, and culverts," and therefore, 110,868 families or 486,974 persons in total needed rehousing.[46]

As refugees were suffering from this serious housing shortage, many Korean political organizations demanded that the MG utilize the buildings that the Japanese had abandoned as temporary housing. However, a great deal of this real estate was already occupied by profiteering Koreans, and ultimately only a few brothels and kisaeng houses were requisitioned to accommodate refugees (Yi 2024, 127–140, 236–247). Instead, the MG built about 33,000 "simple dug-out type house[s]" for refugees, a number which could not meet the demand.[47] Other refugee welfare measures such as job placement, public work projects, and rural resettlement were only conducted on a small scale (Y. H. Lee 1989, 70–80; Nam 1993, 68–71; Yi 2024, 264–269).

In this way, refugees bore the brunt of the US government's postwar plan to dismantle the Japanese Empire and reconstruct East Asia to its own

45. Bureau of Public Health and Welfare, "Bureau Memorandum No. 3. Statement of Major Public Welfare Programs and Policies," January 12, 1946, 1; Public Health & Welfare: Health of Troops; 554-A1 1256-20.

46. DPHW, "History of the Department of Public Health and Welfare 1 July 1947 through 30 June 1948," 107, 113.

47. DPHW, "History of the Department of Public Health and Welfare to May 1947," 29; and DPHW, "History of the Department of Public Health and Welfare 1 July 1947 through 30 June 1948," 115.

ends, but the MG failed to guarantee their resettlement. As a result, some refugees resorted to illegal activities including theft or black marketeering (Augustine 2023, 112–113; Yi 2024, 31). Moreover, Bruce Cumings and others have noted that deprived refugees played a major role in the massive uprising of October 1946, the epicenter of which was in a southern region of Korea where refugees were concentrated (Cumings 1981, 377–378; Y. H. Lee 1989, 51–54; Nam 1993, 43–44). Ultimately, while refugees were a primary target of MG welfare, due to the shortage of such they often slid towards crime or revolt, alongside other disenfranchised groups. This circumstance certainly created *unrest*, to borrow the US military's term.

The Needy, Delinquents, and Lepers: A Continuation of the Colonial System

The DPHW's other welfare programs consisted of public assistance, emergency relief, and the operation and supervision of welfare institutions. Although the DPHW attempted to introduce American approach in the field of public health, it largely inherited colonial welfare policies.[48] Public assistance provided "public aid for unemployables who are not in institutions," and its targets were similar to the colonial Joseon guhoryeong (Korean Relief Law) of 1944: seniors over 65, children under 13, needy pregnant women, persons with incurable diseases, and the mentally or physically impaired. The only group newly added was "mothers with dependent children under 6," probably influenced by the American New Deal program, Aid to Dependent Children. By April 1948, 178,787 persons were receiving public assistance. The newly introduced emergency relief provided assistance to "the resident unemployed and to destitute individuals and families" for one year. Yet, considering the prevalence of unemployment, these programs apparently covered only a small portion of the destitute population. The MG itself admitted that "[d]ue to budgetary and other limiting factors, it was not possible to provide an adequate standard" of aid.[49]

48. The only noticeable institutional change in the field of welfare was the establishment of the Women's Bureau in September 1946, which will be discussed in a follow-up study.

49. Bureau of Public Health and Welfare, "Bureau Memorandum No. 3," 1; and DPHW,

The DPHW also continued colonial era welfare institutions: orphanages, reformatories, institutions for the aged, "poor sick travelers' places," "blind and deaf education" facilities, public pawn shops, barber shops, and bath houses.[50] In theory these facilities provided protection to the needy, particularly minors and seniors abandoned by their families, but they were not free from human rights violations. The reformatories for delinquent youth were particularly susceptible to harboring abuse since the boundaries between education and punishment were arbitrary (So 2007). Nonetheless, the MG not only continued but newly established such facilities. There remained two colonial reformatories in Mokpo, Jeollanam-do and on Sunkam Island, Gyeonggi-do. The DPHW repaired these facilities, established another in Busan where refugees were concentrated, and incarcerated about 350 "vagrant boys" to those three facilities in 1947. It also maintained that "[b]ecause of the great need for more facilities for pre-delinquent [youth], new public reformatories must be established."[51] Therefore, one more reformatory was established in Busan, and the two facilities in the region institutionalized 500 boys by 1948. The DPHW also planned to expand the Sunkam institute to accommodate over 300 boys.[52]

