



Negotiating Medical Pluralism: *Dorothea Sich's Transition from Humanitarian Mission to Medical Anthropology in 1970s South Korea*

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Abstract

This article revisits the history of rural community health projects in 1970s South Korea through the biography of Dorothea Sich (1933–2017), a German physician whose career trajectory led her from medical mission work to preventive medicine and ultimately to medical anthropology. The study examines Sich's engagement with community-based health initiatives in rural Korea and situates her work within the broader context of international health and development. By tracing Sich's shifting roles—from missionary physician to public health expert and anthropologist—this article highlights how cultural encounters, medical pluralism, and development agendas intersected in Korea's rural health programs. Through this biographical lens, the study not only sheds new light on the transnational dimensions of Korea's community health history but also demonstrates how individual actors contributed to shaping both local health practices and the emerging field of medical anthropology.

Keywords: Dorothea Sich, rural health, community health project, primary health care, medical pluralism, medical anthropology, international health

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Introduction

During the 1970s, community health received increasing attention from experts in public health, development policy, and anthropology around the world. The UN Declaration of Alma Ata in 1978 marked the global shift towards *health for all* and the inclusion of traditional medicine in development politics and away from a focus on Western medical practices (Bruchhausen 2016; Brazelton 2022). In South Korea, too, Christian organizations and universities conducted community health projects on Geoje-do, in Wanjū, on Ganghwa-do, and elsewhere, where Western and traditional medical beliefs coexisted during the rapid economic development and modernization of the Korean countryside (Shim 2018). While the main goal of these projects was the improvement of general health conditions in the countryside, universities also utilized them for the education of their medical personnel. Yet the implementation of these programs revealed complex negotiations between international health paradigms and local medical cultures that warrant closer examination.

The history of community health projects has often been approached through the lens of state modernization policies, population control, and rural development programs. While these perspectives have highlighted the political economy of health, they have paid less attention to the transnational encounters and individual actors who shaped these initiatives on the ground. This article seeks to fill that gap by focusing on the life and work of Dorothea Sich (1933–2017). Sich offers a revealing example of how international health programs became localized, as she occupied the unique position of being simultaneously both aid recipient and donor. Starting out as a female physician and medical missionary, she became one of the leading figures in community health projects and subsequently transitioned into medical anthropology and development consultancy. Her trajectory illuminates the complex dynamics of knowledge production and professional identity formation within development contexts.

Sich's work in a university hospital and community health project shaped her understanding of the cultural differences of childbirth and mother-child health care. Together with other medical anthropologists at

the time, she highlighted the coexistence of traditional alongside modern medical knowledge in Korea. Eventually, her scientific interest in intercultural comparisons helped to transform the understanding of community projects in German development politics and academia. Unlike other Western experts in the developing world (Mehos and Moon 2011), Sich actively engaged with her surroundings, and her awareness of Korean traditional medicine thus influenced her understanding, research, and teaching of health care practices. Her unique perspective and life transition merit attention for better understanding how participation in international health initiatives can fundamentally reshape professional identities and epistemological frameworks.

Our biographical approach highlights individual experiences within larger historical structures. Looking at personal struggles, decision-making, and actions can reveal more nuanced views of historical agency (Renders and de Haan 2014). This perspective also helps to challenge dominant narratives of development politics by including development actors on the ground and their perspectives. Recent scholarship has focused on the biographies of American bureaucrats to stress their roles in U.S. development policy towards South Korea (Han 2015, 2019). With their background in the history of science, technology and medicine, John P. DiMoia (2013), Jaehwan Hyun (2020), Jaeyoung Ha (2024) and others have highlighted the transnational biographies of Korean and American researchers and educators as *knowledge brokers* during the Cold War. This was not merely a transfer from West to East, but included complex processes of rejection and negotiations—as we point out in the case of Sich. While research on U.S.-Korea relations has traditionally been better represented, in recent years the global entanglements of South Korea with other parts of the world have found more attention—one of them being German-Korean relations (Jeong and Eichert 2024). Researchers have highlighted, amongst other subjects, the biographies of individual Christian missionaries in the Catholic Farmers' Movement or the dispatch of Korean nurses to West Germany (Hong 2015; J. Yoon 2023; Na 2025). While these examples demonstrate an increasing interest in biographical approaches to Korea's development history, there remains room for further exploration: In the field of community health, the

following questions arise: How were the Christian and state initiatives in social development linked on a personal level and how did the UN primary health concept translate into Korean development initiatives? Why did (foreign) health practitioners notice a misalignment between Western and traditional health care practices in the Korean countryside and what were their solutions drawn from medical anthropology?

To approach these questions, we analyzed a variety of U.S.-American, German, and Korean sources from university, state, and church archives. Particularly Dorothea Sich's life stations at Tübingen, Johns Hopkins, Yonsei, and Heidelberg Universities provided insights into her public health contributions, medico-anthropological research, and personal thought processes. Through her letters to missionaries, public health organizations, and development experts we were able to trace her transnational network of community health advocates and anthropologists. While we refer to medico-anthropological scholarship of the time for a better understanding of the Korean rural health situation, our approach itself remains historical-critical. However, recent studies in medical anthropology highlight the important contributions of Korean traditional medicine (T. Kim 2021), which underlines the shared concerns of Sich and her contemporaries. By examining Sich's engagement with rural health initiatives in Korea, this study sheds light on how cultural encounters, medical pluralism, and global development agendas intersected in shaping both Korean rural health and the emerging field of medical anthropology. Through this biographical lens, the article reconsiders the history of Korean community health not only as part of domestic modernization, but also as embedded within wider international health discourses and practices.

