

From Postcolonial to Subimperial Formations of Medicine: Superregional Perspectives from Taiwan and Korea

Howard Chiang

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In the twentieth century, Taiwan and Korea shared similar experiences of colonial governance: from being situated on the periphery of the Qing geocultural orbit and the early frontiers of the Japanese Empire to becoming a Cold War protectorate of US neoimperialism. This special issue draws on theoretically robust and empirically weighted approaches to examine this shared but contested past. Though the respective histories of medicine in postcolonial Taiwan and Korea have become vibrant sites of scholarly dialogue, there has been no sustained effort to bridge them or bring them together in a unifying, comparative, and critical frame. This special issue takes a bold step in that direction without claiming exhaustive or exceptional coverage. Featuring articles authored by an international and interdisciplinary cohort of scholars, this issue of *EASTS* explores the cultural transformations of medicine, health, and the body in light of such unique trajectories of political affinity and potential divergences. Although contributors mainly focus on their geographical area of expertise rather than elaborating on specific historicities that emerge beyond those regional parameters, the diversity of topics, chronologies, archives, and theoretical frameworks sampled in this issue offers a rare occasion to reflect collectively on the historiographical stakes of what makes the politics of Taiwan-Korea comparison meaningful.

This collection of articles is the result of a workshop held at the University of Warwick in Venice in July 2014. It develops two main arguments. First, in highlighting the situatedness of Taiwan and Korea on the margins and intersections of giant superpowers, the articles not only confront the Cold War underpinnings of health care regimes but also delineate the discrepant narratives arising from various geopolitical

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H. Chiang
Department of History, University of California, Davis, USA
e-mail: hhchiang@ucdavis.edu

structures that do not easily conform to a grand master narrative of imperialism. As such, this special issue makes a case for the highly contingent, contested, and pluralist origins of modern medical systems, thereby superseding any interpretive preference that lends weight to either the operation of a single variant of colonial modernity or the paradigm of the developmental state typically preconditioned by the industrial-economy boom (see, e.g., [Wong 2011](#)). Second, theorized in terms of subimperialism, the articles recast the often overlooked imperialist agencies/agendas of the two regions under consideration, especially in relation to Southeast Asia and domestic nationalist projects.¹ Although Taiwan and Korea have rarely been considered as agitators of imperialism, this special issue makes a case for pulling these regions out of the trappings of a strictly postcolonial framework. Conventional approaches to East Asian postcoloniality tends to relegate Taiwanese and Korean pasts to the domain of colonial victimization, thereby neglecting new modalities of geopolitical power surfacing under its shadow. Building on the Taiwan-Korean relational nexus, this special issue turns our historical purview from theories of postcolonialism to the analytics of subimperialism.

Taken together, the various case studies register multivalent and rhizomic forms of minor transnationalism across East Asia, before and after formal decolonization, and around rather than through “the center.”² In other words, despite their diverging empirical focus, the following articles actually broach the linkages and connections—whether in the form of comparison or modularity—across Taiwan and Korea, especially since both regions continue to remain peripheral to traditional area studies disciplines. When applied to the study of Taiwan, for instance, the framework of subimperialism has typically enabled comparative analysis that comfortably stays within the confines of the Sinosphere (e.g., Hong Kong, Singapore, and Sinophone communities worldwide). By looking across and between Korea and Taiwan, the case studies therefore envision alternative genealogies of postcolonial belonging that topple formal national or colonial strictures. And based on this unlikely encounter as mediated by the social valence of medicine, the concept of subimperial formation captures communities and cultures of “science” that exceed a language-based approach to cultural studies, which has already begun to displace an older framework of ethnic and national communities.³

The first two articles explore the pluralist origins of health care in postcolonial Taiwan and Korea, respectively. Scholarship on the history of Taiwan generally considers the year 1949 as a significant temporal rupture—as either the beginning or the ending of an era. This perspective is also frequently applied to critical understandings of how the medical profession and health care practices have evolved in Taiwan. While the Japanese medical profession was most commonly associated with its colonial influences in Taiwan (1895–1945), medicine in post-WWII Taiwan soon adopted certain aspects of US medicine from the retreat of Republican China in 1949, resulting in the creation of a unique hybrid model of medical service in contemporary Taiwan. Michael Shiyung Liu’s study shows that, under this system, the professional criteria of Japanese-German medicine guided generations of medical practitioners in the

¹ On the concept of subimperialism, see [Johnson and Chiu 2000](#).

