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Reconstructing Health: *The WHO/UNKRA Mission and Postwar Medical Development in South Korea*

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Abstract

This article examines the 1952 WHO/UNKRA health planning mission in South Korea within the broader framework of United Nations-led reconstruction after the Korean War. Three medical professionals—George MacDonald, William P. Forrest, and Walter G. Wickremesinghe—surveyed national health and medical conditions. They delivered a comprehensive report, suggesting state-driven development to rehabilitate Korea's medical system. The report detailed important challenges and offered potential solutions encompassing all aspects of rehabilitation in the health and medical system, which were closely tied to the developmental project of Western intervention in newly independent countries after World War II. This article argues the WHO/UNKRA mission was an exercise in making society legible to the state, that is, rendering it measurable and manageable as a precondition for intervention. Situating the mission and its proposals within postwar development strategies, this article shows that meaningful state involvement required first creating standardized, visible units of administration and knowledge. These included building a medical administrative apparatus, training scientific and technical personnel, and establishing mechanisms for monitoring and managing the broader population.

Keywords: WHO, Korean War, UNKRA, medical aid, health planning, United Nations

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Introduction

On August 9, 1952, George MacDonald of the World Health Organization/United Nations Korean Reconstruction Agency (WHO/UNKRA) health planning mission (hereafter the WHO/UNKRA mission or simply 'the mission') joined a meeting of the United Nations Commission for the Unification and Rehabilitation of Korea (UNCURK), a UN organization parallel to the UNKRA, two days after his arrival in Korea.[1] Three UN affiliates (i.e., Food and Agricultural Organization [FAO], United Nations Educational, Scientific and Cultural Organization [UNESCO], and WHO) conducted planning missions in 1952.[2] The WHO/UNKRA mission shared overlapping agendas, such as nutrition and medical education, with two other planning teams to avoid unnecessary conflicts of interest or information in their final reports (UNCACK 1952, 2–3). For two months in particular, the WHO/UNKRA mission members traveled in war-torn Korea using various modes of transportation, including trains, cars, and airplanes, and occasionally on foot. Together and separately, the individuals conducted meetings with Korean governmental health and medical officials.[3] They visited several essential medical institutes and associations, such as the Severance Union Medical College in Seoul, the Venereal Clinic in Busan,

1. In 1952, responding to requests from UNKRA, the UN arranged planning missions for its specialist agencies to advise UNKRA on assisting war-torn Korea, helping such agencies as the Food and Agriculture Organization (FAO); the United Nations Educational, Scientific, and Cultural Organization (UNESCO); and the World Health Organization (WHO). The UN General Assembly initiated the mission at its 314th plenary meeting on December 1, 1950, and the deputy agent general of the Reconstruction Agency established a detailed plan on August 4, 1952 (UNKRA 1952a).
2. Collaboration between WHO and UNKRA reflected the UN's broader strategy of coordinating specialized agencies in postwar reconstruction; WHO had already supplied medical relief during the Korean War alongside FAO and UNESCO, and after the withdrawal of socialist countries in 1949 its US-centered orientation made such partnerships more salient (Lee and Harrison 2025; Chorev 2012).
3. UNKRA's documents are housed in the United Nations Archives and Records Management Section, New York (hereafter UNARMS). The WHO/UNKRA health planning mission, reports, accessories documents, travel records, and relevant materials are in box 337, folder 1 (S-0526-0337-0001); UNKRA (1952a).

and the Presbyterian Leprosarium in Daegu (UNKRA 1952b). Additionally, they ventured into a small village to interview its residents to gain "a clear picture" of the village's organization and its connection to the higher echelons of health administration (UNKRA 1952d; 1952k). The mission also reviewed previous reports, visited medical hospitals and facilities, conducted formal and informal meetings, and engaged with government officials and representatives of civilian organizations such as the Korean Medical Association, Korean Dental Association, and Korean Women's Association at the national and local levels (WHO/UNKRA 1952, 2–3). According to the provisional itinerary, the WHO/UNKRA mission convened at the Western Pacific Region of the WHO in Manila, traveled throughout South Korea from August 7 to October 11, and completed its report in London on November 26. The WHO/UNKRA mission gathered information on an expanded range of medical and health areas to include infectious disease, hygiene and sanitation, and nutrition, which were all within the typical field of tropical medicine (DiMoia 2013; Brazinsky 2007; J. S. H. Kim 2022). After two months of travel in Korea, the mission submitted a report to WHO headquarters arguing for state intervention in health and medical care, including maintaining nutrition, preventing epidemic and endemic diseases, providing supplies and training for medical use, improving urban sanitary conditions, treating common ailments, reestablishing medical education, and initiating fellowship programs (Yeo 2015; Seo 2023; Jung 2023).

In 1951, the UNKRA arrived in Korea to take charge of long-term planning, high-level technical support, and any economic aid programs. UNKRA focused on long-term activities, such as teaching medical specialists, constructing infrastructure, and developing a national medical system (Lee and Harrison 2025). As a starting point of planning medical and health rehabilitation, three medical experts led the WHO/UNKRA mission: George MacDonald, William P. Forrest, and Walter G. Wickremesinghe (UNKRA 1952f; 1952g; 1952h). All three men were trained in Western medicine and public health, with expertise in tropical hygiene and communicable diseases, a field that had emerged in the 19th century, became critical components of global health in the 1930s, and were integrated into the WHO's main agenda after World War II (Harrison 2004;

Chorev 2012; Cueto et al. 2019; J. S. H. Kim 2022). This WHO/UNKRA mission not only aimed to address immediate health concerns but also laid the groundwork for sustainable development in Korea's medical and health sectors based on a deep confidence in advanced administrative skill, scientific and technical advancement, state control of society and population—and, in this case, a state-driven project to rehabilitate Korea's medical system (Brady 2018; Packard 2016).

The WHO/UNKRA mission outlined the issues requiring resolution and provided possible recommendations covering all segments of the rehabilitation of medical fields, which were closely related to a central aspect of the new world order: *development* (Lorenzini 2022). The health and medical system, as a component of development, became a distinct historical, political, and cultural construct. "Development" here refers to the process of social transformation from supposedly simple, primitive, and impoverished societies to modern industrial prosperity (Cunningham and Andrews 1997). As a set of ideas shaping modern statehood and international affairs, development has been a dominant framework for decades, if not centuries, including during colonial periods. After World War II, development became a crucial concept in Cold War logic, shaping intellectual discussions, mobilizing people and resources, and building nations around the world. The United States and other Western nations, along with the UN system, defined the economic and social development that the postcolonial worlds gradually pursued, labeling nations in those worlds as developing countries. These developed nations advocated developmental aid, technical assistance, foreign investment, and social planning for the health and medical systems in newly decolonized Asian countries and elsewhere to integrate them into the new world order (Cullather 2002; Cooper 2010; Ekbladh 2011; Immerwahr 2012). These ideas represented WHO's entire vision and integrated four functions as a major international health agency under the UN auspices: centralized epidemiological surveillance, campaigns against epidemics, disease control, and health system reform.[4] While introducing scientific knowledge to vast

4. Cold War tensions contributed to the WHO's shift toward a Western orientation following

populations lacking access to medical resources, the WHO's programs occasionally contained "remnants of the old civilizing mission" (Cueto et al. 2019, 1).