This study first analyzes Sich's work as a medical missionary in Jeonju, which led her towards the importance of community development projects. In the following section, we point out her role in the Ganghwa-do project, conducted by Yonsei University and funded by German and American Christian organizations, and her increasingly critical view of the project and the developmentalist mentality at large. As outlined in the last section, Sich eventually acknowledged the need for recognizing traditional Korean medicine in development politics and dedicated herself to training outgoing

doctors at Heidelberg University in this field. Although on first sight Sich's biography resembles a Goethean *Entwicklungsroman* (developmental novel), the transitions from one stage/role to the next, namely from missionary to public health expert and finally anthropologist, did not proceed smoothly but were in fact based on various influences, negotiations, and struggles, which will be pointed out below.

Medical Missionary Work and Interest in Public Health

With her experiences of inner-German migration and as an obstetrician-gynecologist shortly after graduation, Dorothea Sich began her journey in Korea as a medical missionary. She was born in 1933 and graduated both high school and medical school in East Germany. After her escape to the West in 1960, for which we have no further details, she received a medical degree at the University of Tübingen with a dissertation on pelvic inflammatory diseases, specifically salpingitis of patients at the university women's clinic. During her practical year, she specialized in obstetrics and gynecology and worked in Tübingen and Stuttgart until 1966 (Diesfeld 1993, 161).¹ Through partial funding from the Protestant development organization Dienste in Übersee (Services Overseas), but eventually affiliated with an American missionary program, Sich decided to go abroad.² Though no reason for this decision is found in the official files, her personal letters, or her scientific research articles, we can assume she was interested in voluntary service and work experience in a foreign country.³ Consequently, from 1966 to 1970, she worked at the Jeonju Yesu Hospital (Jeonju

1. Detailed information is available in the files on her doctoral committee and personal records at the University Archive Tübingen: UAT 155/5282; UAT 125/264,78.

2. UAT 155/5282, Letter from Dr. Dorothea Sich to University of Tübingen; Letter from Dienste in Übersee to University of Tübingen, August 5, 1966.

3. There were various reasons for German development workers to go abroad at the time, but these differed according to individual biographies. While some had previous experiences in foreign countries or with the migrant community in West Germany, others were motivated by a more general spirit for adventures (Altenhofen 2025, 42–46).

Presbyterian Mission Center, hereafter, PMC).

During this time, Sich was primarily concerned with the establishment of a maternal-child ward. While working at PMC, she reported and shared academically unusual and significant obstetric and gynecological cases through medical journal publications. She encountered numerous such cases arising from the predominance of home births, the practice of unique traditional birthing cultures—encompassing pregnancy, delivery, and postpartum care—and the implementation of folk remedies (Sohn and Sich 1969). In her reports, Sich described how only around 1 percent of all South Korean women gave birth in a clinic, meaning that these were often high-risk births. Perinatal mortality and severe toxemia preoccupied her as a doctor.⁴ According to her observations, pregnant women and their relations showed a prejudice toward and mistrust of Western medicine and doctors. On other occasions, Sich also pointed out the high cost of medical treatment in a hospital, leading to fewer patients despite the good facilities. Sich thus considered her own work in the hospital as less urgent; instead she highlighted the important role of rural doctors and the need for primary health care.⁵ After liberation in 1945, Korea underwent a conceptual transformation in health care, shifting from the colonial-era *wisaeng* (hygiene) to an American-style *bogeon* (public health) paradigm, and seeking to establish a prevention-oriented system through the development of a nationwide health center network (Shin 2015; J. Kang 2023). However, at least in the rural areas encountered by Sich, this American-style model of public health had yet to take firm root. This reflects a frequently voiced criticism of early development policies in the health sector at the time (Brazelton 2022).

Sich was concerned about situations wherein patients could not receive proper treatment due to poverty and medical obliviousness. She also thought it reprehensible to see patients' lives endangered by inexpensive but incorrect folk remedies, and argued for the urgent need for hygiene

4. LKAS-K031-454, Letter from Dr. Dorothea Sich to DIFÄM: *MCD letter*, September 17, 1967, p. 2.

5. LKAS-K031-454, Letter from Dr. Dorothea Sich to DIFÄM: *MCD letter*, March 2, 1968.

education (Sohn and Sich 1969, 382–383). While she showed curiosity about the medical culture of Korean rural women, she did not extend this to a relativization of Western medical knowledge. During her work at PMC in 1969, she passed three examinations—the Korean MD license, the MD specialist license, and the American ECFMG.⁶

After working in Jeonju for four years, Sich received further practical training at the Baptist Hospital of Wake Forest University in Winston-Salem, North Carolina. In her words, adapting to the U.S. medical system was “surprisingly difficult,”⁷ but her stay would eventually expand her knowledge on primary health care and shape her direction as a scholar. The director of the German Institute for Medical Mission (Deutsches Institut für Ärztliche Mission, DIFÄM), Dr. Martin Scheel, introduced Sich to Carl E. Taylor, an American professor of public health. Scheel and Taylor knew each other through the Christian Medical Commission (CMC) of the World Council of Churches (WCC). It was also during this time that Sich decided to pursue a master’s degree in public health at Johns Hopkins University, for which she received a loan from DIFÄM.⁸ According to Sich, there was no public health degree program in Germany at the time, and Johns Hopkins University was renowned for this field of study.⁹

Her new advisor Carl Taylor had shown an early interest in the development of primary health care systems and had been testing such programs in Indian villages since the 1960s. He was also an instrumental figure in the Declaration of Alma Ata of 1978.¹⁰ Taylor established the Department of International Health at Johns Hopkins in 1961 and became a leading advocate for reorienting global health agendas and projects toward a

6. LKAS-K031-454, Letter from Dr. Dorothea Sich to DIFÄM: *MCD letter*, December 12, 1969, p. 1. Through certification by the Educational Commission for Foreign Medical Graduates (ECFMG) Sich could also practice medicine in the United States.

