

Placing Image and Practice in Tension: South Korean Nurses, Medical Pedagogy, and the Indiana University Bloomington Nursing Program, 1958–1962

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Abstract In the aftermath of the Korean War (1950–53), the symbolic and material reconstruction of South Korea began, with much of the relief work assumed under the broad banner of the United Nations and its various affiliates and with a wide range of international aid and relief organizations participating. With this dramatic increase in the areas of new medical infrastructure, training, and pedagogy, it remains surprising that much of the scholarship to date has focused largely on medical practitioners and their contributions to a rebuilding nation, that is, the Korean domestic context almost exclusively, suggesting a strong degree of continuity with the past. For South Korean nurses, this period (1954 to early 1960s) would see a radical reconfiguring of their professional practice, along with that of doctors, and, more important, their patterns of movement, as international migration to the United States and Europe was enhanced by changes to immigration law in and following 1965. Even before this change, however, Korean nurses began traveling abroad for further education and professional development, with the Korean War opening up numerous opportunities consistent with such aims. To borrow the language of historian Young-Sun Hong, medical personnel were rapidly becoming mobilized as a critical part of a much larger “global humanitarian regime,” one consistent with the work of Catherine Cineza Choy on medical migration of Filipino nurses.

Keywords nursing · medical aid · South Korea · Germany · Vietnam · Cold War · migration · technical assistance · free-world assistance

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1 The Korean War and Constructing “Free-World” Networks of Medical Expertise (1954–1960)

In the aftermath of the Korean War, the symbolic and material reconstruction of South Korea began, with much of the relief work assumed under the broad banner of the United Nations and its various affiliates and with a wide range of international aid and relief organizations participating (United Nations 1956).¹ The scale of devastation was such that some scholars have argued for using the Korean context as a lens through which to understand the formative practices of the United Nations, as this was one of the first major tests for the organization, its ideals, and more specifically the execution of its broader designs.² While international adoption has a lengthy history, for example, the roots of the practice (post–Korean War) follow specific patterns, taking a shape that has allowed the newer scholarship to make some penetrating observations about the developing US–Republic of Korea (ROK) relationship, as detailed in the work of anthropologist Eleana Kim (2010) and others (Oh 2015; Holt and Wisner 1956).³ The volume of orphans and refugees associated with the conflict required the rapid creation and implementation of new policy measures. Similarly, for medicine, and biomedicine in particular, the Korean War proved to be a testing grounds for a wide range of emerging practices, including vascular surgery and the treatment of hanta virus infection and hemorrhagic fever.⁴ For many Korean doctors and health professionals, the opportunity to work in the field offered a valuable immersion in clinical practice that had been denied to them in their previous training, especially those who had studied under the Japanese imperial system during the later stages of World War II and the Pacific War of the late 1930s and early 1940s (Kim 2014).⁵

For the ROK’s external partners, the transition to peacetime meant an opportunity to rethink their relationship to Korea, with many nations opting to continue their aid in some form, whether radically reconfigured or, in some cases, with little or no change in dynamics (Hong 2015).⁶ Medical services, which had seen the arrival of American and Norwegian Mobile Army Surgical Hospital (MASH) units, along with hospital facilities based near the Pusan perimeter, provided one such opportunity, with the UN Korea Reconstruction Agency (UNKRA) and the American-Korean Foundation overseeing a range of activities, especially in terms of assisting with orphans, along with

¹ Prominent among the participating organizations would be the UN Korea Reconstruction Agency and the UN Civil Assistance Command, Korea.

² Many of the propaganda images from the Korean conflict can be found at the Hoover Institute, Stanford University, especially leaflets and pamphlets mobilizing biomedicine. These materials shaped the perception of biomedicine as a benefit to be associated exclusively with the South Korean/Free World cause, especially through the participation of the United Nations. A similar argument might be made for the significance of international participation in postconflict housing; see Kwak 2015 and Park 2016.

³ Holt International Children’s Organization was among the most famous of the adoption agencies to direct Korean adoptees to “Christian” homes in the United States.

⁴ The hanta virus causing hemorrhagic fever was isolated in the 1970s by Ho-Wang Lee, among others, and Geun-bae Kim (2005) has written an account of the complex politics underlying this effort.

⁵ Graduates of the Japanese Imperial University Program in Medicine typically constituted at least half to two-thirds Japanese residents and had little opportunity to engage in clinical practice.

⁶ For West German medical aid to the ROK, especially concerning the German Red Cross Hospital in Pusan, see Hong 2015, chap. 3.

the care and rehabilitation of wounded veterans (Rusk 1972).⁷ Two major projects were set in place to oversee the structural transformation of Korean medical education and health care at the tertiary level. The first of these, the Minnesota Project (1954–62), brought the University of Minnesota into a relationship of exchange with Seoul National University, with medicine forming one of the three core areas of emphasis (the others were agriculture and engineering).⁸ Several years later, a Scandinavian (Norway, Sweden, and Denmark) effort (1958–68) transformed the Seoul City Hospital into the newly imagined National Medical Center, with doctors and nurses from Europe remaining until at least the late 1960s before handing over responsibility for the refurbished facility to their Korean students and trainees (*National Medical Center in Korea* 1971, esp. chap. 7).