This study argues that the 1952 WHO/UNKRA mission represented an effort to make a society *legible*. In the terminology of anthropologist James Scott, "Legibility is a condition of manipulation. Any substantial state intervention in society—to vaccinate a population, produce goods, mobilize labor, tax people and their property, conduct literacy campaigns, conscript soldiers, enforce sanitation standards, catch criminals, start universal schooling—requires the invention of units that are visible" (Scott 1998, 2, 183). While Scott's *Seeing Like a State* draws many of its most vivid examples from authoritarian regimes, such as Soviet collectivization or Tanzanian villagization, his critique of "high modernism" is not confined to such political systems. He claims that this thinking is representative of the modern state and might be adopted by nonstate groups engaging in governance-related duties; the WHO/UNKRA mission to Korea, which was carried out by an international organization, rather than a sovereign government, operated under a similar high-modernist paradigm. WHO/UNKRA attempted to diagnose and reconstruct Korean public health using consistent indicators, professional experts, and standardized treatments, therefore replicating the rationalization tendencies seen by Scott in state-driven projects.[5] Recognizing this continuity allows the application of Scott's framework beyond its original authoritarian-state examples while also attending to the distinctive institutional form and transnational context of the Korean case. The following analysis will trace these parallels in detail,

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the Soviet Union and its satellite states' withdrawal from that organization in 1949. The Soviets contended that the United States failed to acknowledge the interconnected nature of social, economic, and health issues, blaming bad working conditions under capitalism for health problems. The Soviet Union expressed disapproval of the WHO's capitulation to *imperialistic* states, specifically the United States. The Korean War reinforced Soviet perceptions. The Soviet Union returned to the WHO in 1956 (Cueto, et al. 2019, 63–66).

5. Both the United Nations and the United States viewed the consolidation of a stable nation-state in Korea as essential to the postwar international order. The WHO/UNKRA surveys thus aligned with broader geopolitical aims, reinforcing state institutions while advancing development. On nation-building, see Ekbladh (2011) and Brazinsky (2007).

demonstrating how the WHO/UNKRA mission embodied high-modernist principles despite its nonstate character. Although the WHO/UNKRA mission was organized under the auspices of international agencies, in practice, the surveys and classifications undertaken by the WHO/UNKRA mission were mediated through Korean state institutions and became instruments of state-building. International organizations provided resources, expertise, and a legitimating framework, but the capacity to operationalize legibility—whether through establishing administrative order, developing scientific and technical education, or controlling society and its population—remained with the state. Far from displacing the state, international aid reinforced the state's role as the indispensable institution capable of transforming legible knowledge into developmental practice.

Administrative Ordering of the Medical System

When the WHO/UNKRA mission arrived in 1952, health and medical conditions in Korea were typical of developing nations recently liberated from imperial domination. Additionally, the country had faced the Korean War just five years after its liberation. The army had recruited over half the country's medical graduates. In addition to lost transportation, workforce, and other necessities, environmental services broke down, with damaged water supplies and purification plants. Drugs and other material supplies ran out, and currency inflation damaged the financial structure of medical and health services. A nutrition and housing crisis resulted from the 2.6 million refugees and displaced persons—almost 13 percent of the total population—who served as a breeding ground for infectious diseases. Typhoid, dysentery, typhus, smallpox, and encephalitis epidemics were among the results (DiMoia 2013; I. Lee 2014; Y. Kim 2023; Bricknell 2023). This was the time and space wherein the state became newly coordinated.

The WHO/UNKRA mission's approach to postwar Korean public health reveals a clear highmodernist orientation, evident in its reliance on standardized surveys, universal metrics, and expertdriven planning that sought to reorder local realities into administratively legible forms. A certain

level of local district would be an effective unit for transferring the central concepts of development. Modern state development projects often emphasized efficient execution through close coordination between central and local governments, moving beyond local practices and measurements, as Scott (1998) noted. As the WHO/UNKRA report stated, the best outcomes of the administration of nature and society result in "the closest collaboration between central and local government," especially for a nationwide health and medical system, although the extent of such collaboration differs among nations (WHO/UNKRA 1952, 21). In 1952, experts divided the governmental health system in Korea into three levels: (1) the national Ministry of Health at the center, (2) the Bureau of Social Affairs in the capital city of Seoul and the provinces, and, at the local level, (3) *si*-(city) and *gun*- (county) level offices. For administration purposes, Korea had nine provinces and one special city (Seoul), with provinces further divided into cities (*si*) and counties (*gun*). The *gun* were further divided into *eup* and *myeon*. A *si* had a population of at least fifty thousand; an *eup*, a population of between twenty and fifty thousand; and a *myeon* a population of under twenty thousand. *Myeon* and *eup* were further divided into *tong* and *ri*. In these ultimate subdivisions, the people elected *tong* chiefs (*rijang*) but had no elected council. As in *si*, a *myeon* and an *eup* had a mayor or a chief and an elected council. Otherwise, a *gun* had no elected representatives; instead, a *gun* chief, or *gunsu,* was in charge, whom the governor of the province appointed.[6]

The evolution of public health administration in Korea from the Japanese regime (1910–1945) through the US military government (1945–1948) to the establishment of the Republic of Korea (1948) reflects significant structural changes and challenges in effectively implementing health policies.[7] During the Japanese regime, public health was the Bureau

6. The designation of administrative units follows that of the 1950s. Since then, the exact spellings of the administrative units have changed (WHO/UNKRA 1952, 22–23).

7. Korea's post1945 public health system formed under layered legacies. The Japanese GovernmentGeneral had built a centralized apparatus for disease surveillance, sanitation, and population registration, which the United States Army Military Government in Korea (USAMGIK, 1945–1948) retained and adapted for relief and epidemic control. After the

of Police's responsibility; the bureau had a designated sanitation unit to address public health problems (C. Kim 2013; Cho 2015; K. Shin 2024). At the time, a *myeon* office reported directly to the police regarding health problems, such as epidemic prevention and pharmaceutical administration (K. Shin 2013). A sanitary bureau was a part of the provincial police division, and its work extended to the local level through the county police office, whereas institutions such as Seoul Hospital and Keijō Imperial University in Seoul were directly under the governor-general's control (WHO/UNKRA 1952, 21–22). The US Army Military Government in Korea (USAMGIK) lasted from 1945 to 1948, changing the overall system of public health administration by eliminating the health-related functions of the Bureau of Police and assigning them to a Bureau of Health (Jung 2011; Song 2022).[8] The Bureau of Health soon added a welfare division and changed its name to the Bureau of Health and Welfare. Each province then established a Department of Public Health and Welfare in accordance with the organizational structure at the center. Bureaus then became departments, and provincial departments became bureaus (Kwon 2011). Under the US military government, the Department of Public Health and Welfare continued to function while the reduced number of provincial bureaus resulted in the system's overall reduction (J. S. Shin 2000). However, after the establishment of the Republic of Korea in August 1948, the new government downgraded the Department of Public Health and Welfare to a bureau in the Ministry of Social Affairs (Kwon 2011; WHO/UNKRA 1952, 21–22). These frequent administrative changes were logistically burdensome, and the transfer of health services from the Bureau of Police to the newly created Ministry of Health did not go into full effect until 1951 (Kwon 2011, 13–14). In addition, the minister of health inevitably suffered

Korean War, the WHO and the UNKRA inherited this hybrid framework, reframing its legibility practices within an international development agenda.

8. The US military government emphasized the improvement of Korean medical education by arranging for medical students to study abroad. The Rockefeller Foundation sought to select those who would focus on improving Korea's public health. This was later reflected in the development of Korean medical education, which had previously focused on the development of medical fields other than public health (J. Kim 2023).

from two handicaps: He oversaw the most recently created ministry, and his ministry could not effectively implement health policy for which the legislative assembly vetoed the funds (WHO/UNKRA 1952, 22–23).