The MG retained another notorious colonial institution, the Sorokdo leprosarium, which was established in Jeollanam-do in 1917 as the largest and the only public facility to forcibly quarantine lepers in Korea. In that institution, diverse violations of internees' rights, including forcible sterilization and labor exploitation occurred (Jae-Hyung Kim 2019, 93–105). Consequently, about 1,200 of 4,200 inmates escaped the leprosarium after liberation. The DPHW chose to improve the infamous facility, enlarging the buildings to overcome excessive crowding, providing inmates with better food, medicine, and medical facilities, and lifting strict segregation for the uncontaminated children. Simultaneously, the MG continued the colonial

"History of the Department of Public Health and Welfare 1 July 1947 through 30 June 1948," 104–105.

50. DPHW, "History of the Department of Public Health and Welfare to May 1947," 29–36.
51. DPHW, "History of the Department of Public Health and Welfare to May 1947," 34, 37.
52. DPHW, "History of the Department of Public Health and Welfare 1 July 1947 through 30 June 1948," 140.

policy to round up vagrant lepers and quarantine them in the facility.[53] For the inmates of Sorokdo, as well as those of delinquent reformatories, therefore, the practices of segregation and confinement established during the colonial era remained largely unchanged.

The Duplicity of Society: General Society vs. Social Welfare Sector

Following the above investigation of the DPHW's structure, policies, and targets, this study now arrives at its final question: How were the terms *society* and *social* in Korea commonly understood in relation to public health and welfare policies during US military occupation? Although neither Americans nor Koreans presented their definitions of those terms explicitly, the documents they produced do provide numerous clues to grasp what they conceived in using the words.

In the early 20th-century Korea, society and social were neologisms. In East Asia, where a feudal status system prevailed, there was no existing concept of society as an abstract aggregation of autonomous individuals and voluntary associations. After the Meiji Restoration, Japanese intellectuals sought a translation for the term "society" to help introduce Western civilization, ultimately settling on the term *shakai* (Yanabu 2003). Korean students studying in Japan imported this translation of society, which was pronounced *sahoe* in Korean. After Japan officially colonized Korea in 1910, Korean intellectuals who yearned for national independence began using the term to refer to the Korean people (M. Park 2001, 2003; H. J. Kim 2013, 342). Thus, under colonial rule which rendered the idea of a Korean *nation-state* impossible, many Koreans imagined society as a Korean *nation-society*.

The Japanese Empire also actively appropriated the concepts of society and social. By the early 1910s, Japanese imperial elites avoided using those terms because they were closely linked to socialism. However, due to a series of protests from peasants, workers, and the poor in the late 19th and early 20th centuries, the empire recognized the necessity of intervening in

53. "Public Health and Welfare," 27–29.

people's everyday lives and addressing their difficulties, to prevent rebellions or revolutions. This new arena of governance was called society. In 1919, the Home Ministry established the Social Affairs Office, which became an independent Social Affairs Bureau the following year. In colonial Korea, the Social Affairs Office was created under the Home Bureau in 1921 (K. Cho 2016). Its responsibilities included disaster relief, poverty assistance, support for the urban poor, care for the disabled and delinquents, and promoting social edification. Here, social edification (*sahoe gyohwa*) aimed to reform people's minds through film screenings, public lectures, and the recognition of exemplary individuals and organizations. This initiative was designed to "prevent poverty" (*bangbin*) by inculcating colonial subjects with a strong work ethic and loyalty to the empire, and therefore to complement the material and institutional meagerness of colonial social policies (S. Cho 2012; Seo 2014; Ye 2017). On this historical legacy, the MG launched its social policies.