With this dramatic increase in activity in the areas of new medical infrastructure, training, and pedagogy, it remains surprising that the scholarship to date has focused almost exclusively on these diverse contributions to a rebuilding nation as a form of continuity and, in corresponding fashion, a celebratory narrative of a refurbished domestic context, with little attention to the impact of accompanying regional and international factors. There remains a great deal to explore, therefore, in terms of at least one major question: the surrounding international context of medical migration within, to, and from Asia, a story that greatly complicates the convenient narrative of a restored domestic setting. For this issue, doctors and support personnel provide a means of tracking the patterns, especially Korean nurses, who performed most of the hands-on clinical work in the hospital and the clinic. With the coming of specialization in the following decades, the American system of clinical rounds and internships would be introduced at major hospitals like Seoul National and Yonsei, bringing some degree of resemblance to American/international models of practice, even while acknowledging room for local differences. Even if this change in pedagogy clearly did not cause outmigration per se, it contributed to a heightened awareness of a conflux of issues—better external sources of pay, more chances for professional growth, along with active encouragement from the Park Chung Hee government after 1961—resulting in a dramatic revaluing of these nurses and their place within the broader international labor market by the early 1960s.

Specifically, this period (1954 to early 1960s) would see a radical reconfiguring of their professional practice and, more important, their patterns of movement, as international migration to the United States and other sites was greatly enhanced by changes to immigration law in and following 1965. This year witnessed the breakdown of ethnic quotas dating to the 1920s, thereby potentially widening immigration

⁷ See also Howard Rusk's personal papers, held at the Western Historical Manuscript Collection, Ellis Library, University of Missouri–Columbia.

⁸ Data from Edmund B. Flink, Report and Recommendations on Teaching and Research in Internal Medicine, 1 February 1958; and four reports at the University of Minnesota, Special Collections: William F. Maloney, Report of Observations as Adviser in Medicine, 1 July 1956; James H. Matthews, Final Report of Observations and Recommendations, 7 November 1958; E. P. Brown, Report of Observation and Activities as Adviser in Medicine, 24 January 1959; and Glenn R. Mitchell, Report on the Seoul National University Hospital. In total, eleven Minnesota medical advisers spent time in Seoul. [US] Agency for International Development, Historical Survey of United States Technical Assistance to Nursing: Part II—Far East, 1951–1966, University of Minnesota Special Collections, http://pdf.usaid.gov/pdf_docs/Pdacs352.pdf (accessed 19 September 2014).

to the United States and offering new opportunities to Asian migrants. Even before this change, however, Korean nurses began traveling abroad for further education and professional development, with the Korean War opening up numerous opportunities consistent with such aims. To use the language of [Young-Sun Hong \(2015: 3\)](#), Korean medical personnel were rapidly becoming mobilized, enrolled within a systemic “global humanitarian regime” (see also [Bernad 1974](#)).⁹ The Minnesota Project included a number of nurses in its scheme, with Korean nurses spending considerable time at the University of Minnesota before returning home to help with the implementation of the new clinical program (1957–59), having experienced the inner workings of the system firsthand. Marjory Low of the University of Minnesota was one of the nursing advisers who traveled in the other direction, spending time in Seoul as an adviser (1957–59), along with the medical advisers working at the physician level.¹⁰

This style of contact with external actors was nothing new for Korean nurses, dating to their working relationship with Western missionaries as far back as the late nineteenth century. In this earlier form of contact, medicine represented a critical part of the package brought by Protestant missionaries, along with higher education, composing a core part of the mission informing such institutions as Ewha Womans University and Severance Hospital, later affiliated with Yonsei University. What was new, however, was the heated international Cold War context in which the renewed relationship had to bear the weight of additional material and symbolic overtones, with nurses challenged both personally and professionally to transform themselves and to work comfortably in a wide variety of new settings, both domestic and international.

If Korean nurses and related health care professionals have received much less scholarly attention than their comparable Asian counterparts (e.g., the Philippines), it is not for a lack of accomplishment, as these two groups, collectively, formed part of a pattern of medical migration between Northeast Asia and a wide range of sites, with the United States and Western Europe (e.g., West Germany) dominating as favored destinations ([Ishi 1988](#)).¹¹ For the Filipino case specifically, Catherine Ceniza Choy has written about an “empire of care,” examining the extent to which the combined force of American empire and the “special relationship” encouraged a path-dependent relationship that brought thousands of health care professionals to the United States in the decades following the Second World War ([Choy 2003](#)).¹² The question remains as to why Korean nurses have yet to receive such attention, especially during this period when the changing material reality often stood in contrast to how external actors perceived and interacted with them. This article argues specifically that programs designed for interactions with Korean nurses frequently did not perceive them as international migrants and actively sought to train them almost exclusively within the Korean domestic context. In this sense, there was a conspicuous lack of fit between the new training programs and the needs, aims, and ambitions of these young nurses.

⁹ Koreans contributed medical aid to other nations as early as 1954, participating in Operation Brotherhood, offering medical assistance to “free world” Vietnam and Laos.

¹⁰ Historical Survey, 31.

¹¹ For the West German story, see [Hong 2015](#), chap. 8.

¹² Arguably the attention devoted to the Philippines case, and the corresponding lack of attention to South Korea in contrast, says something about their very different developmental trajectories as nations and, equally important, their relative standing in the eyes of the West.