A nationwide health system would be possible only when simple and uniform state interventions appropriated, controlled, and manipulated society, which would extend to all local and provincial spaces. According to the mission report (WHO/UNKRA 1952, 22), "Parallel administrative organizations at the centre and in the provinces" would be a key part of ensuring continuity of health services, highlighting that the simple establishment of the Ministry of Health at the level of the national government resulted in the absence of "parallel organization at the provincial level." A split responsibility in medical care came from successful public health organization at the provincial level. After the WHO/UNKRA mission reviewed previous data, it regarded Seoul as an already populous city, with most of its technical and professional health services and educational institutions organized according to the uniformity and simplification of administrative ordering (Dongwon Lee 2020; Hwang 2024). The other nine provinces, however, had underequipped health and medical systems. The president appointed the governor of each province, supported by the elected provincial council. Several agencies and bureaus throughout the provinces addressed various issues, such as home affairs, agricultural and industrial matters, and social affairs—under which health was only a mere function. Subsections of the health sector addressed medical administration, epidemic control, cleanliness, and medicines in general. Only one medical staff member was in charge of the entire provincial organization in a certain province, overseeing four hospitals, sixty-three dispensaries, and two leprosaria. This staff member also oversaw public health initiatives, such as sanitation, epidemic disease management, vaccination, and health education (WHO/UNKRA 1952, 22–24).

Establishing useful units became crucial to constructing health administration in modern states to organize local administration and render it legible, allowing central administration to have a significant effect. Above all, control from the center had to flow effectively down to the local level in health and medical administration. According to the mission report, the

Bureau of Social Affairs at the *gun*, or county, level should operate as a base unit for conducting the functions of public health "within the framework of the general policies of the Ministry" (WHO/UNKRA 1952, 24–25). As previously stated, a *gun* was the only governmental unit without elected representatives, and the governor appointed the *gun* chief, or *gunsu*. The mission report stated that a *gun* would be an effective unit to adopt the framework of the central government, including trained personnel working for public health at the local level but remaining central government employees. To ensure some degree of uniformity, each province's medical chief needed public health training and to be a member of a transferable service under the Ministry of Health. The Ministry of Health required medical administrators with advanced degrees; therefore, such a plan would also provide training for such positions.

Education for Scientific and Technical Experts

Modern health and medical systems involve strong belief—a so-called high-modernist ideology—imbued with self-confidence about scientific and technical progress, the expansion of production, and the mastery of nature. A high-modernist ideology as "a by-product of unprecedented progress in science and industry" implies faith in the legitimacy of science and technology (Scott 1998, 4–5). High modernism suggests a confidence in "rational thought and scientific laws" that might lead to a solution for every empirical problem, a drastic departure from history and tradition (Scott 1998, 93). It followed that scientifically designed schemes for economic production and social organization based on European knowledge, commodities, and techniques for the development of developing or fragmented areas of the world were superior to received tradition. The rational design of social order was commensurate with a scientific understanding of natural laws, including medical knowledge and education considered advanced in the West. Experts in medical fields advocated that belief (Hodge 2007, 7; Unger 2022, 315–325).

The WHO/UNKRA mission mentioned medical education as a

primary agenda, pointing out the absence of a health education officer attached to the Public Health section of United Nation's Civil Assistance Command in Korea (UNCACK). Scientific medicine in Korea began in 1889 with the founding of a hospital with a Christian mission, which became Severance Union Medical College in 1951. In 1952, when the WHO/UNKRA mission visited, there were six medical colleges (three national and three private) in South Korea, for which the Minister of Education was responsible for funding and hiring senior personnel as well as overall curriculum management. The physical damage and loss from the Korean War was a significant and urgent concern. Rebuilding this infrastructure involved not only replacing structures, services, technical equipment, consumable materials, and libraries, but forming a broad range of scientific and technological enhancements beyond the physical. The necessity for library replacement was especially acute because of the transition from Japanese to English, which rendered most of the remaining library material obsolete. Few students now understood Japanese, and libraries that once housed a plethora of foreign textbooks and literature in Japanese desperately needed replacements. This literature replacement represented the shift to English as a scientific language (UNKRA 1951). The mission recommended that special instruction in English be provided to educational institution staff, partly to ensure they had a common scientific language with their students and partly to facilitate extended medical programs for later use (WHO/UNKRA 1952, 81–87).

The WHO/UNKRA mission prioritized securing qualified, trained personnel as a solid foundation for administering medical care and advancing national health. According to a registry from June 26, 1950 (at the outset of the Korean War), and that date there were only 3,670 medical doctors at the onset of the Korean War—one doctor for every 5,500 people, a small ratio given the country's population of approximately 20 million. In addition, by 1952 only 53 percent of the 3,670 doctors included in the registry from June 1950 were still listed; one can assume the remaining 47 percent were either executed or abducted during the war. This effectively increased the ratio one doctor for every 7,000 people, far higher than the ratios in developed countries (UNKRA 1952i). The output of trained

personnel eventually stabilized the doctor-to-population ratio at around 1 to 4,500. If a further increase was desired, a medical college attached to one of the other national universities needed to be established at an early date. As a preliminary step, the mission visited the Swedish Hospital in Busan, which provided services to UN forces and the indigenous population "with [a] considerable amount of work" (UNKRA 1952d). The hospital was one of the Scandinavian units involved in the postwar rehabilitation of medical establishments and teaching (Midtgaard 2011; Östberg 2014). Based on a suggestion from the WHO/UNKRA mission, the governments of Denmark, Sweden, and Norway would furnish equipment and supplies to the National Medical Center later after the war, and they began providing professional and medical personnel to work in that center alongside Korean counterparts for "teaching purpose[s] to train Korean doctors, advanced medical students, and nurses and technicians" (UNKRA 1957).

More importantly, the UNKRA report advised that an appropriate curriculum and standard setting would ensure the development of scientific and technological professionals (UNKRA 1952l). Instruction began in 1952 with the medical coursework lasting four years, one year less than in many other nations. The goal, however, was to extend this course to five years. Furthermore, there were no external standards, with the entrance examination and the final examination supervised solely by the college in question. The intervening years also saw no genuine assessment of instruction quality. The mission suggested establishing a council to oversee the standards of medical education and related professional examinations. This council would have authority over approving colleges, setting curricula, and granting graduates licenses to practice (WHO/UNKRA 1952, 87–89, 93–96). This approach would have the advantage of ensuring control by people involved in education as well as removing the onus of prescribing standards from ministries, which might suffer unfavorable political ramifications. The system was comparable to that employed in other nations, where it had proven effective (Ludmerer 1985).

Furthermore, the WHO/UNKRA mission recommended that the central government was to establish and maintain a cadre of qualified medical and support personnel, such as nurse-midwives, sanitary inspectors,

and public health nurses, from which recruits could be drawn to staff various units throughout the country and continue to work for the central government. In this way, officials would benefit from better job security and the opportunity to seek positions in other states or provinces, which would encourage them to work more. The central government could contribute to the operation of health units by paying the salaries in full or in part of the trained personnel engaged (WHO/UNKRA 1952, 24–25). Remarkably, as Scott pointed out, this was associated with the rise of elites who repudiated previous ways and had revolutionary designs for their own populations (Scott 1998, 5). In these developments, the South Korean Ministry of Health fostered not only a professional medical workforce but the bureaucracy supporting the entire system. These specialized professionals served to enhance the legibility of the medical and health services (Scott 1998).