In March 1946, the first *Summation of the United States Army Military Government Activities in Korea* was published, diverging from the SCAP's *Summation of Non-Military Activities in Japan and Korea*. These two periodicals had a similar structure in that they outlined the MG's governance according to three categories: political, economic, and social (activities). The social or social activities category also consisted of three parts: "public health and welfare," "education, culture and religion," and "public information."[54] As such, the social referred to an area of governmental intervention differentiated from the political and the economic, and public health and welfare constituted one of its sub-areas. As welfare became separated from social edification and combined with public health, the colonial efforts to address social issues through a mental revolution, rather than through material and institutional support, faded away.

Simultaneously, the MG clearly confined its responsibility for such social activities, in particular, public welfare, to "assist[ing] the Korean

54. SCAP, *Summation of Non-Military Activities in Japan and Korea*, Nos. 1–5; 407-NM 368B-1996–1998; and USAMGIK, *Summation of the United States Army Military Government Activities in Korea*, Nos. 6–22; 407-NM 368B-1998–2002.

people to mobilize their social and economic resources to prevent starvation and to minimize extreme privation."[55] The Korean people, who had to take primary charge of their compatriots' welfare, were also labelled society, as this sentence shows: "society has an obligation to safeguard the health and welfare of all persons under care in institutions."[56] Based on this philosophy and because of its personnel shortage, the MG called for Korean "voluntary relief associations to meet emergency welfare needs."[57]

In fact, even before US occupation, Koreans rapidly responded to the difficulties of their compatriots, and in particular refugees. Starting with the Geonguk junbi wiwonhoe (Committee for the Preparation of Korean Independence) on August 17, 1945, numerous voluntary associations were organized nationwide to welcome and help refugees (Nam 1993, 47–49; Augustine 2024, 96–97). On October 2, 1945, a newspaper article depicted this situation: "With the dawn of liberation thirty million people's burning love for their compatriots is concentrated on their war suffering compatriots."[58] Similarly, the MG noted that "[t]here is great interest and concern by South Koreans in the plight of the repatriates."[59] Such voluntary associations were also "*sahoe danche*" (social associations), and the space in which such organizations and community leaders or notables willing to help refugees were located was often referred to as "*ilban sahoe*" (general society), more specifically than what Americans merely called society.[60]

Before long, however, there was friction and conflict between the

55. Bureau of Public Health and Welfare, "Bureau Memorandum No. 3," 1; and DPHW, "History of the Department of Public Health and Welfare 1 July 1947 through 30 June 1948," 104–105.
56. DPHW, "History of the Department of Public Health and Welfare to May 1947," 33.
57. DPHW, "History of the Department of Public Health and Welfare to May 1947," 52.
58. *Maeil Shinbo*, October 2, 1945.
59. DPHW, "History of the Department of Public Health and Welfare to May 1947," 38.
60. *Dong-A Ilbo*, October 20, 1946; *Kyunghyang Shinmun*, November 24, 1946; *Kyunghyang Shinmun*, December 1, 1946; and *Dong-A Ilbo*, March 11, 1947. The terms *sahoe danche* and *ilban sahoe* emerged and were widely circulated during the colonial period. Data from the Naver News Library shows that between 1920 and 1940 *sahoe danche* appeared 3,213 times, while *ilban sahoe* was mentioned 5,845 times in *Dong-A Ilbo* and *Chosun Ilbo*. What these two terms represented, and how their meanings evolved during this colonial period, must be the focus of follow-up studies.