7. LKAS-K031-454, Letter from Dr. Dorothea Sich to Dienste in Übersee, March 19, 1971.

8. LKAS-K031-454, Letter from Dr. Martin Scheel, Guarantee by DIFÄM for D. Sich, July 20, 1971.

9. LKAS-K031-454, Letter from Dr. Dorothea Sich to Dienste in Übersee, March 19, 1971.

10. For more information on Taylor, see also the website of Johns Hopkins School of Public Health: <https://publichealth.jhu.edu/2010/carl-taylor>.

community-centered, holistic, and integrated approach to healthcare, a shift that, by the 1970s, was being articulated internationally under the term “primary health care” (hereafter PHC). Taylor participated in drafting the 1978 Declaration of Alma Ata along with John Bryant from Columbia University, who also played a key role in health programs for developing countries at the Rockefeller Foundation and other organizations (Bryant and Taylor 2008; Packard 2016, 227–248).

As part of her master’s degree fieldwork and her post-graduation career, Sich planned to carry out a primary health project to further improve Korean health care in rural areas. In her letters, she specifically cited Dr. J. Sibley’s project on the island of Geoje-do as a model example (Johnson et al. 1970; D. Jeong 2021).¹¹ The files show that Sich approached various persons through CMC and DIFAM about projects in the health sector and sounded out her options between projects on the islands of Geoje-do and Ganghwa-do or urban initiatives in connection with Yonsei or Kyung Hee Universities. Her contact persons also considered the differences between suburban and urban regions such as Busan and Seoul and the countryside.¹² Kit Johnson, a public health expert at the time affiliated with Yonsei University, highlighted the advantages of his own institution in its resources, competent faculty and higher impact factor compared to other (Christian) institutions. Specifically, Johnson introduced Sich to Yang Jaemo, a public health professor who also served as dean of Yonsei University’s medical school, and his ideas surrounding the Ganghwa-do project.¹³ At the time, Dr. Yang was pursuing

11. See also the source collection of the United Presbyterian Church in the U.S. Commission on Ecumenical Mission and Relations Secretaries Files: Korea Mission, Kojedo (Geoje-do) Community Health Project, 1968–71; online via Presbyterian Historical Society, Pearl Digital Collection.

12. See LKAS-K031-454, Letter exchanges between Dorothea Sich and Sibley, Johnson, and Scheel.

13. Yang Jaemo served as chair of the Department of Preventive Medicine at Yonsei University from 1957, playing a pivotal role in Korea’s family planning programs during the 1960s and 1970s. After becoming dean of Yonsei’s College of Medicine in 1972, he worked to reform the medical school curriculum and to restructure the chair system. He later served as vice president for medical affairs and director of Yonsei Medical Center from 1982 (Yang 2001). For further information on Yang, see also the Johns Hopkins Bloomberg School of

reforms in medical education aimed at training medical students suited to Korea's medical realities and, as part of this effort, was developing projects grounded in community medicine. Johnson suggested Sich participate as part of a team rather than as a leader of an individual project and urged her not to underestimate the Korean partners but to accept and trust them as equals.¹⁴ Sich agreed with most of Yang's suggestions and in the end decided to join Yonsei University and its Ganghwa-do project.

Another reason for Sich's interest in Yonsei may have been the reintegration of Korean nurses returning from West Germany.¹⁵ In 1971, Sich wrote an article for the *German Medical Journal* drawing attention to the dilemma of recruiting foreign nurses to Germany and the resulting brain drain in the country of origin. She suggested that returnees be deployed in primary health projects with the additional costs subsidized through development cooperation. Sich evaluated the training of doctors and medical staff in Korea as a responsibility industrialized countries should bear through development cooperation (Sich 1971b). Here she referred directly to discourses by other American missionary doctors from the CMC in Korea (Johnson 1971; Conroy 1971), sources that had been largely ignored by the German public until then, and thus linked two important topics, namely support for the Korean health sector within the framework of (German and Christian) development cooperation and the reintegration of qualified specialists into medically underserved regions. Sich's proposal subsequently found greater resonance with German and Korean stakeholders: Yang Jaemo took up Sich's idea and as early as December 1971 proposed a one-year reintegration course for returning nurse assistants as

Public Health website, "Heroes of Public Health," which includes a biographical entry on him (<https://publichealth.jhu.edu/about/history/heroes-of-public-health/jae-moe-yang-md-mpH-dmSc>).