Legible Demographic Data for State Intervention

During his trip to Korea, Walter G. Wickremesinghe, a member of the WHO/UNKRA mission team, always carried with him a 1950 book titled *Public Health and Demography in the Far East*, by Marshall C. Balfour and Frank Notestein (Wickremesinghe 1952). This book explored the relationship between public health and population change in the Far East, to include Japan, Korea, China, Formosa (Taiwan), Indonesia, and the Philippines. It was a survey report submitted to the Rockefeller Foundation. Notestein was a renowned Princeton economist and member of the new generation—also including Kingsley Davis, Warren Thompson, and Dudley Kirk—pursuing the implementation of reproductive population control (Kirk [1944] 2000, 583–596; Bashford 2014; Dongkue Lee 2023). Notestein and his colleagues worked with the UN Population Division to pave the way for integrating all political and economic aspects into demographical thinking, especially regarding the new world order established in the 1940s and 1950s. The book concluded that fertility control was ineffective, but that mortality decreased in tandem with improvements in public health from the colonial era (Balfour et al. 1950).

Development projects like the WHO/UNKRA mission frequently relied on coercive force to implement scientific and technical progress in practice, often under the cover of emergency conditions (Scott 1998, 5). Such projects also defined their scope broadly, treating welfare as encompassing not just health and medicine but also population control, agricultural development, and long-range medical planning. This expansive vision was not unique to Korea. It reflected a wider epistemology, inherited from the 19th century and extending into the postwar world, in which population trends across time and space became the primary lens for understanding and governing societies. That epistemology had deep roots in the linked concepts of development, food, and land. As historian Alison Bashford (2014, 2–3) argues, "A geopolitical problem about sovereignty over land gradually morphed into a biopolitical solution, entailing sovereignty over one's person." Colonel William E. Carraway, who headed UNCACK, also "had strong view[s] on what he calls 'socialized medicine' and what he called the 'population problems produced by public health work'" in the mission's day-to-day report (UNKRA 1952d).

Because the UN prioritized population issues from its inception, population control comes across as the most crucial matter in the mission report (Bashford 2014; Robertson 2012). Population control was a way of reorganizing and simplifying society; the state calculated its population as "more legible—and hence manipulable—from above and from the center" through its "synoptic power to [distill] many individual facts into a larger pattern" (Scott 1998, 2, 76–77). The mission encountered devastating conditions. The majority of the South Korean population was living in small rural villages sustained by an agricultural economy centered on rice, alongside beans and green vegetables. Farming practices relied on the transfer of nitrogenous waste—human and animal—back into the soil, a method with real agricultural value but one that also propagated parasites, most commonly roundworm. People who lived near rivers and the sea ingested fish as an alternative nutritional source, but it was somewhat offset by the prevalence of infection from *Clonorchis* and *Paragonimus* worms. Despite these primitive living conditions from a Western perspective, conditions in Korea enabled "a dense and steadily increasing population"

(WHO/UNKRA 1952, 3). The foremost task was to properly assess and measure the national population.[9]

In 1952, the collection of demographic and vital statistics was the purview of the Statistics Bureau of the Office of Public Information, similar to the office of the Registrar General in many other countries.[10] The Japanese colonial government had conducted a nation-wide census every five years in the 1920s and 1930s; this quinquennial sequence was continued until 1945 when the country was split (I. Lee 2009, 42–43). Population growth was regular and rapid. That rate is perhaps most consistently determined by comparing numbers between 1930 and 1944, when the average annual rate of increase was 1.74 percent. Forecasts of future increases were famously risky, and changes in territorial boundaries and the disruption of people's lives accentuated this risk. If the population growth rate in southern Korea between 1930 and 1944 was maintained for the next twenty-five years, the population would exceed 30 million by the 1970s. The government then proposed a thorough census every ten years, with the next to take place in the 1960s, as well as a supplement to take informal and rougher intermediate counts every ten years starting in 1955 (WHO/UNKRA 1952, 36–37).

The Office of Public Information's collection of vital data and the Ministry of Health's data collections were sometimes flawed; therefore, the Ministry of Health should have taken over both functions. This division of responsibilities led mostly to weaknesses, while no advice for modification was given. In terms of offices and all forms of statistics, there was a need for a more accurate collection of basic data in the field and more efficient verification procedures. Frequently, there was a delay in the notification of infectious diseases because many of those inflicted never received medical

9. In 1952, the UN also saw Korea's industrial potential as residing in its natural resources (agriculture, minerals, and fisheries), with considerable manufacturing possibilities. The rehabilitation program aimed to develop these sectors as the foundation from which social welfare, education, culture, and economic security might grow (UNCACK 1952).

10. The statistical practices and capacities in Korea during the early 1950s differed significantly from those that developed in later decades, particularly after the return of students trained abroad—many with US or other international PhDs—who introduced new methodological standards and institutional reforms.

attention and communication lines were slow. This could not be significantly improved until medical services were more equitably dispersed, although there was potential for more careful assessment of real diagnoses when reports were received. Statistics reached the central government via various channels, some of which were recently established and others that were ancient police channels, the latter frequently faster than the former (WHO/UNKRA 1952, 38–39).

Like population control, epidemic diseases played a crucial role in developing Korea's health and medical interventions. The mission report indicated the great impact of the war on the spread of epidemic diseases. In response to this surge, UNCACK conducted a massive immunization campaign (I. Lee 2009). Although full figures for 1952 following that program are unavailable, partial figures as well as personal observation and inquiry show that 1952 was an unusually healthy year save for Japanese B encephalitis, which had become an epidemic the previous summer (WHO/UNKRA 1952, 37–38). Dispensaries and hospitals compiled and transmitted broader morbidity statistics to provincial and other administrative offices. As is common with such statistics collected in other nations, many diagnoses were ambiguous and unclassifiable and thus were not considered statistically significant. Officers on UNCACK teams collected their own statistics on notifiable diseases to submit in connection with that organization's epidemic control program, and more effort was likely put into checking these figures and the nature of the diseases involved than was typical in government-compiled figures (I. Lee 2009, 50–72). They reveal the same broad trend of illness incidence and have been overlooked mainly because governmental numbers have provided a more consistent picture across time.

The WHO/UNKRA mission report underscored the critical need for improved data collection and verification processes in Korea's public health system, highlighting the importance of obtaining accurate demographic and health statistics to inform effective policy and address postwar challenges. The WHO/UNKRA mission's population control recommendation was thus not an isolated technical suggestion, but rather part of a broader international agenda already embedded in UN demographic concerns.

Crucially, the Korean government's own efforts to produce legible demographic data through household registration, census taking, and vital statistics collection provided the informational infrastructure that made such recommendations actionable. These domestic initiatives, aimed at strengthening state capacity in line with Scott's notion of legibility, also served the needs of international actors by supplying standardized, comparable data that could be incorporated into global population policy frameworks. In turn, the WHO/UNKRA mission's emphasis on population control reinforced the Korean state's demographic governance priorities, aligning local administrative rationality with transnational high-modernist schemes. This mutual reinforcement illustrates how domestic and international projects of legibility were not parallel but intertwined, with each shaping and legitimizing the other (Hwang 2024; I. Kim 2018).

