

“The Nearest Faraway Place”: South Korean Medical Outreach and Southeast Asia as Its Research Context, 1954-1973

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War and Its Relationship to Medical Innovation

Within the literature in Korean and in English, there is generally a shared understanding of the impact of the Korean War upon the accelerated reception of biomedicine, especially as combat spread following the North Korean invasion of June 25, 1950. In practical terms, this meant that medical treatment not only assisted with injured troops, but also civilians, forming a critical part of the recovery process as large numbers of refugees streamed south to reach Busan. If this brief description refers to material conditions, we should not overlook the symbolic and ideological connotations of biomedicine within this setting, as a number of nations contributed to, and sought to assist, South Korea, an emerging “Free World” partner.¹ In posters used to solicit donations from the public, images of Korean children undergoing treatment were quite common, especially as mobilized by the United Nations Korea Reconstruction Agency (UNKRA), as the war settled in the middle portion of the peninsula by spring of 1951.²

Given these circumstances, it is curious that there remains relatively little written

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¹ Cho In Ho, “Public Health Reports in Korea” (September 1951), copy obtained through Seoul National University Hospital (SNUH). See also Hong Young-Sun, “Far Away, but Yet So Close,” *Cold War Germany, the Third World, and the Global Humanitarian Regime* (Cambridge: Cambridge University Press, 2015), 250-286 for the circulation of health care labor throughout the “Free World.” For the role of South Korea - North Korea medical competition in the Third World, see Benjamin R. Young, “The Struggle for Legitimacy: North Korea’s Relations with Africa, 1965-1992,” *British Association for Korean Studies* 16 (2015), 97-116. For the use of “Free World” as a rubric during the Vietnam era, see the Robert Komer Papers, Lyndon B. Johnson Presidential Library, Austin, Texas.

² “UNKRA Online Exhibition,” see <https://archives.un.org/content/unkra-online-exhibition> (accessed on August 12, 2016).

about the use of biomedicine after 1954 as an emerging tool of Korean medical outreach, whether domestically or internationally. After acquiring and localizing a diverse toolkit, including new elements of medical pedagogy, surgical specialization, and clinical practice from a range of international sources, how did Korean practitioners make use of techniques? This essay examines the use of biomedicine in a particular context, Southeast Asia, especially during the period encompassing 1964-1973. Scarcely a decade removed from the experience of a civil war, Korean doctors and nurses brought biomedicine to bear upon their own overseas ventures in Thailand (1965-1968) and Vietnam (1964-1973), seeking to make contact with their neighbors through a series of medical clinics providing neonatal care, vaccinations, and senior care. In doing so, they sought to establish friendly relations with Thai and Vietnamese citizens, and more specifically, aimed to symbolically transform the image of South Korea into one of an emerging international actor and partner. The recovering recipient nation of 1954 was quickly reformulated an aspiring donor within a decade, as early as 1964, and the work performed allowed Korean health professionals to continue learning their techniques in an overseas setting, perfecting their practice.

Medical Outreach and Crafting International Ambitions

The means through which South Korea would begin to transform its image were not restricted to a single theme, and the starting date of this activity came surprisingly early, coinciding with the close of the Korean War. Even as the nation was in rebuilding mode domestically (1954-1960), both state and independent actors were beginning to participate in new activities, seeking to strengthen their external relationships and to project a stronger image regionally and internationally. The Korean Jaycees, a local branch of an American fraternal organization—the Junior Chamber of Commerce, or JC (“Jaycee”), devoted to cultivating leadership and civic skills among its members—donated aid materials to Operation Brotherhood, a medical mission staffed largely by Filipino doctors, and intended to provide technical assistance to a threatened South Vietnam and Laos, as early as 1955.³ This style of Asian-Asian interaction is beginning to draw scholarly attention, especially the South Korea-South Vietnam relationship, a recent Cold War reconfiguration of a much lengthier diplomatic relationship between neighbors situated within a shared world of Sino-

³ Miguel A. Bernad, *Adventure in Vietnam: The Story of Operation Brotherhood* (Manila: Operation Brotherhood International, 1974); Kondo Hisahiro, “Korea’s Pathway from Recipient to Donor: How Does Japan Matter?,” in Sato Jin and Shimomura Yasutami eds., *The Rise of Asian Donors: Japan’s Impact on the Evolution of Emerging Donors* (London: Routledge, 2013), 133-154.

centric culture.⁴ In this case, many of these Asian nations were emerging from their own recent encounters with war and the Japanese Empire in the 1940s, only to find themselves caught between the American empire and a range of regional communist/nationalist movements.