14. LKAS-K031-454, Letter from Kit Johnson to Dorothea Sich, September 12, 1971. On the other hand, Johnson was relatively critical of Chinese or traditional medicine and estimated only 5 percent of all care being delivered by traditional practitioners, while—in his words—the Korean population was "very pragmatic" in its utilization.
15. Regarding the migration of Korean nurses to West Germany and their living conditions abroad, see also Hong (2015, 250–287).

part of the rural development project on Ganghwa-do.¹⁶ Other German-Korean researchers, such as Yoo Do-Jin, who had submitted his dissertation on the migration of nurses at the University of Kiel in 1975 (Yoo 1975) and then worked at the Institute for Medical Sociology at the University of Münster, also devoted his research to the question of the reintegration of nurses and was in direct contact with the BMZ (Bundesministerium für wirtschaftliche Zusammenarbeit). Like Sich, Yoo hoped to implement the return of nurses to rural Korea as part of a technical cooperation project. He thought of a rotation system between university hospitals and rural health centers as a way of ensuring acquired knowledge would not be lost.¹⁷ Yoo later became a professor of sociology at Pusan National University but did not ultimately realize his plans, instead devoting his research to other topics. However, this shows that researchers and health practitioners were aware of the problems of brain drain caused by migration and were seeking possible solutions.¹⁸

16. LKAS-K031-454, Letter from Yang Jaemo to Dorothea Sich, December 9, 1971, p. 1.

17. PA AA, B37-ZA, 105112, Note regarding the Yonsei University hospital project—Visit by Dr. Yoo from the Institute of Medical Sociology at the University of Münster to the BMZ on December 29, 1976 (Vermerk über Krankenhausprojekt der Yonsei-Universität—Besuch von Dr. Yoo vom Institut für Medizinische Soziologie der Universität Münster am 29.12.1976 im BMZ).

18. Another early example is the following episode: the mayor of Mainz approached BMZ Minister E. Eppler to look into the possibility of building a hospital, nursing school, and dormitory at Chung-Ang University in Seoul. As a result, he also saw the possibility of remigrating Korean nurses from the university hospital in Mainz. However, the BMZ argued that such ideas could only be realized if the Korean government stopped sending nurses abroad. See also: BArch, B 149 / 46779, Letter from the Ministry of Economic Cooperation to the Ministry of Labor: Employment and reintegration of Korean nurses, here: use of social insurance contributions (Beschäftigung und Rückgliederung koreanischer Krankenschwestern, hier: Verwendung der Sozialversicherungsbeiträge), January 27, 1972, p. 1.

The Ganghwa-do Project: Implementing Primary Health Care in Rural Korea

On behalf of her mentor Carl Taylor, Sich applied for funding to conduct a basic health project that she planned to carry out in cooperation with Yonsei University on Ganghwa-do. Yang Jaemo, as mentioned above, collaborated as a partner and submitted applications for funding to German Christian development organizations and directly addressed the reintegration programs for Korean nurses proposed by Sich.¹⁹ Yonsei University had already drawn up its own proposal to promote primary health and, as a Christian university, also had close contacts with international Christian donor organizations, so Sich's initiative met with interest. In February 1973, Evangelische Zentralstelle für Entwicklungshilfe (Protestant Association for Cooperation in Development, EZE) and Brot für die Welt (Bread for the World) decided to provide 75 percent of the funding for research, pilot projects, and the construction of health stations on Ganghwa-do. The remaining 25 percent was supported by the United Board (UB) from the United States. The contract ceremony with the West German institutions was held at the West German Embassy and signed by the director of Yonsei Medical Center, Dean Yang, and Sich.²⁰

In the Ganghwa-do project, Sich worked as an obstetrician-gynecologist, treating patients and performing family planning procedures such as IUD insertions. However, her primary focus was on training selected village women as family health workers (hereafter FHWs) to serve as health auxiliaries. The concept of the FHW drew upon Taylor's pioneering work in Indian villages, specifically the rural health care program in Narangwal, Punjab, which Taylor had directed during Sich's time at Johns Hopkins (Taylor 1976). It centered on training community women as auxiliary nurse midwives.²¹ Sich adapted this model based on the premise that community-

19. LKAS-K031-454, Letter from Dorothea Sich to Martin Scheel, January 9, 1972, p. 1.

20. YUA, A7400000000008-1594 (Medical College related files [3]).

21. NARA, RG 286, Entry P 583, HLS 3 Health Organization FY '72. Sich, "First Presentation: Introducing Family Health Workers into Rural Korea, February 11, 1972," p. 3.

level provision of maternal and child health (hereafter MCH) and family planning (hereafter FP) services by health auxiliaries could significantly enhance both the efficiency and effectiveness of existing health service delivery systems.²² The Ganghwa-do project had two main purposes. The first was to provide education and practical training in community medicine and nursing as part of the educational programs at Yonsei University's medical and nursing colleges. The second was to integrate FP and MCH programs in rural Korea through the training of FHWs. Sich led the latter initiative. The integration of FP and MCH services attracted support from American foundations concerned with population issues, including the Population Council and the China Medical Board.²³

The project also contributed to the prominent position of primary health in German development policy for Korea, as the problems of rural development were better localized. As early as 1973, the BMZ rejected an application for the supply of medical equipment by an urban hospital with reference to the project on Ganghwa-do.²⁴ Yonsei University revised the application for financial cooperation, combining the two aspects of basic health services and the reintegration of returning nurses. Both the German Embassy and Ministry for Economic Cooperation evaluated this positively:

At the same time, the university wants to pay particular attention to nurses working abroad, mainly in the Federal Republic of Germany. These nurses should receive special training in the hospital and find a reception center there after their return, either by being employed in the hospital itself or by being retrained for work in the university's rural outposts, e.g.

22. NARA, RG 286, Entry P 583, HLS 3 Health Organization FY '72. Sich, "Second Presentation: Project for Experimentally Introducing Family Health Workers into Rural Korea, March 3, 1972," p. 1.