State Power Replacing Civil Society in Health and Medical Systems

Returning to the aforementioned quotation, "The closest collaboration between central and local government on the one hand…" This continues, "voluntary agencies on the other."[11] Although voluntary agencies (e.g., the Korean Red Cross Society, Korean Women's Association, Korean Medical Association, Korean Dental Association, and Korean Midwives' Association) were still in operation, as the mission report stated, "modern health and medical services in nations [became] so costly that it [was] no longer possible to expect voluntary agencies to bear a considerable part of it" (WHO/UNKRA 1952, 21–22, 25). Therefore, the voluntary services of individuals and associations that "lack the capacity to resist the state [plan]"

11. Here the term "voluntary agencies" does not refer to fully independent civil society organizations or wholly nongovernmental actors. Rather, it designates rudimentary organizations that maintained some distance from the state but were nonetheless institutionally supported or influenced by it. Groups such as the Korean Red Cross Society or the Korean Women's Association were hybrid in character, simultaneously civic and state-linked, and thus occupied an overlapping space between government and society (WHO/UNKRA 1952, 21).

cannot or do not play a significant role in the operation of health schemes at the national level (Scott 1998, 5). During the Korean War, financing all voluntary organizations was extremely difficult regardless of their operational mission and political inclination. Among the voluntary associations concerned with the field of health, the Korean Red Cross Society and the Korean Women's Association stand out.

First, the Korean Red Cross Society depended solely on voluntary contributions without government support (Ryu 2021). The Korean Red Cross Society had succeeded the Japanese Red Cross Korea Headquarters of the Japanese colonial era following the formation of the South Korean government in 1948. On April 30, 1949, the National Assembly in plenary session passed Law No. 25 on the Korean Red Cross Society organization. Officials of the Korean Red Cross Society began building local groups nationally in compliance with this law, and twelve local organizations were founded (Yoon 2021). Even though the Red Cross Society of a country at war can rely on contributions from Red Cross Societies in other countries, Korea's position was difficult because UNCACK and the Korean government distributed all foreign aid. The Korean Red Cross Society complained that this was a crippling arrangement. Despite being deprived of regular external supply sources, the Korean Red Cross Society managed to run some hospitals and clinics. The Red Cross hospital in Seoul was a prime example of what could be done under challenging circumstances, which included operating a tuberculosis sanatorium near Incheon. The relationship between the Korean Red Cross Society and the Korean Army was not identical to the relationships between their analogues in other countries. The Korean Red Cross Society did "very little pure medical work" but rather undertook considerable work among refugees and displaced people, caring for about 2 million refugees since the war began (WHO/UNKRA 1952, 26). In addition, it did some welfare work, providing comfort and recreation in three Red Cross hospitals in Busan (Östberg 2014; Ryu 2021). In its report, the mission desired to redefine the function of the Korean Red Cross Society so that it might play the full part that the Red Cross had played with significant success in other countries, along with a fresh estimate of its capacity and some revision of its provisions. However, the mission did not imply a role

for the Red Cross beyond the state itself, but one limited to managing hospitals and blood supplies (Yoon 2021; Ryu 2021). All other medical work, including refugee affairs and supplying medical items, would ultimately be transferred to the governmental organization.

Second, when the mission visited the provinces, it met members of the Women's Association, formally established by an act of the National Assembly, although it had existed before the act. Starting in 1919, the association formed close ties with the Women's Bureau of the Ministry of Social Affairs in the Japanese colonial administration. Each *gun*, as well as some *myeon* and *eup*, had an officer in charge of women's affairs. The national government compensated these officials through the Women's Bureau of the Ministry of Social Affairs. These operations had to be discontinued for lack of funding, with the exception of whatever help the local Korea Women's Association might provide by continuing to pay an officer officially employed by the Women's Bureau at the *gun*, *myeon*, or *eup* level. If this were not possible, the officers would not be paid. These Ministry of Social Affairs employees were known as instructors, and they frequently served as examples of social workers who could help the nation's women. The Women's Association did not function well in the fields of health and medicine because of the economic and financial hardships following the outbreak of the Korean War. The mission report included the association's postwar plans for local and national health education. These three divisions were sufficiently distinct to warrant independent treatment; therefore, the development of three national branches (i.e., urban, industrial, and rural), though this sequence was not of any relative importance. The mission report advised that the "Ministry of Health make every possible use of this organization, particularly in its program of health education of the public and of occupational health" because the association was a lay organization of major value to advancing public health (WHO/UNKRA 1952, 27). However, this recommendation meant its role would remain in public health education.

The WHO/UNKRA mission's public health initiatives were part of a broader international vision shared by the UN that regarded the construction of a stable, capable nationstate as the cornerstone of the

postwar world order. Foreign aid, as a notable example, was not simply delivered to the Korean population; it was channeled through state institutions, which reinforced those institutions' administrative authority and extended their reach into everyday life. The Korean government became the primary interlocutor and implementer of health and welfare programs. In this way, foreign aid and state-building were mutually constitutive: The resources and expertise provided by international actors expanded the state's capacity, while the state's role as the visible face of these interventions anchored Korea more firmly within the geopolitical and institutional frameworks envisioned by its postwar allies. Contrary to the WHO/UNKRA mission report, which suggested that voluntary associations should be active parts of the welfare arena, wars lead to a prostrated civil society, as do revolutions and economic collapse. State-driven development further entrenches this role by focusing the nation's goods, resources, and people on designated projects, especially in the public health sector (Scott 1998, 97).

Conclusion

The WHO/UNKRA mission's preliminary statement, written in July 1952 when it was still undertaking its research, outlined a plan to "establish the general long-range objectives" for the rehabilitation of Korea (UNCACK 1952). The preliminary statement enumerated two objectives of rehabilitation. The first was to continue to provide relief and support to Korea, preventing starvation, disease, and discontent and preserving the democratic institutions that Korea had established. The second aim was to rehabilitate Korea's economy so it could maintain itself with its own resources. Regarding the second objective, the rehabilitation program would establish "a balanced economy or a self-sustaining economy" equipped with "a balanced budget, a useful foreign trade, stable currency and a reasonable utilization of natural resources," or in other words, development (UNKRA 1952h). Development became, as it always is, a keystone of health administration in Korea. For example, on August 11, 1952, the mission held discussions with the Korean vice minister of health, the chief of the Bureau

of Medical Affairs, and the Ministry of Health regarding the budgetary system and allocation methods. The WHO/UNKRA mission learned the definitions of the duties of the Bureau of Medical Affairs' subsections. There was some discussion of the position of health in this rather idealized picture, including local taxation for local services and the proposal for a budget specifically allocated to health. Regarding this matter, Colonel Carraway specially asked the mission to consider specific objectives, socialized medicine, manufacturing and selling drugs, and the proportion of the budget to be devoted to health, hoping that Korea could operate as much as possible on a self-supporting basis (UNKRA 1952d).

The WHO consultants came to Korea for "the purpose of assisting in the preparation of a five-year plan for the rehabilitation of the public health and medical services" (UNKRA 1952h). Even if they limited their tasks to planning and assisting, with the primary responsibility for implementation resting with Korea, the mission would "[lay] down the general principles" of a health plan (UNKRA 1952h). Initially, they defined the relationship between the health program and the overall program, consistently connecting the health program to other development programs and to the country's general economic rehabilitation. The WHO/UNKRA mission formally adjourned its work in Korea on October 11, 1952, on which date MacDonald left for London via Tokyo and New York. His colleagues, Forrest and Wickremesinghe, had left on October 4 and October 9, respectively. They reassembled in London in the third week of October and prepared a formal report for presentation in Geneva in November (MacDonald 1952b). Led by the Bureau of Information and Liaison, the WHO planning mission's report circulated widely throughout UN organizations and the US government for publicity purposes (Rolbein 1953; United Nations 1952). UNKRA had engaged in the process of building a sovereign government to promote reconstruction based on aid from the West, which was a part of the new world health order of the 1950s.