Reframing South Korea's Developmental Ambitions through Medical Diplomacy

This essay seeks to interrogate this emerging style of relationship by examining South Korea's medical exchange efforts in the period 1964-1973, especially in the context of Southeast Asia and corresponding opportunities to penetrate the region and its diverse markets, whether through military or construction. In one sense, South Korea was simply following in the footsteps of its Japanese and American predecessors, filling the conspicuous vacuum left behind by the breakup of formal colonial regimes. With this transition, the economic and diplomatic ties between nations had to be renegotiated, and in the course of doing so, new actors—with Thailand, the Philippines, and South Korea prominent among them—began to play a significant role in the regional economy, especially in forging new types of Asian-Asian links between Northeast and Southeast Asia. In part, the availability of numerous works projects, military procurements, and sources of funding made this collective activity possible, and while the Vietnam War formed a backdrop, it was not the only contributing factor.⁵

The ambition to approach Southeast Asia began almost immediately following the Korean War, and it is certainly true that the participation of a diverse set of international actors during the war helped to accelerate the process. To cite a typical example, Thailand committed its forces to support the Republic of Korea (ROK), and later became a key contributor to Vietnam, as detailed in Richard Ruth's *In Buddha's Company: Thai Soldiers in the Vietnam War* (2010).⁶ Certainly there was a previous Thai-Korea relationship, but following the late 1940s, these ties could be

⁴ The University of Washington hosted a Korea-Vietnam Conference in November 2015, and there will be a Korea-Vietnam set of conferences, jointly organized by Seoul National University, Vietnam National University, University of Leiden, and EHESS to be held in 2016-2017, [https://jsis.washington.edu/korea//file/Conference/KV_poster_17\(1\).pdf](https://jsis.washington.edu/korea//file/Conference/KV_poster_17(1).pdf) (accessed on August 12, 2016).

⁵ I refer here to a longer periodization, as many historians now acknowledge with the use of the term “America's Pacific Wars,” covering 1941-1975, recognizing the ties between the 1940s and the later conflicts in Korea (1950-1953) and Vietnam (1965-1975).

⁶ Richard Ruth, *In Buddha's Company: Thai Soldiers in the Vietnam War* (Honolulu: University of Hawaii Press, 2010).

renegotiated, in effect, especially from the new perspective of a pair of anticommunist countries, with each receiving and benefiting from significant American military spending.⁷ In a similar vein, the perspective on South Vietnam reflects a shared rhetoric of security concerns, and after 1954, the shared trope of divided borders (with the 38th parallel for Korea, and the 17th parallel for Vietnam) began to appear increasingly as a basis for comparison. A good deal of this language and imagery was generated as propaganda for the benefit of external partners, and did not necessarily reflect Korean perceptions, but the Cold War provided a repository of shared concerns, a common developmental language under which new types of Asian-Asian interactions might emerge.⁸

In large part, we are concentrating here on the “official” capacity in which Koreans engaged with these Southeast Asian sites, that is, primarily through the presence of the ROK military, which played a significant role in the region for nearly a decade (1964-1973). At the same time, it is critical to recognize that private actors also played a role, if one extremely difficult to document, and frequently taking place earlier than one might expect. In Thailand, for example, there are references to Koreans appearing as “Third Country Nationals (TCN)” technical trainees as early as the mid-1950s, although little contextual detail is provided within the sources.⁹ For Vietnam, the evidence is much stronger, and acute labor shortages from about 1965 onwards brought on vigorous recruiting campaigns for workers. In particular, this led to the pursuit of Filipinos and Koreans as valued sources of labor, often sought by private contractors. In many cases, these TCNs participated in building activities at large international sites, nominally run by an American contractor, and often with a series of subcontractors providing oversight at the next level.¹⁰ In *de facto* terms, the labor corps was heavily Asian (Vietnamese, Filipino, Thai, Korean, and Japanese), and represented a new kind of space in terms of establishing an international

⁷ Hunchangsith Bookong, “Economic Impact of the U.S. Military Presence in Thailand, 1960-1972,” (Ph.D. diss., Claremont Graduate School, 1974).

⁸ Jim Glassman and Choi Young-Jin, “The *Chaebol* and the U.S. Military Industrial Complex: Cold War Geopolitical Economy and Korean Industrialization,” *Environment and Planning A* 46:5 (2014), 1160-1180.

⁹ These references appear in various World Bank reports from the early 1960s in conjunction with summaries of road-building activities taking place in the 1950s. See “Appraisal of a Second Highway Project Thailand,” *IBRD Project Report* (May 31, 1966), for the context of foreign participation in Thai road-building, <http://documents.worldbank.org/curated/en/487291468132277718/Thailand-Second-Highway-Project> (accessed on August 12, 2016).