² On minor transnationalism, see [Lionnet and Shih 2005](#).

³ On the theorization of the Sinophone as a language-based approach to cultural studies, see [Shih 2007](#).

colonial period and later became the forerunner to post-WWII Taiwanese medicine. Meanwhile, during the postwar era, especially after the relocation of the Nationalist government to Taiwan, a separate strand of US-standard medicine and public health ideas was introduced by US transnational philanthropic organizations and aid agencies—a legacy that carried over from the sophistication of Western medicine in Republican China. Such a process also caused rising conflicts and negotiations within the medical profession, which have persisted into the contemporary period. One notable point of contention between Japanese-German and Chinese-US medical professionals was the internship requirement. At the National Taiwan University hospital, for instance, this became a sudden line of differentiation between graduates of colonial medical schools, who were not required to undergo internship or residency to practice medicine, and those trained in the new US system after WWII. Liu's article recasts this transition from Japanese colonial medicine to US-standard postwar medicine by revealing alternative roots of these conflicts and negotiations in the 1950s Taiwanese medical landscape.

In contrast, John P. DiMoia's article focuses on the manifold history of Western biomedicine in postcolonial Korea. Although critics have traced the origins of Korean biomedicine to different historical contexts—Western missionary, Japanese colonial, and Korean nationalist—the profusion of these “origin” stories has been implemented and enforced in and continues to impact (South) Korean medical practice to the present. If the US Army Military Government occupying Korea—lodged between the 1945 moment of liberation (*haebang*) and the start of the Korean War—remains enormously controversial, the following decade (1954–64) has received surprisingly little coverage in the existing literature and thus forms the focus of DiMoia's revisionist discussion. In this period, the Syngman Rhee government had to mobilize aggressively and package its health initiatives to create a convincing national story. Yet DiMoia's overarching point is that the significance of this seemingly “domestic” success narrative lies in the very international configurations in which it developed, especially given the numerous external partners and patrons with whom South Korea collaborated. Most notably, the cultivation of the nursing profession was based on cooperation with foreign institutions (such as the University of Minnesota and Indiana University Bloomington in the United States and aid from Scandinavian countries), and its trainees gradually evolved into exceptional transnational skilled migrants, many of whom were sent abroad intentionally by the South Korean government by the early 1960s. DiMoia's synthesis complicates continuous depictions of medical practice as enacted by any single actor and, in particular, questions the nation as a historiographical alibi for such understandings.

Similarly, Hsiu-yun Wang's article challenges conventional approaches to writing the postcolonial history of East Asia from a distinctly gendered perspective. It extends the dual aim of the subimperial framework by shedding light on new forms of medicine and health-related knowledge and unearthing their multiple historical origins beyond a singular paradigm of Japanese postcolonialism. To understand the history of menstrual education in Taiwan, Wang follows the development of three intertwining projects: national health education, surveys of menarche, and health care professionals' popularizing discourses as found in newspapers, magazines, and health manuals. These three projects paved the way for the beginning of sex education for girls in the late 1960s and 1970s, which eventually transformed how young girls and

women understood menstruation and their bodies. Drawing on a range of primary sources, Wang's analysis focuses on (a) the colonial/geopolitical framing of menstruation in the context of Taiwan's ambiguous status and the dissemination of translated menstrual knowledge (mostly from the United States) in the popular press, and (b) newly emerged experts' emphasis on "correct" and scientific menstruation education that took shape in the 1960s. In construing this history as an extension of the modernist civilizing projects that typified colonial encounters, in which mothers and the old-fashioned ways of caring for the female body came under attack for being ignorant and superstitious, Wang shows that the rise of formal and modernized menstrual education in Taiwan had some elements in common with the early twentieth-century "scientific womanhood" in China. In addition, these entangled projects demonstrate some post-colonial/Cold War characteristics—namely, that young girls' menarche and education became measures for "free China" and that the United States and Japan were the main sources of such knowledge. Wang's study illustrates the intricate relationships among the production of medicoscientific knowledge, geopolitics, and the gendering of reproductive bodies, according to which hygienic knowledge from Japan and the United States played a pivotal role in the elimination of traditional (dubbed backward) womanhood.