REFERENCES

Primary Sources

MacDonald, George. 1952a. "Letter to General Le Bel." August 23. UNKRA Files, series 526, box 337, file 1. New York: United Nations Archives and Records Management Section (UNARMS).

MacDonald, George. 1952b. "Letter to Arthur Rucker." October 10. UNKRA Files, series 526, box 337, file 1. New York: UNARMS.

Rolbein, David L. 1953. "Letter to General Wood." January 6. UNKRA Files, series 526, box 337, file 1. New York: UNARMS.

UNCACK (United Nations Civil Assistance Command Korea). 1952. "Preliminary Statement." July 9. UNKRA Files, series 526, box 337, file 1. New York: UNARMS.

UNC-UNKRA. 1951. "UNC-UNKRA Agreement." July 11. UNKRA Files, series 526, box 337, file 1. New York: UNARMS.

UNKRA (United Nations Korean Reconstruction Agency). 1951. "Korean Dictionaries, Joint Conference with Korean Minister of Education." October 17. UNKRA Files, series 526, box 27, file 3. New York: UNARMS.

UNKRA (United Nations Korean Reconstruction Agency). 1952a. "WHO and FAO Expert Attend UNCURK Meeting." August 9. UNKRA Files, series 526, box 337, file 1. New York: UNARMS.

UNKRA (United Nations Korean Reconstruction Agency). 1952b. "Itinerary." August 9. UNKRA Files, series 526, box 337, file 1. New York: UNARMS.

UNKRA (United Nations Korean Reconstruction Agency). 1952c. "Preliminary Statement on Planning for the Rehabilitation of ROK." July 9. UNKRA Files, series 526, box 337, file 1. New York: UNARMS.

UNKRA (United Nations Korean Reconstruction Agency). 1952d. "First By-Monthly Report on Day-to-Day Activities of the WHO/UNKRA Health Planning Mission to Korea." August 30. UNKRA Files, series 526, box 337, file 1. New York: UNARMS.

UNKRA (United Nations Korean Reconstruction Agency). 1952e. "Personal File of George MacDonald." UNKRA Files, series 526, box 337, file 1. New York: UNARMS.

UNKRA (United Nations Korean Reconstruction Agency). 1952f. "Personal File of W. G. Wickremesinghe." UNKRA Files, series 526, box 337, file 1. New York: UNARMS.

UNKRA (United Nations Korean Reconstruction Agency). 1952g. "Personal File of William P. Forrest." UNKRA Files, series 526, box 337, file 1. New York: UNARMS.

UNKRA (United Nations Korean Reconstruction Agency). 1952h. "Note on the Tasks Assigned to the Team." August 4. UNKRA Files, series 526, box 337, file 1. New York: UNARMS.

UNKRA (United Nations Korean Reconstruction Agency). 1952i. "Public Health in Korea." UNKRA Files, series 526, box 337, file 1. New York: UNARMS.

UNKRA (United Nations Korean Reconstruction Agency). 1952j. "Third Report on Day-to-Day Activities of the WHO/UNKRA Health Planning Mission to Korea." September 14. UNKRA Files, series 526, box 337, file 1. New York: UNARMS.

UNKRA (United Nations Korean Reconstruction Agency). 1952k. "Fourth Report on Day-to-Day Activities of the WHO/UNKRA Health Planning Mission to Korea." September 24. UNKRA Files, series 526, box 337, file 1. New York: UNARMS.

UNKRA (United Nations Korean Reconstruction Agency). 1952l. "Reflections on Education and Training of Foreign Health Workers." UNKRA Files, series 526, box 23, file 5. New York: UNARMS.

UNKRA (United Nations Korean Reconstruction Agency). 1957. "National Medical Center-Seoul: Scandinavian Technical Assistance." December 3. UNKRA Files, series 526, box 319, file 2. New York: UNARMS.

United Nations. 1952. "World Health Organization-WHO to Undertake Health Survey in Korea." June 6. UNKRA Files, series 526, box 42, file 5. New York: UNARMS.

United States. 1953. "Relief and Rehabilitation in Korea: Hearings before a Subcommittee of the Committee on Government Operations, House of Representatives, Eighty-third Congress, Second Session." October 13, 14 and 16. Washington DC: US Government Printing Office.

WHO (World Health Organization). 1952. "Relations with United Nations Korean Reconstruction Agency." May 1. UNKRA Files, series 526, box 15, file 10. New York: UNARMS.

WHO/UNKRA. 1952. "Report of the WHO/UNKRA Health Planning Mission in Korea." UNKRA Files, series 526, box 337, file 1. New York: UNARMS.

Wickremesinghe, G. Walter. 1952. "Letter to I. C. Fang." October 7. UNKRA Files, series 526, box 337, file 1. New York: UNARMS.

Secondary Sources

Amrith, Sunil. 2006. *Decolonizing International Health: India and Southeast Asia, 1930–65.* London: Palgrave MacMillan.

Apel, F. Otto, and Pat Apel. 1998. *MASH: An Army Surgeon in Korea.* Lexington, KY: University of Kentucky Press.

Arnold, David. 1996. *Warm Climates and Western Medicine: The Emergence of Tropical Medicine, 1500–1900.* Leiden: Brill.

Balfour, Marshall C., Roger F. Evans, and Frank W. Notestein. 1950. *Public Health and Demography in the Far East.* New York: The Rockefeller Foundation.

Bashford, Alison. 2014. *Global Population: History, Geopolitics and Life on Earth.* New York: Columbia University Press.

Beichman, Arnold. 1968. *The Other State Department: The United States Mission to the United Nations.* New York: Basic Books.

Brady, M. Lisa. 2018. "Sowing War, Reaping Peace: United Nations Resource Development Programs in the Republic of Korea, 1950–1953." *Journal of Asian Studies* 77.2: 351–363.

Brazinsky, Gregg. 2007. *Nation Building in South Korea: Koreans, Americans, and the Making of a Democracy.* Chapel Hill, NC: University of North Carolina Press.

Bricknell, CM Martin. 2023. "Observations from the Korean War for Modern Military Medicine." *Uisahak* (Korean Journal of Medical History) 32.3: 787–828.

Cho, Sung Taek. 2015. "Ilje gangjeomgi gyeongchal-ui yeokhal-e gwanhan yeongu" (Review on the Police's Role during the Japanese Colonial Era). *Hanguk haengjeong sahakji* (Korean Public Administration History Review) 37: 79–102.

Chorev, Nitsan. 2012. *The World Health Organization between North and South.* Ithaca, NY: Cornell University Press.

Connelly, Matthew James. 2008. *Fatal Misconception: The Struggle to Control World Population.* Cambridge, MA: The Belknap Press of Harvard University Press.

Cooper, Frederick. 2010. "Writing the History of Development." *Journal of Modern European History* 8.1: 5–23.

Cooter, Roger, and John Pickstone. 2020. *Medicine in the Twentieth Century.* Oxfordshire: Taylor & Francis.

Cowdrey, E. Albert. 1987. *The Medic's War.* Washington D.C.: Center of Military History United States Army.

Cueto, Marcos, et al. 2019. *The World Health Organization: A History.* Cambridge, UK: Cambridge University Press.

Cullather, Nick. 2002. "Development? It's History." *Diplomatic History* 24.4: 641–653.

Cunningham, Andrew, and Bridie Andrews. 1997. *Western Medicine as Contested Knowledge.* Manchester, UK: Manchester University Press.

DiMoia, John. 2013. *Reconstructing Bodies: Biomedicine, Health, and Nation-Building in South Korea since 1945.* Redwood City, CA: Stanford University Press.