¹⁰ “Military Construction Grows in South Vietnam,” *Em-Kayan* (March 1966), 3-6. For the broader details of this type of work, see the magazine *Em-Kayan*, the in-house journal for Morrison-Knudsen, and also *Vietnam Builders*, the in-house publication for Raymond, Morrison-Knudsen, Brown & Root, and J. A. Jones, the main consortium of six contractors/firms in Vietnam.

working environment, albeit one filled with tense racial and class hierarchies.¹¹

In pursuing the types of medical outreach justified by the presence of this cumulative labor pool, I acknowledge that I am invoking a loose conception of medical “science” as a category, referring more broadly to the entire span of medical programs and development activities mobilized in the Southeast Asian context during the mid- to late 1960s under the broad category of diplomacy or outreach. More important than the science content was the type of imagery mobilized as part of a larger developmental package, a message of rising Korean soft power directed at Southeast Asian populations. For medicine, the activities often echoed comparable activities drawn previously from the Korean domestic context, both during the Korean War and the succeeding period of rebuilding in the second half of the 1950s. To this end, Korean medical personnel were among the first to arrive in Vietnam, even prior to a formal military commitment, setting up at the city of Vung Tau in September 1964 as part of establishing a civil presence in the form of a Mobile Army Surgical Hospital (MASH) unit.¹² Subsequently, many of the group’s activities would be labeled “civic actions,” and there was a curious tension or ambivalence between the conduct of the war and the seemingly benevolent intentions underlying much of the medical work.¹³

Cultivating and Promoting International Ambitions, 1954-1965

There is a tendency to take for granted the success of the Park Chung Hee period (1961-1979), forgetting what a precarious position South Korea was in at the start of the 1960s, and how little value it held in the eyes of many of its external partners. Certainly for many American diplomats, the nation represented something of a burden, and did not hold nearly as bright a projected future as Burma, a former British

¹¹ For example, Korean workers at the Vinnell Corporation rioted in 1967 over the poor food they received. Again, see the *Em-Kayan* for the larger context of labor relations at Vietnam work sites.

¹² Juwol Han’guk gun saryeongbu 주월한국군사령부 ed., *Juwol Han’guk gun: Pawol 6 nyeon jonghap teukjip hwabo* 주월 한국군: 파월 6년 종합 특집 화보 (Korean Forces in Vietnam: 6 Years for Peace and Construction) (Seoul: Ministry of Public Information, 1971). See also Jeonsa Pyeonchan Wiwonhoe 전사편찬위원회 (War History Compilation Committee) ed., *Pawol Han’guk gun joensa sajinjip* 파월 한국군 전사 사진집 (Pictorial History of ROK Forces to Vietnam, 1964.9-1970.6) (Seoul: Ministry of National Defense, 1970) and Choi Yong-Ho 최용호, *Tonggyero bon Vietnam jeonjaeng gwa Han’guk gun* (통계로 본) 베트남 전쟁과 한국군 (Statistics of the Vietnam and ROK Armed Force) (Seoul: Ministry of National Defense, 2007).

¹³ Ibid.

colony with infrastructure and natural resources, or the Philippines, where the Mag-saysay government (1953-1957) was considered a recent success story.¹⁴ The success of the emphasis on exports, shifting away from the Import Substitution Industrialization (ISI) policies of the Syngman Rhee years, caught some American economists and advisors off-guard, who did not believe that such a policy could work.¹⁵ In addition, the focus on exports in the historiography tends to refer to material goods exclusively, the products manufactured or finished by Koreans. In contrast, this essay seeks to focus on the human element, the individuals traveling abroad, acquiring new skills, and responsible for conveying the national brand, especially in terms of medical and technical activity.

To limit the scope of the inquiry, we will track one specific form of practice: medical work mobilized under the rubric of civic action.¹⁶ With the close of the Korean War, South Korea began its rebuilding process, and the focus became one of managing the international sources of aid to the country, which collectively comprised the majority of economic activity.¹⁷ This story has been explored by numerous scholars, and while it remains of interest, the focus here shifts to two related questions. First, by what steps or forms of intervention were Koreans able to transform this domestic renewal by carrying it abroad? To restate the question, to what extent is the narrative of domestic transformation contingent upon a set of regional and international factors, through which Korea projected or refashioned its desired image? Second, what was the corresponding national imaginary, especially from the viewpoint of external actors or participants? In other words, how did South Korea seek to manage its image, and how did these perceptions change over time?

Medicine and Public Health: From Post-war Recovery to the Vietnam Context, 1945-1954

Part of the process began almost immediately with the refurbishment of the nation's

¹⁴ For example, the U.S. International Cooperation Administration (ICA) awarded the Asian Nuclear Center to the Philippines in 1956, although the project was later abandoned.

¹⁵ See the work of Park Tae-gyun 박태균, *Wonhyeong gwa byeonyong: Han'guk gyeongje gaebal gyehoek ui giwon* 원형과 변용: 한국 경제개발계획의 기원 (Archetype and Metamorphosis: The Origin of Korea's Economic Development Plans) (Seoul: Seoul daehakkyo chulpanbu, 2007). I refer here to an earlier generation of American economists, as opposed to incoming modernization theorists, who pushed for exports.

¹⁶ Juwol Han'guk gun saryeongbu, "Medical Treatment," *Juwol Han'guk gun* (cit. n. 12), 64-65. See <http://www.vietvet.or.kr/index.htm> (accessed on February 3, 2016).