MG and Korean "social associations." Even though the MG desperately needed Korean civilians' assistance to address the influx of refugees, it was dissatisfied with their performance and suspected their corruption, as this evaluation demonstrates: "As quagmires of filth these private shelters became potential breeding grounds for communicable disease, even though there was supposed to be periodic inspection, and disinfestation with insecticides. Quite often, too, these societies functioned as purely exploitative agencies for fleecing the unfortunate." In response to this, the MG promulgated "Bureau Memorandum No. 3B" on January 21, 1946, to fix standards for, provide guidelines to, and supervise "social welfare institutions" receiving public and private funds. According to this, many "relief societies" that did not meet its standards were dissolved.[61]

In addition, the Korean people's "burning love for their compatriots" was not only insufficient in helping all the deprived refugees but also of a volatile quality. With the increase in refugee-related diseases, deaths, vagrancy, crime, and unrest, Korean *general society* gradually came to regard refugees as a source of problems and a stigmatized group. Moreover, many people within the Korean elite were preoccupied with obtaining the real estate and property that the Japanese had left behind, which could have been utilized as temporary housing for refugees (Yi 2024, 78–79, 122–139). In this context, the boundary between such profiteering elites and the community leaders expected to help refugees was vague. Frustrated by the situation in Korea, some refugees started to illegally return to Japan to make a living. Reporting such cases, one news article described the Korean public's indifference to the difficulties of refugees as the "love for their compatriots grew cold like ice and snow" (Yi 2024, 57).

Korean *general society* was also described as apathetic or even anxious about other disenfranchised groups. For instance, when the DPHW planned to establish new facilities for orphans, abandoned seniors, the blind, and the delinquent in April 1946, a news report noted that "this is good news for the social welfare sector (*sahoe bongni bumun*) that general society can easily

61. "Public Health and Welfare," 49–51.

forget."[62] Another news article in the same month welcomed the DPHW's decision to continue to quarantine lepers at the Sorokdo leprosarium and "segregate them from general society."[63]

In this way, Korean society was seemingly divided in relation to postcolonial bio-power: general society and the social welfare sector. The inhabitants in the social welfare sector belonged to Korean society but not to *general* society. Therefore, they were construed as *special* beings, not only vulnerable but also dangerous, and became the primary focus of governmental intervention in terms of both public health and welfare. This included mandatory vaccinations, camps or shelters, public assistance, and institutional incarceration. Simultaneously, due to the MG's insufficient capacity they had to receive voluntary relief from general society but this was also inadequate, leaving many people on the street.

General society was subject to the MG's bio-power too, but its reach was rather faint and porous. The residents of general society were expected to obtain the benefits of reconstructed hospitals and new public health clinics, but such American innovations were insufficient to cover the entire population. Their biological details were also imperfectly calculated by the incomplete collection of vital statistics, and immunizations were often conducted selectively due to the shortage of vaccines. While some committed themselves to helping their suffering compatriots, others were absorbed in occupying former Japanese properties and even abusing disenfranchised people for profit. Moreover, general society was a heterogeneous entity, divided by class, ideology, and other social cleavages. Nevertheless, one thing bonded those in general society together: they did not belong to the social welfare sector. The population of general society was therefore not only distinguished from that of the social welfare sector, but many believed that the former had to be segregated and protected from the latter.

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62. *Dong-A Ilbo*, April 22, 1946.
63. *Chosun Ilbo*, April 24, 1946. Colonial newspaper articles had supported the idea of "segregating lepers from general society for national health" too, while criticizing "the attitude of general society towards lepers is too cold" (*Chosun Ilbo*, September 25, 1931); see also *Dong-A Ilbo*, May 23, 1934.

Conclusion

Crawford F. Sams, advisor for health and welfare to the USAFIK, assessed the DPHW's achievements in his autobiography, stating: "It was far from the progress we would have liked to have made, but I believe it was the best that could be done under the circumstances within the three-year period" (Sams 1998, 208). This study has explored what happened in the field of public health and welfare during the three years, how the conflicting biopolitical approaches of former colonizers and new occupiers were entangled and ultimately contributed to the building of a postcolonial state, and how the categories of society and social were conceived in relation to those policies.