23. YUA, A7-400000000005, "Summary Note of Dr. Oliver R. McCoy's Visit to Yonsei University College of Medicine."

24. PA AA, B37-ZA, 100256, Letter from Dr. Haniel (BMZ) to the Foreign Office: Technical Assistance to Korea, here: Revised application for delivery of medical devices and supply materials (Technische Hilfe für Korea; hier: Revidierter Neuantrag für die Lieferung von medizinischen Geräten und Ausstattungsmaterial), March 9, 1973.

as midwives. This “motherhouse concept” could considerably alleviate the reintegration problems of the nurses willing to return.²⁵

According to the application, Yonsei University would serve as a hub for returnees both for retraining and deployment to rural health centers. Even though these two tasks were considered difficult to achieve, Yonsei University received funding approval with this concept.²⁶ The project team planned to ensure the returnees’ employment and status by re-educating them in public health nursing for six months and then placing them in posts as school health teachers or public health center nurses in line with government policy, while considering Yonsei Medical Center’s management needs (Yeongdong Severance Hospital 1996, 48–50).²⁷ The reintegration and social orientation of the projects therefore played a major role in the approval for funding.

Another example is the funding provided to Korea University, which was initially focused on the construction of a new affiliated hospital. Through discussions with the German side, this plan was eventually reformulated into an application focusing on basic health services.²⁸ Both

25. PA AA, B37-ZA, 101646, Dr. Obermüller (BMZ): Report on an official trip to South Korea (Bericht über eine Dienstreise nach Südkorea), November 13, 1975, p. 4.

26. PA AA, B37-ZA, 105112, Letter from the German Embassy to the Foreign Office: Financial Assistance for Korea 1976, Yonsei Hospital (Kapitalhilfe für Korea 1976, hier: Yonsei-Krankenhaus), January 19, 1976.

27. YUA, A가201090400046-Yeongdong District Yonsei General Hospital Installation Plan, General information on Proposed Construction of A New Yonsei General Hospital in Young-dong Area, Seoul, Korea-“New Young-dong Hospital.” In 1977, Yonsei University presented detailed programs for the education of nurses bound for Germany as well as the reintegration of returning nurses from Germany. However, in November 1977, before the opening of Yeongdong Hospital, the West German government imposed a complete ban on the employment of new foreign workers, which led to the termination of nurse dispatches to Germany. Consequently, the training program for Germany-bound nurses could not be implemented. While some education and re-employment of returning nurses from Germany appears to have taken place, it is difficult to ascertain specifically how many nurses were involved and how the programs were conducted (Young-soo Kim 2023, 98).

28. PA AA, B37-ZA, 103340, Letter from the German Embassy to the Foreign Office: Financial Assistance for Korea, Interest by Korea University (Medical College with

universities originally aspired to build large hospitals in line with the trend of expansion and modernization of general hospitals in the Seoul area during the 1970s. However, the West German government instead demanded the construction of community hospitals serving local communities in line with the social development ethos. The two universities were directed to build community hospitals in suburban industrial and rural areas and to implement community health projects under the terms of the loan agreement (D. Jeong 2022, 280–283; Altenhofen 2025, 386–394).

Despite this early success in applying basic health concepts to Korea, Sich generally remained critical of her surroundings, her role in the developing country, and her relations with her university. During the mid-1970s, she frequently mentioned the harsh measures of the Park Chung-hee regime, such as in its reforestation campaigns or imprisonment of Christian activists, and was especially worried the primary health projects might also be perceived by the populace as a coercive government campaign, though they had a different trajectory, namely, to help the impoverished rural population.²⁹ In this regard Sich also frequently questioned her role as a missionary as well as her affiliation with a Christian institution such as Yonsei University. In particular, she wondered about the mandatory attendance at Christian services or the regulation regarding employees' faith, while she maintained a generally positive view of the Christian mindset amongst her colleagues.³⁰ Thus, her views drastically differed from early-20th-century missionaries in Korea, as she was influenced by theological trends in Germany of the 1960s with a stronger focus on social issues and church reform (see Hermle et al. 2012). Further evidence of Sich's critical perspective on the Park regime can be found in her collaboration with politically sensitive organizations. She actively participated in urban community health programs organized by industrial mission activists—groups that faced systematic government oppression—particularly through

Hospital) (KH für Korea; hier: KH-Wunsch der Korea Universität Seoul [Medizin. Fakultät mit Krankenhaus]), June 29, 1976.

29. LKAS-K031-454, Letter from Dr. Dorothea Sich to Dr. Martin Scheel, April 2, 1973.

30. LKAS-K031-454, Letter from Dr. Dorothea Sich to Dr. Martin Scheel, April 2, 1973; LKAS-K031-454, Letter from Dr. Dorothea Sich to DIFÄM, January 1976.

her involvement in the Yeongdeungpo Industrial Mission's health management initiatives for factory workers.³¹ These associations reinforced her concerns that primary health projects might be misconstrued as extensions of the authoritarian state's campaigns, despite their fundamentally different objectives and grassroots orientation.