1.1 Korean Nurses as Transnational Migrants (1948–1965)

The period following the Korean War (1954–63) witnessed a dramatic transformation during which Korean nurses increasingly became transnational migrants, a special category of workers representing their nation in a variety of new settings and contexts, including West Germany, South Vietnam, and the United States (Schonwalder 2004).¹³ More specifically, this article uses the International Cooperation Administration (ICA)–sponsored nursing program led by Indiana University (IU) Bloomington for approximately a decade (1958–66) following the Korean War as a lens through which to examine the dense, heated politics of the period.¹⁴ Lesser known than the comparable Minnesota and Scandinavian efforts, the IU project created a relationship between the flagship campus in Indiana and more than ten Korean universities and schools of nursing, aiming to upgrade the medical pedagogy and training of a new generation of nurse practitioners.¹⁵ Beginning with the understanding of a previous relationship formed through medicine and missionary activity, IU undertook its mission on the assumption that the Korean context in the late 1950s was best represented by continuity, meaning an ongoing heritage linked with previous missionary activity, offering only a limited perspective on the challenges to be addressed. IU soon encountered a lack of fit between its stated aims and those of the targeted recipients, although this problem was not always articulated.

In many ways, the IU program was distinct from comparable programs of the period, especially in terms of the patterns of exchange more typical for American and international educational institutions. The ICA established a one-to-one relationship with its partners, pairing an American university and a foreign partner institution within a particular area of expertise (Kim 1982).¹⁶ First, perhaps motivated by the perceived need for widespread reform, IU sought to make contact with as many Korean schools of nursing as possible, holding numerous workshops and public events to emphasize its message of outreach. Second, the nursing program was largely staffed, run, and carried out by a core group of female professors of nursing at the university, chief among them Dotaline E. Allen and Mildred P. Adams, and this added gender dimension contributes to the complexity and appeal of this story. At least initially, IU mobilized a message of continuity in its publicity materials, the reestablishment or affirmation of an American medical mission started in the late nineteenth century.¹⁷

Similarly, Minnesota sought to accomplish this same type of work with its effort at Seoul National University, adding a healthy dose of free-world rhetoric to support its stance in the immediate aftermath of the Korean War. Arriving several years later, IU offered numerous pictures of Korean nurses in training, seeking to emphasize the

¹³ Nursing exchange with West Germany began in the early 1960s.

¹⁴ Data are from Indiana University School of Nursing Records, 1914–2002, Ruth Lilly Special Collections and Archives, University Library, Indiana University–Purdue University Indianapolis. An inventory of the collection is available at <https://www.ulib.iupui.edu/files/u51/ua025.pdf>.

¹⁵ Korean universities participating in the IU public workshop program included nine in Seoul, two in Taegu, and one in Kwangju.

¹⁶ The ICA often failed to account for the external dynamics—regional, international—shaping the effects of its programs.

¹⁷ Korea Project, boxes 26–30, Indiana University School of Nursing Records.

relationships being established between the Americans and their Korean counterparts, a theme of university exchange essentially consistent with the earlier missionary activity dating to the late Joseon. At the same time, South Korea was undergoing enormous changes, and some of the inherent contradictions began to emerge during the program, producing conspicuous points of tension. When IU arrived in the late 1950s, President Syngman Rhee was in power, and the ROK stood as a staunch anti-communist ally of the United States, sustained largely by American aid packages. By the late 1960s, nearly a decade later, this same nation was deeply enmeshed in the war in Vietnam (for South Korea, its participation covered 1964–73), and while remaining a close ally to the United States, South Korea was becoming much more explicit about its intentions to develop economically and militarily on its own terms.

This changing relationship reflected not only the South Korea–US dynamic but also the reconfigured relationship with Japan, making in effect a triangular relationship for Northeast Asia, one that needed to be managed carefully. Economically, normalization with Japan in 1965 brought enormous benefits, even as postcolonial tensions between the two nations continued to produce strains, deriving in particular from the prior colonial relationship (1910–45) (Shin and Robinson 2001). If Korean doctors sought to cultivate a new image distinct from their Japanese training after 1945, there is little in the literature on how Korean nurses responded and what they might have done in handling this same issue, even as this topic presents itself as a potential line of inquiry. Moreover, the American presence introduced another actor with a claim to imperium, and the dynamics of that relationship have inspired a great deal of scholarly commentary (Brazinsky 2007). Certainly the United States remained the dominant partner for much of the period, and while South Korea pursued its own agenda, it did so within a set of constraints, recognizing the boundaries established by the powerful combination of American economic and military support. Both Minnesota and IU experienced this dynamic in the form of a major disruption to their respective programs after 1962.¹⁸

For Korean nurses specifically, their lives changed dramatically by the mid to late 1960s, both personally and professionally, as they became valued migrants traveling and working within a wider developing regional and international economy of medical exchange.¹⁹ This type of movement had not been possible previously, certainly not at this scale, and by the middle of the decade the ROK government had recognized the potential of this group of highly trained, specialized workers as a form of human capital, as representatives of national pride, as migrants, and especially as a source of revenue. These women, when placed in their new positions, whether in West Germany, the United States, or any of several other favored destinations, served as a much needed source of foreign exchange, with remittances to Korea functioning as a valuable form of economic subsidy to their families and, by extension, the nation.²⁰ In

¹⁸ The year 1962 represented the renewal point for ICA contracts in both cases. Moreover, this was the first time that the renewal fell under a new Korean government (Park Chung Hee), resulting in a disruption to the two programs.