The last two articles bring to the fore an implicit historiographical thread interwoven in the earlier chapters: the ways in which Taiwan and Korea have operated as agents of (sub)imperialism—especially in relation to Southeast Asia and domestic systems of native oppression. Jane S. H. Kim's study examines the venereal disease control of the South Korean military during the Vietnam War. During the war, the South Korean government dispatched over 300,000 soldiers to aid the United States in the fight against the communist takeover of the former colony of France in Southeast Asia, called the War for the Defense of the Free World. The Lyndon Johnson administration's request to the Park Chung Hee regime resulted in the largest overseas dispatch and the very first participation in major international war by the South Korean military. Established barely over a decade as a creation of the US Cold War defense strategy in East Asia, for the Republic of Korea (ROK) military the Vietnam War placed them in a unique subimperial position over fellow Vietnamese brothers who were just now undergoing what the South Koreans have already undergone a decade before during their fight against the invading North Korean communists.

This subimperialist position as experienced by the ROK military was most visible in the sexual relations between the South Korean male soldiers and the Vietnamese women. Prohibited from bringing their spouses overseas, most South Korean soldiers fulfilled their sexual needs through either purchasing prostitutes or establishing long-term relations with women, many of whom they abandoned when South Korean military service ended in Vietnam. Because of the Vietnamese government's preference for the pursuit of *doi moi* (reform) and the official endorsement by the Vietnamese president Tran Duc Luong "to put aside history" in 2004, public discussion of South Korean military participation has been somewhat intermittent and subdued in South Korea. However, what has been emerging over the years is that regulating the sexual activities and monitoring venereal disease control of the soldiers posed serious concerns for the Park Chung Hee government. By examining the types of activities and policies pursued by the Park government in regulating its soldiers in the Vietnam War, Kim's article enumerates the striking similarity between the South Korean venereal

disease policies and the types of controls that were once pursued by the United States over their soldiers during the Korean War.

Finally, Jennifer A. Liu's work on biotech takes up Warwick Anderson's injunction to treat "the postcolonial study of science and technology" as "a means of writing a 'history of the present,' of coming to terms with the turbulence and uncertainty of contemporary global flows of knowledge and practice" (Anderson 2002: 644). The qualifier *postcolonial*, then, is meant to imply not an end to colonialism but, rather, a destabilization of the universal and of hegemonic categorical schema. Liu's attention to subimperial formations reshapes the focus within postcolonial studies of science and technology by attending to the continuities, sedimentations, and rhizomic proliferations of specific colonial logics, values, and identities. Here, Liu is similarly drawing on Kuan-Hsing Chen's work for critiquing the subimperialist tendencies present in the *nanxiang* (southward) policies that leveraged the construction of post-WWII nationalism in Taiwan (Chen 2010). Focusing on examples from stem cell research, genomics, and biobanking projects, Liu's innovative recalibrations create a rich analytic space for exploring subimperial logics, imaginaries, and practices. Her analysis shows how Taiwanese biotech sits uncomfortably as an expansionist government policy and its related cultural productions overflow into a genetic register. Parallel to this expansionist ideology runs the implicit mechanisms by which biotech development refashions Taiwan Aborigines as specific subimperial subjects, despite their conspicuous resistance. By insisting on the incitement and integration of "other" stories, Liu's subimperial critique draws attention to how Taiwan's peculiar past shapes the terrain of such emergent biomedical technoscientific research, its networks, and its associated meanings. Thus, while biomedical technoscape in Taiwan is certainly part of an attempt to catch up with the West on the international stage of science, there are many refractory "others" that deflect and are indexed through these technological assemblages—conditional vectors and variables made differently visible within a trafficking of subimperial politics.

When brought together, the articles featured in this special issue of *EASTS* disclose three key advantages in rethinking the postcolonial history of Taiwan and Korea through the prism of subimperial medical formations. First, such a methodological reorientation proffers two-dimensional reconsiderations of the underlying power dynamics of the postcolonial condition. Viewed from the domestic angle, the intensification of conflicts between the Japanese-Taiwanese and the US-Chinese groups within the Taiwanese medical profession, the unprecedented call for an upgrade of credentials among Korean nursing students in the Indiana University Bloomington program, and the colonial sampling method of coercing biological materials from indigenous populations in Taiwanese biotech provide ample evidence for the restructuring of political cultures *internal* to the postcolonial nation-state as a result of subimperial policies. Viewed from the opposite, foreign relations angle, the exportation of health practitioners as skilled migrants to Europe, the United States, and Southeast Asia by the Korean government, alongside the "castration anxiety" experienced by the Korean military agents as they tried to make Vietnam acquiesce subimperially and the claims to Austronesian ethnocultural affiliations laid by Taiwanese genetic scientists, points to the diffusional patterns of exercising political power that have been stylized in *external* relations to these postcolonial states.