Ekbladh, David. 2011. *The Great American Mission: Modernization and the Construction of an American World Order.* Princeton, NJ: Princeton University Press.

Harrison, Mark. 2004. *Disease and the Modern World: 1500 to the Present Day.* Cambridge, MA: Polity.

Harrison, Mark. 2023. "Casualty Evacuations in Korea, 1950–53." *Uisahak* (Korean Journal of Medical History) 32.2: 503–552.

Havinden, A. Michael, and David Meredith. 1993. *Colonialism and Development: Britain and its Tropical Colonies, 1850–1960.* Abingdon: Routledge.

Hodge, Morgan Joseph. 2007. *Triumph of the Expert: Agrarian Doctrines of Development and the Legacies of British Colonialism.* Athens, OH: Ohio University Press.

Hodgson, Dennis. 1999. "The Ideological Origins of the Population Association of America." *Population and Development Review* 17.1: 1–34.

Hwang, Yun-Hee. 2024. "Haebang ihu singnyang baegeup tongje-wa 'yuryeong ingu' josa (1945–1950): Seoulsi-reul jungsim-euro" (Food Distribution Control and 'Ghost Population' Census [1945–1950]: Focusing on Seoul). *Sungsil sahak* (Historical Review of Soongsil University) 53: 225–251.

Immerwahr, Daniel. 2012. "Modernization and Development in U.S. Foreign Relations." *Passport: The Society for Historians of American Foreign Relations Review* September: 22–25.

Jeong, Se-Kwon, et al. 2023. "Medical Support Provided by the UN's Scandinavian Allies during the Korean War." *Uisahak* (Korean Journal of Medical History) 32.3: 829–864.

Jung, Keunsik. 2011. "Singminji wisaeng gyeongchal-ui hyeongseong-gwa byeonhwa, geurigo yusan: Singminji tongchiseong-ui sigak-eseo" (Formation, Change, and Legacy of the Colonial Sanitary Police in Modern Korea). *Sahoe-wa yeoksa* (Society and History) 90: 221–270.

Kang, Jaegoo, and Yunjae Park. 2023. "Unstable Expansion: The Development of the Military Medical Evacuation Chain in Korea, 1948–1953." *Uisahak* (Korean Journal of Medical History) 32.2: 463–501.

Kim, Changyun. 2013. "Ilje tonggambu sigi gyeongchal jojik-e gwanhan yeongu" (A Study on the Police System of the Emperor of Korea during the Residency-General Period). *Sahoe gwahak yeongu* (Journal of Social Science) 20.1: 91–114.

Kim, In-soo. 2018. "Chulsallyeok josa-reul tonghae bon ilbon-ui ingu jeongchi, 1940–1950-nyeondae" (Population Politics in Japan, 1940s–1950s: Focused on the Meaning of a Fertility Survey). *Sahoe-wa yeoksa* (Society and History) 118: 177–212.

Kim, Jane Sung Hae. 2022. "Securitizing Health: Biosecurity and Postwar Reconstruction in Korea." *Hanguk gwahaksa hakhoeji* (Korean Journal for the History of Science) 44.2: 265–296.

Kim, Jinhyouk. 2023. "Development and Influence of Military Medicine during the Korean War: The Medical Field Service School and Training in the U.S." *Uisahak* (Korean Journal of Medical History) 32.3: 891–930.

Kim, Ock-Joo, and Sang-Ik Hwang. 2000. "The Minnesota Project: The Influence of American Medicine on the Development of Medical Education and Medical Research in Post-War Korea." *Uisahak* (Korean Journal of Medical History) 9.1: 112–122.

Kim, Youngsoo. 2023. "The United Nation's Civil Assistance Command in Korea (UNCACK) Public Health Measures on Koje Island during the Korean War." *Uisahak* (Korean Journal of Medical History) 32.3: 931–966.

Kirk, Dudley. [1944] 2000. "Population Changes and Prospective Power Relations after World War II: A View from 1943." *Population and Development Review* 26.3: 583–596.

Ku, Byeongjun. 2020. "Joseon chongdokbu-ui ingu gwalli-wa yeong-a samangnyul tonggye munje" (Population Management of the Governor-General of Joseon and Infant Mortality Rate Statistics Issue). *Yeoksa munje yeongu* (Critical Studies on Modern Korean History) 44: 301–334.

Kwon, Ja-Kyung. 2011. "Hanguk jeonjaeng-gwa gukgagigu-ui hwakdae: Yi Seungman jeongbu-ui jungang jeongbu gigu gaepyeon-eul jungsim-euro" (The Korean War and Expansion of State Apparatus: Focusing on the Syngman Rhee Government). *Hanguk haengjeong yeongu* (Korea Public Administration Journal) 20.2: 1–34.

Lee, Dongkue. 2023. "20-segi inguhak-e bichin asia-taepyeongyang-eseoui naengjeon-gwa saengmyeong jeongchi" (Cold War and Biopolitics: Demography in Asia-Pacific during the Twentieth Century). *Segye yeoksa-wa munhwa yeongu* (World History and Culture) 66: 149–176.

Lee, Dongkue, and Mark Harrison. 2025. "Supplying Relief: Civil Medical Assistance during the Korean War, 1950–53." *Social History of Medicine* 39.1:117–137.

Lee, Dongwon. 2020. "6·25 jeonjaeng-gwa hanguk bogeon-uihakgye mit bogeonhak-ui hyeongseong" (The Korean War and the Formation of Korea Public Health). *Dongguk sahak* (Journal of the Dongguk Historical Society) 69:

339–374.

Lee, Hye-Sook. 2014. "Haebang ihu siminsahoe-ui yeoksajeok hyeongseong gwajeong-gwa seonggyeok (1945–1953)" (The Characteristics and Historical Formation Process of Korean Civil Society after Liberation from Japanese Rule [1945–1953]). *Sahoe-wa yeoksa* (Society and History) 102: 277–315.

Lee, Imha. 2009. "Hanguk jeonjaenggi UN mingan wonjosaryeongbu-ui ingu josa-wa tongje" (The Population Control during the Korean War: Focus on the Document of the United Nations Civil Assistance Command, Korea). *Sarim* (Historical Journal) 33: 39–75.

Lee, Imha. 2013. "Hanguk jeonjaenggi UN mingan wonjo saryeongbu (UNCACK)-ui bogeon-wiseong jeongchaek: Geupseong jeonyeombyeong-eul jungsim-euro" (The Public Health and Sanitation of the United Nations Civil Assistance Command, Korea [UNCACK]: Focus on the Communicable Diseases). *Sahoe-wa yeoksa* (Society and History) 100: 325–359.

Lee, Imha. 2014. "Hanguk jeonjaenggi UN mingan wonjo saryeongbu (UNCACK)-ui manseong jeonyeombyeong gwalli" (The Chronic Communicable Disease Control of the United Nations Civil Assistance Command, Korea [UNCACK]). *Sarim* (Historical Journal) 49: 281–311.

Lee, Na Mi. 2016. "Gukga hyeongseong-gi (1945–1960-nyeon) hanguk simin sahoe jedosa: Sahoe yeongyeok-eul jungsim-euro" (Korean History of Institutions Relating to Civil Society in State-Building Period [1945–1960]: Focusing on the Social Sphere). *Simin sahoe-wa NGO* (Civil Society and NGO) 14.1: 5–50.

Lee, Sun Ho. 2014. "Hanguk-ui segye bogeon gigu (WHO) gaip gwajeong-gwa 1945-nyeondae-ui saeop seonggwa" (Republic of Korea's Joining WHO and the Projects of the 1950s). *Uisahak* (Korean Journal of Medical History) 23.1: 99–126.