¹⁷ Sato and Shimomura eds., *Rise of Asian Donors* (cit. n. 3).

public health system, long an object of controversy due to its use as a means of policing under colonial Japan.¹⁸ In the transition to Korean control, a large number of international actors made contributions, as health and public welfare were themes easily mobilized on behalf of the nation, and equally, within the context of the Cold War, placing South Korea in its new role as a model or showcase of certain values.¹⁹ Prior to 1945, a limited number of Korean practitioners had traveled abroad for higher education, typically within East Asia (Japan, Republican China), and this would change in the postwar period. In the course of the Korean War, many ROK military physicians worked alongside international colleagues in hospitals and field units, gaining valuable clinical experience, as well as working within new social and cultural circumstances. Some have even suggested that the war allowed Koreans to set aside much of the tension associated with the preceding period of occupation and division (1945-1948).²⁰

Regardless of where one stands on this question, the key factor here lies in the chance to interact with, and learn from, new sets of actors. Limited to primarily Japanese models of biomedicine through the mid-1940s, Korean doctors now received rapid exposure to American and European clinical practice in the field, with the postwar environment bringing in significant resources in terms of new sources of funding and materials. Two projects in particular targeted Korean academic medicine, with the Minnesota Project (1954-1962) aiming at the refashioning of Seoul National University Hospital, and with the Scandinavian Project (1958-1968) taking a similar approach on the site of the Seoul City Hospital, transforming it into a “National Medical Center,” before yielding it to Korean control at the close of the 1960s.²¹ The major difference here lay with a European emphasis on clinical medicine almost exclusively, as their site was not intended to be a teaching hospital.

These two projects, along with a host of United Nations and international relief projects, brought a significant number of medical personnel to the Korean context,

¹⁸ Cho, “Public Health Reports in Korea” (cit. n. 1). Indiana University-Bloomington was involved with the public health project through its Korea Project conducted through the School of Nursing. See the “Korea Project” files, Boxes 26-31, School of Nursing Records, 1914-2002, Ruth Lilly Special Collections & Archives, Indiana University-Purdue University Indianapolis. See also “Historical Survey of United States Technical Assistance to Nursing, Part II, Far East, 1955-1961,” http://pdf.usaid.gov/pdf_docs/Pdacs352.pdf (accessed on September 19, 2014).

¹⁹ Gregg Brazinsky, *Nation-Building in Korea: Koreans, Americans, and the Making of a Democracy* (Chapel Hill: University of North Carolina Press, 2007).

²⁰ In other words, working closely with international colleagues in the clinical experience of the war reduced tensions among different groups of Koreans, and began to create a more common national identity.

²¹ *The National Medical Center in Korea: A Scandinavian Contribution to Medical Training and Health Development, 1958-1968* (Oslo: Universitetsforlaget, 1971).

especially for the period immediately following the ceasefire of July 1953. Collectively, this set of ambitions translated into new schools, orphanages, and centers for refugees, and, arguably, a number of new subfields for Korean medicine developing specifically out of this postwar setting.²² In other words, Korean medicine underwent a transformative experience through its engagement with war, the clinical encounter of the field clinic, and the post-war process of rebuilding, with these elements leaving a deep impression on pedagogy and practice. The new field of rehabilitative medicine, for example, took the form of a National Rehabilitation Center in Dongnae 동래 (in the vicinity of Busan), sponsored in part by UNKRA.²³ In terms of practice, it provided care and physical therapy for two related, but distinct demographics: wounded soldiers, and young children, with the latter group including both congenital issues as well as war-related injuries.

The significance of this activity for subsequent Korean medical work would not become apparent until about the middle of the following decade. In the short-term, Korean doctors and nurses were able to learn on-site at Dongnae, before taking their findings to postings in other parts of the country. A few fortunate enough to receive fellowship support traveled to New York University (NYU) to spend time at the Rusk Institute for Rehabilitation, one of the world's leading centers for rehabilitative medicine, and a strong supporter of the Korean recovery effort.²⁴ Based at NYU, Dr. Howard Rusk held a long interest in injured servicemen, and became interested in Korea when he was invited for a survey tour during the latter stages of the war. Quickly gaining interest, he became involved with the American-Korean Foundation (AKF), an organization devoted to handling the problems of refugees and orphans owing to the circumstances of the war.²⁵ With this portfolio, Rusk hosted a number of Koreans at his institute, along with a number of international doctors, helping to build a network in his field.

²² An example here might include neurosurgery at Seoul National University Hospital. See Kim Ok-ju and Hwang Sang-Ik, "The Influence of American Medicine on the Development of Medical Education and Medical Research in Post-War Korea," *Korean Journal of Medical History* 9:1 (2000), 112-120.

²³ For the National Rehabilitation Center, see the volume, *The National Rehabilitation Center*, (Seoul: Ministry of Health and Social Affairs, 1958).