¹⁹ Along with ROK Army forces, Korean medical personnel were among the earliest groups to be sent to South Vietnam in September 1964.

²⁰ The Korea Overseas Development Corporation was state owned and oversaw the placement of these workers, seeking to regulate and control the migration process, focusing on its financial rewards. For an account of the corporation's methods, see Chira 1987.

some cases, the ROK actively promoted the migration patterns, as was the case with West Germany, using this highly select population to further enhance the relationship between the two nations (*Chosun Ilbo* 2008).

With these circumstances, it is fair to consider the issue of how to frame the activities of these nurses, increasingly embedded within emerging regional and international networks of labor migration. At the personal level, their motivations for going abroad were quite diverse, including economic motives, the opportunity for professional and educational enhancement, and perhaps even a certain amount of national pride in being among the first Koreans to have such a chance. At the same time, the patterns of movement took place within a set of constraints bounded by immigration law, international labor markets, and especially the political and economic relationships shared among certain groups of like-minded nations during the Cold War, a grouping sometimes characterized as the “free world.” In this last sense, the US-ROK relationship has been scrutinized and labeled in a variety of ways; certainly it was a relationship of partial dependency, with a clear and palpable difference in power. The question remains, then, of whether it is appropriate to label this program “neocolonial” or perhaps even “subimperial,” taking place within a set of boundaries shaped and informed by American empire. At the same time, IU clearly did not perceive itself in these pejorative terms, choosing to frame its mission instead as one of a relationship between two groups of women, with emphasis placed on restoring the domestic setting and its public health.

2 Forming New Links: Indiana University, the International Cooperation Administration, and the US Federal Research Economy

How did IU end up with its significant presence in Asia? Beginning in the late 1940s, the US federal government created numerous incentives for American universities to act as contractors on its behalf, beginning with the Mutual Security Administration under President Truman and continuing this impulse enthusiastically under President Eisenhower with the subsequent formation of the Foreign Operations Administration and the ICA.²¹ Large midwestern state universities with a regional focus frequently used these federal contracts to transform themselves into much larger research universities, and the legacy of John Hannah at Michigan State University—famous for its relationship with South Vietnam—serves as a representative case of a technical/agricultural school undergoing such an expansion (Ernst 1998). For IU, it was President Herman B. Wells (1938–62) who saw the potential for the university to grow by moving abroad and participating in these international programs (Capshew 2012). IU became known not only for its program in South Korea but also for its lengthy relationship with Thailand in the 1950s, developing an extensive program in public administration at Thammasat University in conjunction with the Southeast Asian partner nation (*Thailand Public Administration Program* 1965; Sutton 1962).

²¹ President Truman’s “Point Four” address of January 1949 is often considered the starting point for this American style of technical diplomacy (1949–61), later to be subsumed by the US Agency for International Development (USAID).

If the program made sense from the standpoint of building up the reputation of the university, along with offering considerable financial incentives, it made equal sense to the faculty members responsible for running it. At this early stage in the post-Korean War era, the opportunity to work and teach abroad often enhanced the careers of those who took the chance, frequently in ways that they might not have anticipated. For IU, Allen and Adams were already well established at the nursing school, and the move to Korea offered the opportunity to expand their teaching agenda and the scope of their program. Unlike Minnesota, with its exclusive relationship with Seoul National University, IU had the ambition of contacting and working with as many schools of nursing as possible. This strategy may have derived from the question of numbers—with small clusters of nurses scattered at a range of institutions, especially outside of Seoul in rural areas—and it offered the possibility of effecting substantive change with a real impact.²²

For Allen and Adams, the Korea program also represented a logical extension of their prior work in nursing. Allen, acting director of the Division of Nursing Education at IU from 1950 (full director from 1951), had worked her way through the ranks, acquiring her EdD at the university (1955) along the way. An Indiana native, she spent time in Colorado during the 1930s before turning to Columbia University and then IU, beginning her affiliation with IU from the early 1940s as a teacher.²³ Adams, the junior to her colleague, completed her EdD in 1964 and was much more explicitly involved in expanding the international ambitions of the nursing program. For the Korea program, she served as onsite acting head for much of the time, while Allen made only two supervisory visits conducted at intervals, remaining in Bloomington most of the time. Following her Korea work, Adams was later involved in expanding IU's nursing outreach efforts to Latin America, work that carried her through the latter stages of her university career.²⁴

As "IU's nursing ambassador abroad," Adams, along with the accompanying frame of her participation in the Korea program, raises an issue implicit for much of the period, although one frequently not addressed: migration.²⁵ The ultimate destination of nurse trainees was often not specified, and for Latin America and the IU relationship, the goal was one of increasing diversity in nursing education and within the profession at large. Clearly, if IU was recruiting these students, it was not yet specifying where the final destination for their future working lives should be. To revisit the precedent set in South Korea, the National Medical Center had considered this issue, with the three European partner nations agreeing that Korean nurses would be regarded as "hands off": they would be ineligible for recruitment to fill positions in Europe, recognizing their high value to a recovering Korea (*National Medical Center in Korea* 1971: 61). Similarly, Minnesota urged its recruits to return to Seoul after completing their field experience in Minneapolis and, with few exceptions, was suc-

²² Estimates for nursing in Korea came to about five thousand to six thousand nurses by the early 1960s.