Considering that Japan ruled Korea for thirty-five years, it was nearly impossible for Americans to implement the public health and welfare policies they desired in just three years. As a result, many remnants of colonial legacies persisted during the US occupation. Most notably, the DPHW was a meager version of an intersection of Japanese MW and American FSA, retaining colonial-era terms *bogeon* and *husaeng*. To combat infectious diseases, the MG relied on immunization and quarantine measures, similar to those employed by the colonial sanitary police. Moreover, the DPHW continued the insufficient public assistance and oppressive welfare institutions characteristic of the colonial welfare system.

At the same time, however, it is also important to acknowledge that Americans' new experiments played a significant role in shaping postcolonial public health and welfare policies. Although the influence of Japanese legacies remained, the DPHW represented an American liberal reform initiative aimed at creating an independent government branch focused on enhancing public well-being. This reform sought to replace the colonial sanitary police with civilian servants, thereby reducing the oppressive aspects of public health. Additionally, the MG introduced an American-style medical education system and established public health centers. They also licensed, trained, and retrained Korean doctors and other health personnel according to American standards. Consequently, Korean doctors in the DPHW's high-ranking positions established hegemony over other health personnel and welfare officials. They also played a vital role in

reporting communicable diseases, issuing death certificates, and collecting vital statistics. Although these initiatives faced numerous challenges and were not entirely successful during the occupation, they ultimately shaped the long-term trajectory of public health and welfare policies in the Republic of Korea.

The main targets of this postcolonial bio-power were refugees and other disenfranchised groups. In an effort to transform the Japanese Empire into a new nation-state system, the US military implemented a large-scale repatriation program, which produced numerous Korean refugees originating from Japan, Manchuria, and other regions in East Asia. However, due to insufficient personnel and resources, as well as inconsistent economic policies, the MG was unable to effectively contain the *disease and unrest* associated with these refugees. This was particularly evident during the fatal cholera outbreak and the widespread uprisings in 1946. Simultaneously, the DPHW largely continued colonial public assistance for the destitute population. It also expanded welfare institutions for delinquents and lepers despite concerns about potential human rights abuses.

To complement its shortage in personnel and resources, the MG called upon Korean civilians to help and protect refugees. Many Koreans, sympathizing with their war-stricken compatriots, responded to Americans' request by organizing numerous relief associations. These voluntary associations and the individuals willing to help refugees were called "general society" (*ilban sahoe*), while the vulnerable people including repatriates, delinquents, and lepers, who were often perceived as dangerous, were categorized as a "social welfare sector" (*sahoe bongni bumun*). In this way, the social welfare sector became a space for special and stigmatized individuals, who belonged to Korean society but were excluded from general society. The residents within this sector were subject to government oversight, which, rather than being purely protective, often turned oppressive. Additionally, they had to rely on the goodwill of the general public, which was frequently insufficient and volatile.

After the American occupation ended in 1948, the newly established Republic of Korea transformed the DPHW into the Ministry of Social Affairs. This new government branch not only inherited public health and

welfare policies but also incorporated labor administration, which had previously been under the Department of Labor during the US occupation. In 1949, the Ministry of Health was separated from the Ministry of Social Affairs. These two ministries were merged again in 1955, forming the Ministry of Health and Social Affairs, which continued to operate until 1994, when its name was finally changed to the Ministry of Health and Welfare. Following Korea's democratization, this ministry experienced significant expansion and has been the largest recipient of funding in the Korean government budget since the late 2010s.

In comparison to the period of US military occupation, it appears that Koreans are now living in an era of fully fledged bio-power. However, it seems that a divide between the social welfare sector and general society remains in Korea, even though their boundaries have shifted. This study serves as the first step in a long-term historical sociology project examining how postcolonial bio-power has developed over time, how the concepts of health, social affairs, and welfare have evolved, and how the relationship between general society, the social welfare sector, and the state has transformed up to the present day.

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