Lorenzini, Sara. 2022. *Global Development: A Cold War History.* Princeton, NJ: Princeton University Press.

Ludmerer, M. Kenneth. 1985. *Learning to Heal: The Development of American Medical Education.* New York: Basic Books.

McCann, R. Carole. 2017. *Figuring the Population Bomb: Gender and Demography in the Mid-Twentieth Century.* Seattle, WA: University of Washington Press.

McMahon, Ryan Patrick Francis. 2017. "Unfinished, Unloved, UNKRA: The Formation, Life, and Financial Enervation of the United Nations Korean Reconstruction Agency (1950–1954)." PhD diss., Ohio State University.

Midtgaard, Kristine. 2011. "National Security and the Choice of International Humanitarian Aid: Denmark and the Korea War, 1950–1953." *Journal of Cold War Studies* 13.2: 148–174.

Notestein, Frank W. 1946. "Population: The Long View." In *Food for the World*, edited by Theodore W. Schultz, 36–57. Chicago, IL: University of Chicago.

Östberg, Sigfrid. 2014. "The Swedish Red Cross Hospital in Busan, 1950–1958: A Study of Its Transition from a Military to a Civilian Hospital." *Korea Journal* 54.1: 133–156.

Packard, M. Randall. 2016. *A History of Global Health: Interventions Into the Lives of Other Peoples.* Baltimore, MD: Johns Hopkins University Press.

Park, Keong-Suk. 2012. "Ilje-ui ingu josa-wa ingu tongchi: 1908–1936-nyeon jaeman ilbon yeongsa gyeongchal-ui ingu jipgye jaryo-reul jungsim-euro" (Population Control under the Imperial Japan: Population Enumeration by Japan Embassy Police in Manchu, 1908–1936). *Sahoe-wa yeoksa* (Society and History) 95: 75–116.

Park, Yun-jae. 2011. "Haebang-hu hanuihak-ui jaegeongwa hanuisajedo-ui seongnip" (The Establishment of National Licensing System for Oriental Medical Practitioners in Korea, 1945–1951). *Dongbang hakji* (Journal of Korean Studies) 154: 345–376.

Park, Yun-jae. 2014. "Haebang-hu hanyak-ui byeonyong-gwa hanuihak" (Acculturation of Herbal Medicines and Changes in Traditional Medicine in Liberated Korea). *Hanguk geunhyeondaesa yeongu* (Journal of Korean Modern and Contemporary History) 71: 188–211.

Robertson, Thomas. 2012. *The Malthusian Moment: Global Population Growth and the Birth of American Environmentalism.* New Brunswick, NJ: Rutgers University Press.

Rucker, Arthur. 1954. "Korea—The Next Stage." *International Affairs* 30.3: 313–319.

Ryu, Sangsoo. 2021. "Hanguk jeonjaenggi daehan jeoksipjasa-ui jojik jeongbi-wa indojuui hwaldong" (Reorganization and Humanitarian Activities of the Republic of Korea National Red Cross during the Korean War). *Hanguk minjok undongsa yeongu* (Journal of Studies on Korean National Movement) 106: 141–170.

Scott, C. James. 1998. *Seeing Like a State: How Certain Schemes to Improve the Human Condition Have Failed.* New Haven, CT: Yale University Press.

Shin, Jwa Seop. 2000. "Gunjeonggi-ui bogeon uiryo jeongchaek" (The Policy of the United States Army Military Government in Korea towards Public Health and Medicine in Occupied South Korea). *Uisahak* (Korean Journal of Medical History) 9.2: 212–232.

Shin, Kyu-hwan. 2013. "Haebang ihu yakmu haengjeong-ui jedojeok jeongchak gwajeong" (Institutionalization of Pharmaceutical Administration after the Korean Liberation). *Uisahak* (Korean Journal of Medical History) 22.3: 847–878.

Shin, Kyu-hwan. 2024. "Singminji hongkong-ui yeoldae uihak yeongu-wa segyunseol: Mallaria-wa peseuteu bangyeok-eul jungsim-euro" (Research on Tropical Medicine and Germ Theory in Colonial Hong Kong: Focusing on Malaria and Plague Prevention). *Uisahak* (Korean Journal of Medical History) 33.2: 477–502.

Sin, Dongwon. 2003. "Haebang ihu bukhan hanuihak-ui byeoncheon, 1945–1960" (Traditional Medicine in North Korea after Liberation, 1945–1960). *Hanguk gwahaksa hakhoeji* (Korean Journal for the History of Science) 25.2: 147–176.

So, Young-hyun. 2014. "Jeonjaeng gyeongheom-ui yeoksahwa, hanguk sahoe-ui songmulhwa: 'Heonggeuri jeongsin'-gwa siminsahoe-ui bulganeungseong" (Historization of War Experiences, Snobbery of Korean Society: 'The Hungry Spirit' and Impossibility of Civil Society). *Hangukhak yeongu* (Korean Studies) 32: 273–313.

Song, Jeong-hyun. 2022. "1945–1946-nyeon migun-ui gyeonggi jiyeok judun-gwa wiseong gaeseon-eul tonghan daemin gwalli" (1945–1946 U.S. Presence in Gyeonggi-do and Community Control through Hygiene Improvement). *Hanguk minjok undongsa yeongu* (Journal of Studies on the Korean Nationalist Movement) 111: 173–207.

Symonds, Richard, and Michael Carder. 1973. *The United Nations and the Population Question, 1945–1970*. London: Chatto & Windus.

Unger, Corinna R. 2022. "Development Knowledge: A Twentieth-Century Perspective." In *The Routledge Handbook on the History of Development*, edited by Corinna R. Unger, et al., 315–328. Abingdon, UK: Routledge.

Yang, Dong Sook. 2010. "Daehan buinhoe gyeolseong-gwa hwaldong yeongu (1948–1950)" (A Study on the Organization and Activity of the Daehan Buinhoe, 1948–1950). *Hangukhak nonchong* (Journal of Korean Studies) 34: 1147–1192.

Yeo, In-sok. 2004. "Sebeuranseu uijeon yeongubu-ui uihak yeongu hwaldong" (A History of the Research Department of the Severance Union Medical College). *Uisahak* (Korean Journal of Medical History) 13.2: 4.

Yeo, In-sok. 2015. "Sebeuranseu-reul jungsim-euro bon CMB-ui hanguk uihak jaegeon saeop" (The China Medical Board and the Reconstruction of Korean Medicine after the Korean War: The Case of Yonsei Medical College and Severance Hospital). *Yeonse uisahak* (Yonsei Journal of Medical History) 18.1: 179–200.

Yeo, In-sok. 2023. "Psychiatric Casualties during the Korean War: Focusing on American and Commonwealth Soldiers." *Uisahak* (Korean Journal of Medical History) 32.3: 865–889.

Yeom, Woon-ok. 2017. "19-segi mal 20-segi cho yeongguk yeoldae uihak-gwa singminji dosi wisaeng" (Tropical Medicine and Colonial Urban Hygiene in the Late Nineteenth and Early Twentieth Century Britain). *Dosi yeongu: Yeoksa, sahoe, munhwa* (Korean Journal of Urban History) 18: 95–129.

Yoon, Jung-ran. 2021. "Gwangbok-hu daehan jeoksip jasa-ui jaegeon-gwa jojik wanbi: 1945–1950" (Rebirth and Reorganization of the Korean Red Cross after Korea's Liberation, 1945–1950). *Hanguk minjok undongsa yeongu* (Journal of Studies on the Korean Nationalist Movement) 108: 219–273.

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