²³ Frances Orgain, Memorial Resolution for Emeritus Professor Dotaline E. Allen, Circular B05-1970, Bloomington Faculty Counsel Minutes, Indiana University, <http://webapp1.dlib.indiana.edu/bfc/view?docId=B05-1970&chunk.id=d1e87&toc.id=&brand=bfc> (accessed 19 September 2014).

²⁴ Honoree Mildred P. Adams, University Honors and Awards, Indiana University, <https://honorsandawards.iu.edu/search-awards/honoree.shtml?honoreeID=4004> (accessed 19 September 2014).

²⁵ The issue of migration remains implicit within the IU materials but is seldom addressed.

cessful in asserting its authority on this point. At the same time, both of these accounts derive from the external portion of the story, leaving ample room to consider the Korean viewpoint within a growing international labor market. This also leaves the question of where IU stood on this critical issue.

According to at least one alternative version, published several years into the venture (1964), the IU-Korea program owed its origins to a combination of domestic actors, with these situated in the Korean context rather than the United States (Allen and Adams 1964: 104–6). Following the conclusion of the war, Korean nurses sought assistance from the ROK Ministry of Education, seeking advice in terms of improving access to better forms of pedagogy and the latest in medical training. According to this revised version of events, the Ministry of Education then approached the American ICA with a request for assistance, with IU identified as providing the best fit to meet this need. Although this version does not radically alter our understanding of the circumstances, it grants a much higher degree of agency to the Korean nurses as the primary actors and, in particular, cites their desire to professionalize and to upgrade their status. As this account was reported by the IU side, it also underscores a desire to portray the working relationship in the best possible light, with the American presence solicited from the outside rather than simply intervening without a context. Still, this version appears to limit the intended effects to the domestic, emphasizing the tension between the contrasting accounts.

2.1 On the Ground: Translating Korean Concerns and Addressing Practical Issues

To begin with a generalization, IU was typical of many of the ICA's efforts in that IU did not possess area-specific expertise (for East Asia or South Korea), even as it brought great enthusiasm and energy to the project. Arriving in the late 1950s, Adams would coordinate efforts on the ground, with her senior colleague, Allen, remaining behind in Bloomington, visiting at intervals to check in. Certainly IU knew about prior missionary efforts in Korean nursing education and higher education, and two specific sites (Ewha, Yonsei) provided the links to establish contacts and get under way. As for nursing specifically, the ICA program did not specify any explicit goal other than a general aim of raising the standard of South Korean public health and assisting a recovering nation in the aftermath of war. Again, this request fits a pattern of aid and relief very common for the period.

IU also held a comparative advantage with its late arrival in that several other programs had established a presence and a system of working in close cooperation with the South Korean government. In 1954 even simple tasks had been difficult, as much of the governing apparatus was still in the process of moving from the wartime location of Pusan. By the late 1950s, in contrast, there was a considerable expatriate population in place, even as conditions in South Korea remained clearly affected by the privations of war. More important, health care professionals arriving from different national contexts were able to interact easily and to share new ideas, results, and surplus materials across projects. For the Minnesota and Scandinavian efforts, there are numerous accounts of doctors meeting during their off-hours, using one another as sounding boards and as resources to understand the Korean context. For nursing, the IU program arrived with much of the initial bureaucratic work already in place, at least insofar as other parties had started to shape the path.

Precisely on this point of liaising with their Korean counterparts, IU worked through the Ministry of Health and Social Welfare and the Ministry of Education, the two bodies responsible for dealing with the necessities of public health. For this time period, this meant dealing with disease problems such as tuberculosis and leprosy, two of the most common public health issues, as well as the problem of parasites, although this second issue was not addressed at the national level until about a decade later (late 1960s).²⁶ More than these disease-specific points, the issue in the late 1950s was one of increasing the visibility, image, and appeal of Korean public health, particularly with the lingering effects of the war. Biomedicine was not necessarily the preferred choice of many Koreans, and even persuading patients to visit a hospital was sometimes a victory, as it familiarized them with a wider range of health choices.²⁷ Working within these constraints, IU had to negotiate a careful path, responding as both generous and yet critical at the same time, seeking to effect change without raising concerns about the pace of change.

3 Indiana University: Establishing Relationships and Crafting an Approach to Clinical Practice through Workshops (1958–1962)

Granted a mandate to improve the quality (and presumably quantity) of South Korean nursing education, the IU program began its work in Korea with a series of site visits in 1958, seeking to establish contact with a range of partners. According to IU's records, its initial contact with Ewha Womans University established the pattern for many subsequent encounters, with the relationship serving as a model and as a point of entry into the Korean context. Although IU was aware of a history of Western medicine in Korea since the nineteenth century, many of IU's reports tended to prioritize what it defined as the midcentury equivalent to professionalism, in other words, the creation of an autonomous or independent Korean medical community after 1945. In addition, IU was aware that many of the medical resources in Korea had relocated to the Pusan perimeter during the preceding period (1950–54), seeking to avoid the combat occupying the middle of the peninsula.