At the same time, Sich voiced criticism of general development policies based on individual projects in Korea. She observed how within a given project only a small group of people actually received and managed funding from the donor countries. In most cases, this elite group possessed foreign educations, which according to Sich made it difficult for them to relate to the general population. As a result, Sich implied that foreign capital had a neo-colonial effect in developing countries. At a meeting with German bureaucrats of development foundations and organized by the relevant ministry, Sich voiced this general criticism, asking about the role and meaning of development assistance itself—a challenge that was met with incomprehension from the other participants.³² More specifically, she reported misconduct in a German-funded nurse reintegration and rural health project in Icheon-gun, and maintained a critical distance from other approaches as well, including the Ganghwa-do project, in which she herself was involved.³³ Her (self-)critical perspectives likely cost her some receptiveness from her German funding partners, but earned her more trust from her Korean partners. While this already points towards her transition into medical anthropology, it also became a reason for “being stuck between two stools” as one of her students later pointed out (Deigner 1993, 164): Sich was part of religious, educational, and governmental institutions, yet maintained a critical distance from them all.

Sich's primary health care experience also became the catalyst for her transformation into an advisor for the West German government's medical loan projects that had begun in earnest during the late 1970s. Even after

31. KDFOA-00359358, “Uiryotim moim” (Medical Team Meeting), October 27; November 2; November 17, 1979.

32. LKAS-K031-454, Letter from Dr. Dorothea Sich to Dr. Martin Scheel, April 2, 1973; Letter from Dr. Dorothea Sich to DIFÄM, January 1976.

33. LKAS-K031-454, Letter from Dr. Dorothea Sich to Dr. Martin Scheel, July 12, 1973.

returning to Germany, Sich served as a German consultant for community health projects at institutions that received hospital construction loans, including Korea University and Soonchunhyang University, during the 1980s. Despite her critical stance toward development policies, her experience served as a crucial bridge between the German government and Korea, contributing to the implementation and improvement of various community health projects. As part of her innovative approach, she advocated for interdisciplinary participation in community health initiatives, bringing together not only medical professionals but also anthropologists and sociologists to create more culturally sensitive and contextually appropriate interventions (Sich and Kang 1983, 2).

Relativizing Western Medicine: Korean Health Culture and the Turn to Medical Anthropology

During the Ganghwa-do project, Sich once again noted a conflict between the discourse of modern health and the traditional beliefs of patients, who tended to rely more on family and village networks, including local shamans, than on biomedical care. She argued in particular that modern Western medicine—often absorbed into development policy without question—had so far failed to recognize this conflict; it continued to treat patients in developing countries according to Euro-centric standards. Although Sich's interest in Korea's traditional medical culture dated back to her work at PMC in the 1960s, it was through the Ganghwa-do project that her research focus on medical culture finally crystallized. In the following years, she formulated her pointed critique of modern Western medicine in the Korean context. Whereas her PMC experience had cultivated primarily observational interest in rural medical practices, the Ganghwa-do project marked a decisive shift toward scholarly investigation and epistemological reconfiguration through her engagement in organizing FHWs and interaction with local populations.

Sich's critical framework emerged through an examination of the brain drain phenomenon, whereby medical professionals educated in Western-

centric institutions became disconnected from their own societies' health needs and cultural contexts. She argued that physicians trained exclusively according to Western medical paradigms were ill-equipped to address the health concerns of rural Korean women given the profound differences in values, cognitive frameworks, and lived experiences across cultural contexts (Sich 1974). Through her fieldwork on Ganghwa-do, Sich investigated multiple dimensions of Korean medical culture: birthing practices, conceptualizations of gynecological disorders, and the integration of traditional Korean medicine and shamanic healing in therapeutic decision-making. Her analysis revealed that Korean medical culture prioritized familial rather than individual agency in health-seeking behaviors, necessitating a culturally-informed, holistic approach to healthcare delivery (Sich 1981). Crucially, she contended that these traditional medical systems should be understood as legitimate cultural frameworks rather than dismissed as mere superstition (Kim and Sich 1977; Sich 1978b).

Sich observed that while modern physicians played a significant role in rural healthcare delivery, they operated within a competitive therapeutic landscape rather than holding a monopoly on medical authority. Her research revealed a pattern of medical pluralism: during the onset of serious illness, patients simultaneously sought care from both biomedical institutions and traditional healers. Notably, when conventional treatments failed and economic resources were depleted, shamanic healing practices gained prominence. Sich characterized this phenomenon as indicative of a fundamentally pluralistic medical culture and health-seeking behavior (Kim and Sich 1977).

This analytical framework was contemporaneously developed by medical anthropologist Yoon Soon Young, who conducted research at Ewha Womans University community health project. Yoon's ethnographic work examined the intersection of local medical cultures and female leadership structures, documenting women's health-seeking behaviors and the broader medical ecology of rural Korea (S. Yoon 1978). Her findings corroborated Sich's observations about the coexistence and complementarity of multiple therapeutic systems in Korean rural communities. Sich's and Yoon's views also connected to other studies in medical anthropology, which dealt with

the analysis of the patient's perspective and the coexistence of different traditional, lay, folk, and modern medical systems within one society, e.g., rural China, as pointed out by German sinologist Paul U. Unschuld, or South Asia, especially the studies on Ayurveda by Charles M. Leslie. Medical pluralism in Asia also showed the adaptability of practitioners and institutions in the context of ongoing socio-economic change (Unschuld 1975; Leslie 1976). As one example, Sich described a 1977 medical consultation in which she first recognized the different meanings attached to the term *naeng* in women's health. In medical terms, the word describes a mostly harmless vaginal discharge, but the Korean patient attached great importance to it and the diagnosis was received extremely negatively. The word also means "cold" and is therefore based on a traditional understanding of illness, namely the balance between yin and yang, male and female, or hot and cold. It was thus associated with other ailments in a holistic context (Sich 1978b).³⁴