²⁴ Howard Rusk, *A World to Care For: The Autobiography of Howard Rusk, M.D.* (New York: Random House, 1972). See also the Howard Rusk papers at the University of Missouri-Columbia, and the Rusk collection at NYU Special Collections.

²⁵ The papers for AKF are mostly found within the Howard Rusk papers, housed at the University of Missouri, Western Historical Manuscript Collection (WHMC). See also James Sang Chi, "Teaching Korea: Modernization, Model Minorities, and American Internationalism in the Cold War Era" (Ph.D. diss., University of California Berkeley, 2008).

The ambitions underlying this international effort were twofold, combining the powerful symbolism of humanitarian or relief work with a desire to learn from the developing context, where many of the disease conditions and patients were novel to doctors trained in the United States or Europe. In turn, Korean doctors learned a great deal from this chance to interact with these colleagues, both in the mobile clinics during the war, and in the post-war relief effort. What makes the return half of this cycle especially interesting is the manner in which Korean doctors applied it, not just in the domestic context, but very quickly in the overseas setting of Vietnam. In a rapid turnaround of less than a decade, Korean doctors began treating Vietnamese patients as part of their own outreach effort, handling military patients as one might expect, and also offering care to civilians where possible. The combined force of this pragmatic and civic approach continues to hold implications for the Korean domestic context, as well as the ROK's more recent diplomatic efforts.

The Korean MASH Unit and Peace Dove Unit, 1964-1965

With the arrival of Koreans at Vung Tau, a port city in southern Vietnam, in September 1964, their presence established a contradictory mission, with a heavy civilian and cultural component included alongside what later became a more traditional military intervention. The initial group consisted of a 130-member medical team, and a small group of Taekwondo instructors, with this second group intended to give demonstrations, teach lessons, and convey goodwill through their modeling of Korean culture.²⁶ For their part, the medical team was mobilized specifically to treat Vietnamese civilian patients, a population that was not receiving much attention as the conflict escalated.²⁷ Given this demographic, Korean medical personnel received specific instructions not to engage with North Vietnamese Army (NVA) or Vietcong forces, and to defend themselves only in the act of seeking to depart the scene. The inclusion of a Korean MASH unit also warrants attention, as it suggests the possible influence of a foreign military, with both the U.S. and Norway (via NORMASH) having deployed similar units during the Korean War.²⁸

In Vietnam, the ROK Army took its civic role seriously, and it created a series of programs with strong echoes of the relief activities which had taken place previously in Korea. Indeed, the “new” programs reflected extensive learning, if not a simple

²⁶ “The First Mobile Surgery Hospital,” *Pawol Han'guk gun joensa sajinjip* (cit. n. 12).

²⁷ “Construction Support Group,” *Pawol Han'guk gun joensa sajinjip* (cit. n. 12), 149-166. This outreach to Vietnamese civilians included activity both from the ROK hospitals such as the one at Vung Tau, as well deriving from the Peace Dove unit.

²⁸ The NORMASH role during the Korean War later fed into that nation's participation in the NMC project.

repetition of the (Korean) rebuilding effort (1954-1960), then at least some approximation of a developmental cycle, originating with a desire to now assume the teacher's role as pedagogue. After the Vung Tau site was established, the next group of Koreans to arrive came from the "Peace Dove" (or "Pigeon") unit, a group devoted to building activities, further strengthening the civic message.²⁹ In this case, the development work continued, as soldiers affiliated with this unit did not take a combat mission, but instead built a wide variety of structures for the Vietnamese. Projects included orphanages, training centers of various kinds—usually to convey basic work skills to Vietnamese workers—refugee centers, hospitals, and inexpensive housing. Again, it is not difficult to trace echoes linking this kind of work to the Korean context from the previous decade.

With the assumption of a combat role in 1965, the activities of these two initial placements continued, setting up a curious contrast between the civil and the military functions of the Korean presence. The Peace Dove group, in particular, continued with their role to rebuild and restore as much of a semblance of order as possible, situated behind the lines in areas safe enough to perform their work. Propaganda films captured their activities and these films—presumably intended for Korean domestic consumption—make a fascinating study in their own right, offering a perspective on how Korean forces wished to present themselves.³⁰ Typical clips include scenes filled with Taekwondo demonstrations, Vietnamese adults receiving training in basic workplace skills such as typing or sewing, and numerous scenes of building at various sites. In addition to these materials collected by Koreans, Korean armed forces also appear in the materials created by the Joint United States Public Affairs Office (JUSPAO), presented to the Vietnamese as friendly, and willing to fight on their behalf.

As for the medical portion of the mission, the Vung Tau site remained a hospital, and the civic aspect of the mission continued, as military concerns came to play a more significant role. Even as Korean military patients became the first priority, Korean medical teams treated both civilian and military patients for the Vietnamese populations, including injured combatants from the opposing side (NVA, Vietcong). For civilian populations, the treatments offered included a great deal of preventive or baseline care, including screenings for neonatal care and seniors, and a number of immunization campaigns carried out as part of public health. In this last case, the vaccinations presumably represented an attempt to prevent any outbreaks in areas with proximity to large concentrations of Korean troops. Related activities included forms of outreach a little more difficult to explain in pragmatic terms, and having

²⁹ "Construction Support Group," *Pawol Han'guk gun joensa sajinjip* (cit. n. 12).