Second, in cultivating superregional strengths of domination and control, the postcolonial condition now recasts either the Taiwanese or Korean nation itself as a subimperial unit. Kim would argue that the sexual relations between the South Korean military and Vietnamese civilians in the context of the Vietnam War replicated the colonial relations perpetrated by the US military when it came to assist the Republic of Korea during the Korean War. Koreanness in the 1960s and 1970s is thus recalibrated through a colonial mimicry of Korea's older brother—the United States—from the 1950s. John DiMoia would argue that, as much as the sending of Korean doctors and nurses to the field can be perceived as a form of colonial medical pedagogy, the blood drives conducted on Korean college campuses and the return of wounded and injured soldiers brought the same war home. Hsiu-yun Wang would argue that the domestication of scientific knowledge from Japanese, Chinese, and US Empires—newly packaged as the cradle of enlightenment, progress, and modernization—exhibited hygienic Taiwaneseeness through the intimate experience of menstruation, especially with young girls' bodies serving as its tokens of exchange. And Jennifer Liu would argue that President Tsai Ing-wen's 2016 "New Southward Policy" has deeper historical roots going back to fin-de-siècle genetic studies, such as the one led by Marie Lin that claimed that most Taiwanese have some Aboriginal genetic markers, which in turn authorized the construction of a Taiwanese identity as something distinct from Chinese identity. In all of these examples, nationalism and national identity designate the nodal unit through which both internal and external measures of subimperial violence are routed.

Last but not least, moving from a postcolonial to a subimperial understanding of medical history accentuates what Françoise Lionnet and Shu-mei Shih (2005) call "minor transnationalism," which refers to minor-to-minor forms of lateral connectivity that do not always have to be routed through a center. This volume puts the spotlight on such minor figures as the colonial Taiwanese doctors who struggled with the growing hegemony of US medicine in the 1950s, the female Korean nurses who acquired greater social and international mobility under the shadow of male doctors in the 1960s and 1970s, the young school girls who first became acquainted with foreign scientific understandings of menarche and formed the targeted population of large-scale surveys before the 1980s, the South Korean soldiers who were afflicted with syphilis but whose sexual health was largely neglected by the Park government and the command staff of the ROK forces in Vietnam, and researchers such as Marie Lin and Ying-chin Ko, whose names and political claims may be familiar to Taiwanese locals but are often overshadowed in the larger community of global genetic science. The relationship among these minor historical figures thus sutures the historiographical politics of Taiwan-Korea comparison pivoted in this special issue. The execution of such critical inquiry must always necessarily resist, subvert, and exceed the scalars of more notable imperial giants.

References

- Anderson, Warwick (2002). "Postcolonial Technoscience." *Social Studies of Science* 32, nos. 5–6: 643–58.
- Chen, Kuan-hsing (2010). *Asia as Method: Toward Deimperialization*. Durham, NC: Duke University Press.

- Johnson, Marshall, and Fred Yen Liang Chiu (2000). "Guest Editors' Introduction." *positions: east asia cultures critique* 8, no. 1: 1–7.
- Lionnet, Françoise, and Shu-mei Shih, eds. (2005). *Minor Transnationalism*. Durham, NC: Duke University Press.
- Shih, Shu-mei (2007). *Visuality and Identity: Sinophone Articulations across the Pacific*. Berkeley: University of California Press.
- Wong, Joseph (2011). *Betting on Biotech: Innovation and the Limits of Asia's Developmental State*. Ithaca, NY: Cornell University Press.

Howard Chiang is assistant professor of history at the University of California, Davis. He is the editor or coeditor of *Transgender China* (2012), *Queer Sinophone Cultures* (2013, with Ari Larissa Heinrich), *Psychiatry and Chinese History* (2014), *Historical Epistemology and the Making of Modern Chinese Medicine* (2015), and *Perverse Taiwan* (2016, with Yin Wang). His monograph *After Eunuchs: Science, Medicine, and the Transformations of Sex in Modern China* is forthcoming from Columbia University Press.