In the following years, Sich expanded upon this cultural approach to medical practices. She worked on her habilitation thesis at the Heidelberg Institute for Tropical Hygiene, which was affiliated with both the South Asia Institute and the Department of Theoretical Medicine. With the 1968 student protests and the ongoing university reforms of the 1970s, the colonial legacy of tropical medicine came under increasing criticism, and medico-anthropological approaches began receiving more attention (Bichmann 2018). Sich's research project received financial support from the Asia Foundation in Seoul and the German Research Foundation, and included longer field visits to the Ganghwa-do project region. Together with a research team of a sociologist and two nurses, Sich interviewed 30 pregnant women and their families before and after childbirth. Other research data consisted of the surveys conducted during the Yonsei project. Sich's habilitation was the first in Germany to combine theoretical medicine,

34. The Korean-American anthropologist Yoon Soon Young, whom Sich also consulted in this context, had already confirmed village healing methods of *naeng* in her research on traditional healing on Jeju-do (S. Yoon 1978). Later, the American anthropologist Laurel Kendall also investigated this phenomenon among Korean women in Hawai'i (Kendall 1987).

public health, and medical anthropology within a single academic affiliation—underlining once again her role as a trendsetter.³⁵

In her subsequent monograph, published in 1982, Sich expanded on her studies of childbirth and MCH from a medico-anthropological perspective. Her findings confirmed that in Korea traditional childbirth practices coexisted with *modern* medicine, corroborating her earlier observations from the PMC and Yonsei University projects. Traditionally, the influence of the mother-in-law and female elders on childbirth practices was strong; they would be present throughout the pregnancy, birth, and puerperium, often preventing the pregnant woman from visiting a clinic and isolating her from male members of the family and the village community. In this context, Sich also pointed to the persistently strong beliefs in the childbirth spirits (*samsin*), as well as rituals such as drying, burning, or burying the placenta and marking the house with a heap of yellow earth (*hwangto*) to prevent outsiders from entering (Sich 1982, 76–96). While from a medical perspective such isolation elevated the risk of stillbirth, because it limited access to midwives or doctors, Sich suggested accepting the medical cultural system, as it improved harmony within the family, which in turn had a possible long-term positive effect on the health of mother and child (Sich 1982, 159–160). In terms of psychological care, she pointed out that children who are not separated by artificial medical rules immediately after birth but remain with their mothers enjoy better mental health than Western children who are most likely separated from their mothers in the hospital (Sich 1978a, 651).

Following her habilitation, Sich served as a lecturer at the Heidelberg Institute for Tropical Hygiene, where the Working Group for Ethnomedicine also published *Curare*, a major German-language journal that took a broad socio-anthropological perspective on medicine. Sich contributed several articles—including in the inaugural volume in 1978—and served as editor

35. UAH, PA 10435, Dr. Dorothea Sich: Application for Habilitation Process (Antrag auf Einleitung des Habilitationsverfahrens), May 7, 1980; Prof. Hans Jochen Diesfeld to Members of Habilitation-Committee: Habilitation Conference on October 22, 1980, October 15, 1980.

for two special issues of the journal, one titled “Dying and Death” (Sterben und Tod) in 1986 and the other on “Giving Birth” (Gebären) in 1995.³⁶ During the 1980s, Sich worked on a research project on the divergent understandings of medical terms among Korean nurses in Germany. At the same time, she took a more active role as advisor to primary health projects at Korea University and Soonchunhyang University, as well as other Christian social development projects, work that included yearly visits to Korea and the publication of extensive reports and correspondence, underscoring her broader aim of applying her research expertise to practical development policy.³⁷

This applied dimension of her work also extended to her teaching. From 1980, Sich and her colleagues at the Institute for Tropical Hygiene offered courses in (comparative) medical anthropology, aimed particularly at preparing medical staff for deployment in developing countries by teaching them how to deal with medical pluralism and “practical action in a foreign cultural context.” By extending the approaches in medical anthropology, she and her team planned to foster a better integration of refugees and migrants into the European health system (Sich et al. 1995, 3). This project received funding from the federal and state research commission (Bund-Länder-Kommission), which considered it relevant for development policy.³⁸ Although the courses became mandatory for medical staff before their dispatch to a developing country, participation remained voluntary for medical students more generally. In addition, students of anthropology and the South Asia Institute also took part in the seminars, as they were often more familiar with the anthropological methods being taught (Sich et al. 1995, 1–3). The textbook documenting this program (Sich et al. 1995) shows how Sich shaped the curriculum: in its introduction, Sich again referred to the example of *naeng* from her own research to point out

36. All published volumes of the journal are digitalized here: https://digi.evifa.de/viewer/toc/BV048470733/1/LOG_0000/.

37. UAH, PA 10435, Dr. Dorothea Sich: CV and other documents, submitted for application as adjunct professor title, July 1987.

38. UAH, PA 10435, Dr. Dorothea Sich: Overview of Teaching Activity since 1981 (Übersicht über Art und Zeit der Lehrtätigkeit seit Erteilung der Lehrbefugnis am 27.1.1981).

the negative effects of Western medicine when combined with a traditional understanding of illness (Sich et al. 1995, 8).³⁹ A teaching handout in the same volume explained that Western medical professionals should explicitly familiarize themselves with the local healthcare systems and take medical pluralism in developing countries into account, ideally contributing responsibly to improving healthcare in the developing world as well (Sich et al. 1995, 11–14). Conversely, in the late 1990s, the institute also began offering courses for foreign medical personnel to help them adapt to the German system (Bichmann 2018, 20).