³⁰ For a brief view of the Peace Dove unit at work, see film clip, http://www.criticalpast.com/video/65675054278_South-Korean-troops_food-center_Vietnamese-children_sewing-schools (accessed on September 22, 2015).

more to do with strengthening public relations: these frequently included haircuts for children, which appear in a large number of the photographs distributed by Korean media outlets (see Figure 1).



Figure 1. In addition to this dental clinic, associated with the Pigeon unit, Korean doctors and nurses in Vietnam routinely handled neonatal care, as well as senior care, and provided health screenings and vaccinations for the neighboring population as a form of civic outreach. [Pawol Han'guk gun joensa sajinjip (cit. n. 12), 164.]

What makes the Korean medical and humanitarian presence so fascinating is that this activity took place in the midst of a brutal war, one where the image of the Korean military, in particular, was not a positive one, due to its fierce reputation. Although the subject of atrocities in Vietnam remains understandably controversial, it has emerged as a recurring trope over the last twenty-five years.³¹ With respect to the Korean civil presence, occasional hints of this tension appear in the after-action

³¹ “Allegations of S. Korean Atrocities Arising 40 Years after Vietnam War,” *Los Angeles Times* (May 16, 2015).

reports, which units composed to assess the effects of an intervention.³² In many of these reports, the medical activities are cast as only partially effective, as the typical encounter between a Vietnamese civilian and a Korean doctor took place following a military incident.³³ In other words, any contact between the parties occurred almost exclusively following combat, meaning that ordinary suspicion, and even perhaps a degree of soft coercion, has to be considered as a motivating factor. This observation might not hold for the initial mission, 1964-1965, but certainly for the presence extending to the height of the Korean build-up, peaking around 1968-1969.

Along with the civilian presence, there was a corresponding build-up for the expected mission of military medicine, and here, Korean forces added several hospitals of their own to complement the original site at Vung Tau.³⁴ There was an interesting combination of self-reliance integrated within a larger system, as allies helped with logistical and transport issues in specific cases. To translate this last observation, Korean soldiers typically received care within Korean facilities when injured, transported by helicopter in a timely fashion. Korean forces used Huey helicopters, familiar aircraft given their use by American forces. Depending on the severity of a case, the injured sometimes received priority to be removed for access to care, in which case there was a triage system set-up to determine their placement.³⁵ In this event, Koreans might be removed to Clark Air Force base in the Philippines, or sometimes to Hawaii, before ultimately returning to Seoul.³⁶

Along with these logistical issues for the injured, the wartime context provided Korean medical personnel with the additional opportunity to test and improve their skill set, and indeed, this is a common theme for the relationship between combat and medicine. If the Korean War had provided a hands-on clinical environment a decade previously, this new conflict offered an opportunity to work on public health outreach and an assortment of combat-related injuries. In particular, the distance and setting tested the infrastructure of care, especially the handling of valued resources at the systemic level. There are numerous pictures of blood drives taking place for Korean college students at home, and while these measures were partly driven by publicity, it is likely that the material concern was a real one.³⁷ According to sources, Korean base hospitals had access to the American network for critical supplies of drugs and materials, so at least the chances of running low in this regard remained

³² Robert J. Wilensky, *Military Medicine to Win Hearts and Minds: Aid to Civilians in the Vietnam War* (Lubbock: Texas Tech University Press, 2004), 78-100.

³³ Ibid.

³⁴ Pawol Han'guk gun joensa sajinjip (cit. n. 12), 18.

³⁵ "Civic Medical," Pawol Han'guk gun joensa sajinjip (cit. n. 12), 164-165.

³⁶ Ibid.

³⁷ Blood drives appear in *Seoul through Pictures* vol. 4: *Seoul, To Rise Again (1961-1970)* (Seoul: City History Compilation Committee of Seoul, 2005).

fairly low.³⁸

The types of injuries requiring the most attention involved areas of interest not just to Korean physicians, but also to military doctors in other contexts. The Vietnam Theater provided several new types of concerns, the first of which involved severe burns, especially those caused by exposure to napalm. In these cases, thankfully few for Korean forces, the injured were usually removed from the country for treatment elsewhere.³⁹ The types of compound fractures caused by explosions and detonations—typically, a mine, or a bullet shattering fragments of bone—also required extra attention, with a setting resembling an exo-skeleton, so that the bone fragments might slowly begin to reintegrate and heal. Finally, and perhaps of greatest interest, were the types of contingencies typical for the jungle environment, requiring rapid repair to the circulatory system, and the sustaining of a patient’s heart and lungs while in transit from combat. In these respects, too, doctors made improvements in their ability to perform tasks such as venous and arterial repair, allowing more patients to recover from their injuries.