With this set of assumptions, IU was openly disappointed with the quality of Korean nursing education and, equally, with the caliber of the candidates it tended to receive at the point of intake.²⁸ Many of the young women entering nursing did so with the equivalent of an eighth-grade education or less, and the profession was not necessarily of high status, meaning that it did not attract a select demographic.²⁹ As for

²⁶ Aya Homei is now working on the relationship between nutrition, parasites, and birth control in the postwar Japan context through the Japan Organization for International Cooperation in Family Planning. For a recent example of her work, see [Homei 2015](#).

²⁷ This trope appears in any number of projects from the period, including the University of Minnesota, Scandinavian projects, and IU.

²⁸ W. W. Wright, Improvement of Nursing Education in Korea, Korea Project Reports, box 27, Indiana University School of Nursing Records.

²⁹ However, in the German case, [Hong \(2015\)](#) argues that Korean nurses often felt that their professional training was not respected in the new work context in Germany. Clearly there were quite different perceptions concerning the level of nurse training when comparing South Korea, the United States, and Europe for the early 1960s.

the first point, IU made it a priority to upgrade the requirements for entry, asking for better-quality candidates in possession of more credentials, preferably a high school education. Understandable as that goal may have been, the effect of raising the bar to entry at a time of shortage was risky, holding the potential for reducing overall numbers. Moreover, the gesture indicated that IU needed some time to become familiar with the Korean context and its realities, as the aftermath of war affected material conditions at nearly every level.³⁰ In this sense, IU's attitude was more than a bit paternalistic, judging the Korean context according to its own metrics.

The call for an upgrade to credentials did not mean, however, that IU was unaware of the major point of emphasis, clinical practice, which had been frequently unavailable to Korean practitioners during the preceding period.³¹ To a great extent, Korean families assumed responsibility for caring for a sick or ailing family member, even while that person was in the hospital. With a need for professionals to take over these duties, and with the story of Korean nurses reaching out to the Ministry of Education, IU sought to find a means of outreach, incorporating the diverse views of nurses. Along with the relationships established with schools of nursing, therefore, IU included a critical component devoted to large-scale public workshops, traveling to three urban sites—Seoul, Taegu, and Kwangju—to encourage as much regional participation as possible. Traditionally, institutions of higher education have been densely concentrated in Seoul, and IU was one of the few programs to address this issue head-on, even while others most certainly were aware of it.

With this approach, IU recognized the problem of the relative abundance of resources in the Seoul metropolitan area and the corresponding lack for much of the remainder, rural South Korea. This development has historical roots dating prior to the arrival of Western medicine, when some form of a quarantine system was put in place during Joseon to limit the spread of epidemic disease.³² In any case, this form of outreach at mid-twentieth century saw nurses from the surrounding communities attending each of the three major workshops, meaning that audience numbers surpassed expectations, even from the first workshop. Moreover, IU participants noted that, in a few cases, Korean nurses attending one workshop took the time to travel to the next at their own expense, allowing for the accumulation of familiarity and expertise, an incremental building of a larger community. This unintended development helped later when it came time to turn the project over to the Koreans, who would need to continue the effort on their own.

What took place at these workshops was an attempt to break down and reconfigure an existing system based almost exclusively on lecture and demonstration. In other words, Korean nurses tended not to gain a lot of hands-on experience until they were actually in their jobs and given responsibility for patient care. The same was true for Korean doctors, and there is a growing literature on how this style of medical pedagogy links to the German model of academic medicine prevailing during the colonial

³⁰ In other words, IU's perceptions reflected a combination of reality and construction, as the construction of a weakness in a developing country (thereby justifying intervention) is a common trope of development.

³¹ This theme appeared frequently in the Minnesota Project as well, especially for 1957–59.

³² This quarantine system involved providing temporary housing outside a city or village where those suspected to be sick were placed, rather than permitting them to enter a city. For the reformation and construction of a "modern" health system at the end of the nineteenth century, see *Shin 2015*.

period (Kim 2014). For this context, IU set up small group discussions and hands-on tasks, exercises that would help to encourage dialogue and allow the participants to ask questions.³³ The issue of translation was significant, as few materials were available and most documents and items to be used had to be newly rendered in Hangul script.³⁴ Even acknowledging these issues, the IU supervisors were happy with the development of rapport with their workshop participants.

In these public workshops, and in their ongoing relationships working directly with Korean schools of nursing, IU had an agenda of breaking down perceived hierarchies within Korean medicine, another lingering perception from the colonial period. Still, as much of the burden of clinical care already fell to these personnel, what specifically had to change to achieve results? For their counterparts, Minnesota and the Scandinavian consortium, the answer to this question came in the form of increased specialization and the introduction of a system of clinical rotation requiring familiarization with a wide range of common medical problems and skill areas.³⁵ For nurses as well, specialization offered considerable challenges, but it also held the promise of increasing prestige and the opportunity to professionalize upon the mastery of specific skill sets. The IU teaching materials for nursing therefore outlined a range of highly specific areas, indicating the desire to get nurses to specialize as early as possible or to be acquainted with a number of emerging subspecialties.