According to one study by a PhD student of Sich's, participating medical students recognized the value of the courses, particularly for a better understanding of different medical concepts. However, they complained about insufficient time, as familiarization with the new methods and material required greater effort. On the other hand, anthropology students were often too critical of (Western) medicine in general, so that many discussions developed into medical students trying to justify Western medicine (Sich et al. 1995, 42–43). This highlighted the problems Sich faced in her research and teaching more generally: she repeatedly fell between the cracks of medical and anthropological specialization. According to her colleagues and students, she continuously had to justify her work, for example, when applying for grants within or outside the university (Diesfeld 1993; Deigner 1993). While her efforts were recognized with the title of adjunct professor (*außerplanmäßiger Professor*) by the medical college in 1986, Sich and her colleagues initially failed to establish a chair for medical anthropology, an attempt they pursued through external funding by Volkswagen Foundation.⁴⁰ When Sich retired in 1993, followed by her colleague Hans Jochen Diesfeld the following year, medical anthropology in southern Germany seemingly entered a decline before being revived in the

39. As described in Arthur Kleinman's English-language conceptualization of medical anthropology, Sich and her colleagues referred to a distinction in German between the terms disease (*Krankheit*) and illness (*Kranksein*), defining the personal, social, and cultural facets of illness (Kleinman 1980; Sich et al. 1995, 22).

40. UAH, PA 10435, Letter from Dean of Medical College Vogel to Volkswagen Stiftung, October 20, 1988.

early 2000s.

This institutional decline was not merely an isolated academic phenomenon; rather, it was deeply intertwined with broader geopolitical and ideological shifts of the late 1980s. The stagnation of critical discourses in Western academia, coupled with the collapse of the socialist bloc, created a less receptive environment for critiques of biomedicine. Crucially, this period also saw the consolidation of the neoliberal economic order which prioritized market-driven health reforms and fiscal austerity over social welfare. This ideological shift catalyzed a global retreat from the socially reformist and universalist aspirations of comprehensive primary health care championed by the Declaration of Alma Ata. As international health agencies increasingly pivoted toward technocratic and selective primary health care models prioritized for their supposedly measurable efficiency and cost-effectiveness, the culturally sensitive and critical approaches advocated by Sich faced structural marginalization within a medical establishment increasingly dominated by biomedical reductionism (Cueto 2004; Packard 2016).

Conclusion

Dorothea Sich's career demonstrates that the history of Korean rural health care in the 1970s cannot be fully understood without considering the transnational circulation of medical knowledge and practice. Her trajectory from missionary physician to public health specialist and eventually to anthropologist illustrates how individual actors mediated between local realities and global discourses of health and development. This study has shown how her life and work provide a window into the intersection of medical pluralism, rural development, and international health agendas.

Sich's observations in Korea reveal the complexities of health care delivery in a society where childbirth and maternal and child health were deeply embedded in cultural traditions, yet increasingly targeted by modernization policies. Her training under Carl Taylor at Johns Hopkins, where she encountered models of community-centered health care

developed in India and elsewhere, underscores the layered routes through which medical knowledge circulated from the Global South to the United States and then to Korea. These experiences shaped her critique of overly technocratic development projects, which privileged Western practices while neglecting local customs and knowledge.

By engaging in community health initiatives such as the Ganghwa-do project, Sich became part of a transnational network that connected Korean practitioners, American academics, German donor organizations, and remigrated Korean nurses from Germany. Her involvement illustrates how development projects in Korea were not simply national undertakings but were embedded in wider webs of missionary, academic, and political actors. Although such initiatives were often celebrated as models of comprehensive rural development, Sich's reflections pointed to persistent shortcomings, particularly in the accessibility and cultural appropriateness of maternal and child health services. Her later academic career in Heidelberg, where she trained medical personnel for their dispatch to developing countries, extended the lessons she drew from Korea to broader debates about primary health care and medical anthropology. Her critical stance, acknowledging both the potential and the limitations of development projects, distinguished her from many contemporaries and allowed her to articulate a nuanced perspective on the cultural politics of health.

The academic trajectory of Dorothea Sich offers a significant alternative to dominant narratives in medical history, which have largely centered on state-led modernization and unidirectional scientific transfer. Her unique triple role as a missionary physician, public health expert, and anthropologist provides a compelling case for rethinking the history of community health in Korea within the context of global knowledge circulation. Specifically, by recognizing the epistemological integrity of Korean traditional medical practices, Sich facilitated a *reverse circulation of knowledge* that integrated local insights into the broader discourse of public health. This reframing of medical history—not as a triumph of Western science but as a product of complex cultural encounters—constitutes her unique contribution to the field.

Today, Sich remains a largely forgotten figure in both Germany and

Korea, a consequence of her marginal position at the intersections of disparate fields and the institutional fragility that followed her retirement. However, this relative obscurity highlights the challenges of sustaining interdisciplinary and critical agendas within an increasingly standardized biomedical landscape. Ultimately, this article demonstrates that biography studies can serve as a valuable perspective for understanding how local practices, international agendas, and emerging academic disciplines were intertwined in the making of both community health and medical anthropology. Her trajectory highlights not only the domestic challenges of rural health and social development in the 1970s, but Korea's place in the global circulation of medical knowledge.

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