As noted earlier, the medical mission in Vietnam did not focus exclusively on Korean soldiers, as much as that was the unstated priority. The overlap with Vietnamese populations, whether civilian or military, also formed a significant part of the project. Moreover, this emphasis on the civil dimension held implications for Koreans, here referring to the soldiers living in proximity to Vietnamese, and to the domestic population as well. This claim is based on the assumption that Korean medical personnel were actively learning from the Vietnam context, and that their subsequent practice upon return was affected by the experience, as we will see in the next section. There are a number of possible ways to strengthen this claim, which holds particularly well for public health and the approach taken to specific diseases. The analogy here with the history of colonizing powers and their subject populations provides a context to the claim, even as South Korea has never been a formal colonial power. With its growing economic power, and its considerable soft power through cultural and technical diplomacy, the ROK took a position of power with respect to its “tropical” neighbors.

Parasites and Public Health: Linking Contexts

Prior to their arrival in Vietnam, Korean soldiers were being evaluated and tested on a comparative basis, with their bodies serving to provide insights into the upcoming field experience of Vietnam. For many Koreans, Southeast Asia was unfamiliar, causing concern, and at the very least, the military sought to keep its soldiers healthy.

³⁸ “Medical Support,” *Pawol Han’guk gun joensa sajinjip* (cit. n. 12), 174-175.

³⁹ *Ibid.*

Two areas of concern in particular illustrate this point, with close attention paid to the before and after experience. First, malaria—and along with it, related mosquito-borne diseases such as dengue—posed a potential problem, and Korean medical personnel were being sent to study in tropical disease programs by the early 1960s, especially at sites like Tulane University.⁴⁰ Indeed, the Vietnam context provided the basis for conducting a vast clinical study, allowing the military to examine and identify the best approach to the disease when its incidence rose. Not coincidentally, malaria also affects the Korean peninsula, but not with nearly the same degree of prevalence as in Southeast Asia.

With this connection, a more general concern with disease and parasites extended to the health of Korean forces, and the comparative dimension again played a role. A series of studies conducted on ROK forces compared the “training” and “in country” presence of a range of intestinal parasites, also using Vietnamese forces and villagers as part of the study, setting up a series of comparisons among the four groups. Ultimately, the physicians in charge found that Korean soldiers were not acquiring any dangerous parasites during the Vietnam experience, so much as substituting one set of parasites for another through an exchange of distinct disease environments. An estimated half of the Korean population had such parasites in the mid-1960s, a byproduct of eating unwashed vegetables, and compounded by the use of “night soil” as the primary source of fertilizer. This arrangement set up a cycle whereby parasites became part of one’s diet, and tended to cycle through the intestinal system in a cyclical loop, making it extremely difficult to break out.

This problem was not specific to Korean troops in other words, and affected much of the population, still largely based in rural communities. The group of doctors studying this situation, especially Seo Byong Seol of Seoul National University’s Department of Tropical Medicine, worked in both the Vietnam and the domestic contexts.⁴¹ When the national Anti-Parasite Campaigns began in the late 1960s, targeting school children with the distribution of anthelmintics (anti-parasite medications), there was a good deal of overlap between the small medical community studying the troops and those in charge of the new domestic program. Here, as with malaria, there was a clear cycle of learning taking place between these distinct national contexts, although it remains to be seen what effects the Vietnam experience would have on the Korean countryside. The larger argument holds, though, with medical personnel traveling to Vietnam and using it as an exploratory context, then taking the knowledge acquired to approach the domestic setting anew.

⁴⁰ Seo Byong Seol, Lee Soon Hyung, Yoon Jong June, and Ryang Yong Suk, “Parasitological Studies of Korean Forces in South Vietnam: I. Examination of Blood Films on Malaria Patients,” *The Korean Journal of Parasitology* 8:1 (April 1970), 25-29.

⁴¹ Ibid.

In both cases, the analogy between the body of the Korean soldier and the experimental patient in other contexts serves to illustrate the diverse ways in which medical knowledge was actively pursued in the Vietnamese setting. Moreover, the Korean doctors in charge of the anti-parasite studies made an ethnographic study of Vietnamese villagers in turn, examining everything from their domestic arrangements to their toilet habits. At issue was the surprising revelation that the presence of parasites was less common among Vietnamese villagers, or in the optimal case, roughly at about the same level. Vietnam thus became a context in which to work on a comparative basis, and many of the Korean medical writings from this time take a judgmental, almost civilizational, narrative as a criterion, with East Asia often privileged above the Southeast. Again, the point is less to make an issue of Korean-Vietnamese relations, but rather to understand how this style of hierarchy affected thinking and practice in the domestic context, where Korean villagers were being asked to modernize in a similar fashion by a government eager to reach out to rural residents. In this sense, Korean villagers and Vietnamese villagers shared a common background as the focus of medical scrutiny from the state.