The population with which IU was working on this ambitious set of goals was more diverse than it might appear, as the term *Korean nurse* covered a set of actors employed in very different settings as of 1960, even within a small nation. The schools of nursing specifically associated with the public workshops numbered slightly more than ten, but in building its long-term relationships with nursing IU conducted a baseline survey that included more than thirty sites nationwide.³⁶ Many of these programs were not based at the elite universities (more visible to Western donors) and were instead associated with technical high schools in the provinces.³⁷ This explains a great deal of the concern about class issues and the need to introduce an upgrade to the level of education required for admission, as previously mentioned. It also hints at some of the tensions present within the nursing community, where the hierarchies prevalent in Korean society likely influenced (and limited) the types of career opportunities available to those from outside the relatively well-off base of metropolitan networks.

The prevailing urban-rural divide within Korean medicine was not the only concern facing IU, as the university also chose to engage with nursing as a set consisting of many distinct subcommunities, establishing as many new relationships as possible. If the first of these was the community within universities and technical high schools, IU sought engagement with the ROK military as well, and with the comparable programs

³³ Nursing Workshop, 24–27 January 1961, box 27, Indiana University School of Nursing Records.

³⁴ Historical Survey.

³⁵ Minnesota made clinical practice the core of its effort (1957–59) as it implemented a clerk-residency system of rotations in the late 1950s.

³⁶ These materials are in box 26 of the Indiana University School of Nursing Records, and the individual files for Korean institutions/departments number more than thirty. In some cases, IU held two or more workshops at the same institution (e.g., two different departments at the same school).

³⁷ Historical Survey.

run by other aid programs.³⁸ The ROK Army materials appear in a number of the IU files, indicating a depth of engagement, and here, too, clinical practice remained a central concern, especially with the recent experience of the Korean War. To make a generalization, the intent was to introduce a number of routines or scripts, habitual ways of approaching the most common clinical tasks, to enforce discipline and good habits among the nurses who would serve. Arguably, military medicine played a role as critical as that of aid programs in offering an entire generation of Korean practitioners the opportunity to work alongside their international colleagues, to learn new techniques and practices, and to introduce these back into Korean medicine.

Moreover, at the national level, IU eagerly sought to make contact with the Korean Nurses Association, adding an additional bond that conceivably cut across all of the other bureaucratic and institutional layers. Dating to the early twentieth century, the association was linked with the earlier missionary legacy, but for IU its real appeal lay in the potential to achieve further outreach. The association's in-house journal, *Night-ingale*, provided a forum for reaching any number of readers unable to travel to the public workshops, offering the latest in information about new approaches to health care. IU publicized its mission in this fashion and thus reached a level of public engagement surpassing that of many other relief programs. If the university can be criticized for spreading its resources thin and perhaps failing to concentrate on a particular specialty, the breadth and scope of its ambition were nonetheless valuable.

At the same time, the IU program was filled with palpable tensions, contradictions implicit to its mission to bring a revised version of medical pedagogy to Korean nurses while also urging them to remain within the domestic context, continuing their work in Korea. In many other national contexts, one of the driving factors motivating the outmigration of health professionals has been tied to the use of licensing exams, standardized tests used as a metric to set standards in a particular profession.³⁹ The use of these exams in international contexts frequently enables (and actively encourages) new professionals to begin expanding their ambitions, especially as they have demonstrated competence in a particular skill area and may reside in a market where their skills may not be adequately compensated. For the IU program, there is no evidence at this early point of the use of such evaluative criteria, but Korean nurses were beginning to be recognized as a valuable commodity, even as their migration patterns would not attract significant scholarly attention until later.

At this point in the early 1960s, the major effect of the IU presence, and indeed the related medical programs running concurrently, was likely experienced in two ways. First, the general push toward professionalization simultaneously widened and reduced the scope of the nascent profession, encouraging these women to pursue greater ambitions for career development and growth while also raising the bar to entry to a significant degree. Second, the patterns of migration were still confined primarily within the boundaries of South Korea as a domestic space, and this by itself was by no means a minor development. The call for travel to participate in workshops, the dissemination of new information through journals and professional publications, and an enhanced role within the hospital setting were developments that collectively

³⁸ Republic of Korea Army (book), 1958, box 28, Indiana University School of Nursing Records.

³⁹ The obvious example here would be the Philippines, but other developing countries serve as well.

encouraged the sense of a national community. Again, international actors noticed the value of Korean nurses from early in the decade, and it is fair to consider the extent to which members of the profession began to develop an awareness of their value on their own. If IU did not act as a cause for this development, it nonetheless appeared at a time when the change was coming: IU's program goals not only failed to anticipate this dynamic but sometimes actively worked against it, again leading to unexpected tensions.

4 Emerging Regional and International Migration: The International Context and the Free World Network (1966–)

The typical patterns for scholarly and professional exchange in Korea prior to 1945 were shaped heavily by the Japanese colonial experience, with most of those going abroad traveling within an East Asian system, with Taisho/Showa Japan serving as a favored destination, along with Republican China (Moon and Kim 2004; Kim 2005).⁴⁰ There were exceptions to this pattern, of course, but the possibility of movement to other locations, such as Europe and North America, did not become a reality for most Korean students until sometime well after 1945. For medicine specifically, this observation holds with respect to clinical practice, with models of practice deriving largely from interactions shaped by the colonizer.⁴¹ Newer forms of intervention through American and international actors during and following the Korean War therefore represented a form of disruption, one that would create new possibilities for both practice and migration. At the same time, these professional developments also proved useful to the state, motivated to resell itself to the population in the aftermath of war.