Medical Diplomacy and Its Iterations: Shaping Possible Directions for Future Inquiry

At least officially, the Korean military presence in Vietnam ended in 1973, with the labor and construction forces peaking in numbers around 1967-1968, when the infrastructure build-up for the receipt of materials reached its highest point. If we have focused largely on the civic mission here, we cannot forget the simultaneous military medical mission, the complement to the civic activities, with its message of diplomacy and the maintenance of friendly relations. The contrast between these two types of activity underscores the implicit tensions, with medicine used as a means of propaganda in encounters with Vietnamese villagers. Along with this showcase use of medicine, the critical factor here lies in the use of the Southeast Asian context as a "living laboratory," a setting in which to practice and experiment with the use of biomedical techniques. By analogy, this gesture placed Korean forces in a position of relative power, just as European colonizers once used the African continent to construct their own brand of tropical medicine. This observation holds particularly true with respect to the control of vectors such as malaria, spread by mosquitoes, and the parasites spread in the form of intestinal worms.

In these two cases, it is possible to link the overseas setting and the domestic context, both in terms of the comparative project and the vigorous anti-parasite campaigns mobilized in Korean schools beginning in 1969. For the former, the numerous baseline studies undertaken with various Vietnamese and Korean populations as

their subjects emphasize the extent to which the tropical, Southeast Asian environment had successfully captured the Korean imagination upon entering the war. If the results of these studies frequently surprised their investigators, this means that the comparison served to destabilize some of the cultural preconceptions about Southeast Asian populations and their everyday habits. As for the school campaigns, the specialty of tropical medicine was small and highly specific in its Korean form, with only a limited number of specialists receiving this style of training. If many of the same actors appeared in Southeast Asia and at home, their dual service makes this same point about the cohesiveness of a small field, and, moreover, suggests the leakage of knowledge production across borders, as lessons learned in one setting might easily be adapted to the other.

If the relationship between these settings as depicted here remains one of an experimental context to a subsequent use of a new technique, there is admittedly a great deal more work to be done to link these distinct contexts more firmly. In other words, even as it is easy to demonstrate a core group of research team members working in these two settings, this does not mean that we can equate Vietnamese peasants in 1967 with their counterparts, Korean villagers in the early 1970s, especially those subject to the mobilization of *Saemaoul undong* 새마을운동 (New Village Movement). Rather, that second statement has to remain at the level of speculation, but it serves to illustrate the ways in which the Southeast Asian setting offers up great potential as a resource for the recent Korean history of medicine. Again, the military medicine side of the story is far closer to satisfying expectations for the context, and it is the curious world of civic action in Vietnam which points to the new image desired by South Korea, one in which its personnel served as donors and caregivers, reaching out to a neighbor even in the midst of brutal conflict.

Beyond the immediate scope of the war (post-1973), the future prospect of Korean medical aid to developing neighbors offers another area for future research, offering a point upon which to close here. Along with Japan, South Korea would target anti-parasite activity as a growth area, building from its own domestic control program under Korea Association Parasite Eradication (KAPE), prominent for much of the 1970s and 1980s. This took the form of a series of regional meetings with Southeast Asian partners, and although this takes us well beyond the scope of this article, it is worth mentioning as another possible legacy of the war and its use as an experimental context. In other words, what was learned in Vietnam likely affected the Korean domestic program, and in turn may have made its way back to Southeast Asia much later, dating to the 1980s and recent decades as the ROK became a more powerful donor nation.

Abstract

This article interrogates the role of Korean military and civilian medicine during the Vietnam War (1965-1973), investigating its links to the period of reconstruction (1954-1960) following the Korean War, along with implications for the domestic population in the late 1960s and following. As early as the mid-1950s, civil society organizations were making contributions to aid other Asian nations, creating an Asian-Asian style of partnership often missing from the literature. Even as postwar South Korea refurbished its public health system, transformed its medical pedagogy at hospitals, and perfected new types of medical specialization, there was an ambition to engage with its neighbors through outreach. The Vietnam War provided a context in which this set of ambitions could be realized, providing a strong component of civilian medicine and aid to complement the military medical program designed primarily to handle wounded troops and casualties. This civil component happened in part because of the civilian presence linked with construction and engineering in Vietnam, and also was driven by a desire to reach out to the Vietnamese people as a partner nation. In this second case, Korean medical teams, over a period of nearly a decade (1964-1973), performed vaccinations, handled neonatal and senior care in health screenings, and sought to craft a positive impression. The enormous energy devoted to civilian medicine has left many questions, and at the very least, it is possible to link the Southeast Asian setting with the domestic in the form of policing for the spread of disease, especially malaria and parasites. In this sense, Southeast Asia served as an experimental context for Korean medicine, a “faraway place” to work out issues of practice before returning home.

Keywords: development, assistance, public health, biomedicine, medical diplomacy, tropical