To restate this last observation, the transformation of Korean nursing pedagogy took place within a political context, domestically and regionally, and this setting inevitably influenced the process. Starting in the last portion of President Syngman Rhee's rule (1958), the IU nursing program adopted a stance similar to that of other relief programs, mobilizing the post–Korean War context as the explanatory frame for undertaking its relief work. Certainly few would question the need for medical relief only a few years after the close of the war, when the nation remained in recovery mode. A few years later, however, the situation became more complicated, with the coup in May 1961 and the arrival of the new Park Chung Hee government. Even after the junta removed its military garb in favor of civilian elections held in 1963, the formative US–ROK relationship took time to renegotiate, as this was a more confident South Korea, and matters in Southeast Asia were accelerating in the lead-up to Vietnam.

⁴⁰ For nursing specifically, see Yi 2006.

⁴¹ A number of projects are currently in progress concerning the colonial legacy of medicine in Korea. Theodore Jun Yoo has recently published *It's Madness* (2016) on colonial psychiatry, while Jin-Kyung Park (2008) works on gynecology and the treatment of Korean women in colonial-era prisons. Jennifer Yum's 2014 PhD dissertation addresses postwar psychiatry, and Jane Kim (2012) has written on leprosy. Sonja Kim's PhD dissertation (2008) addresses mothering and care in colonial Korea. Kyung Moon Hwang's *Rationalizing Korea* (2016) has generous sections on public health and demography for late Joseon.

In 1962, therefore, the formal portion of the IU-ROK relationship came to an abrupt end, with the contract terminating as those on the Korean end encouraged it to lapse. This move was not without precedent, as the Minnesota Project, similarly, was allowed to lapse, with Seoul National University simply choosing not to renew its exchange arrangement as of June 1962. In this second case, Minnesota persisted through the late 1960s in seeking a renegotiation of the relationship, with little response on the Korean end. For IU, although the result was disappointing, there had been few formal institutional relationships, so the work in Korea could continue, albeit on somewhat different terms. The IU nursing team stayed in touch with a number of Korean schools of nursing and, moreover, spread the word about its ongoing series of workshops. Materials in the IU files indicate an ongoing relationship through at least 1966, even if the intensity and frequency of contact from the earlier period were lacking.

The motivations informing this gesture of deferral remain unclear and may have been as simple as the desire to have a clean slate, one free of the numerous partnerships established during the Syngman Rhee era. For its part, the ICA appeared confused about how to respond, and for IU, the initial reaction was very much one of surprise. In its subsequent report for the period, the US Agency for International Development (USAID) lamented that “the contract was terminated one year earlier than had been anticipated or less than 20 months after the first nurse advisor of the Indiana team” had arrived to begin work in-country.⁴² In effect, USAID regarded the program as something of a lost opportunity, one where much more could have been accomplished. Even with the relationships established with Ewha and Yonsei, this activity represented only a portion of the American ambitions for nursing in a domestic setting. The profession still held great symbolic significance at this level, and the USAID report continued to cite the damages to the profession deriving from the Korean War in seeking to justify its mission. In brief, USAID and its representatives from IU failed to recognize how their essentially static vision was very different from that of their Korean counterparts who were moving ahead rapidly.

4.1 Changing Priorities (1962–)

If the Syngman Rhee government sought to establish relationships with numerous partner nations, looking for financial and logistic support wherever possible, the succeeding Park government had similar priorities, with one major difference. Rhee was primarily motivated in bringing resources to South Korea, getting as much as he could from the challenging circumstances of recovery in the aftermath of the Korean War. Park, on the other hand, was motivated by a desire to renegotiate exchange on terms favorable to South Korea. In particular, he sought new forms of knowledge, along with technology and infrastructure, things that could transform the nation rapidly and raise it from its status of a developing country. In this respect, the termination of the relationship with IU appears less surprising. Even if the program had yet to run its course, it tended to reinforce a relationship of dependency, certainly not the style of practice desirable in the long run.

⁴² Historical Survey.

By the early 1960s, in direct contrast to the advice offered by the Scandinavian consortium, along with other parties, South Korea began sending its nurses abroad, using them as a powerful symbol of the nation's growing ambitions. By this, I do not refer to just the pattern of migration that would soon begin with changes to American immigration law in 1965—in other words, self-selection by individual migrants—but, rather, the active promotion of outgoing migration by the state within an international system. Estimates for the numbers of nurses nationwide tended to be on the low side, reaching a figure of about ten thousand, and generally emphasized the need for more trained personnel.⁴³ Moreover, the IU program, as we have seen, regarded these nurses as hardworking and enthusiastic but wanted to upgrade significantly their clinical training and the education credentials required to enter the profession. Why, then, did the ROK state begin to promote its nurses as a symbol of the nation, and with what specific aims in mind?

The most conspicuous part of this new trend involved migration to West Germany, with Park Chung Hee admiring his frequent trade partner and seeking to emulate its success in several ways.⁴⁴ In the early 1960s, West Germany, along with the United States and Japan, was one of South Korea's major trade partners, and the rhetoric of the “free world” (implying these nations, and also suggesting Hong Kong, South Vietnam, Thailand, and Taiwan) associated with this group had to be taken seriously. As a gesture of his friendship, therefore, Park sent a group of Korean miners and nurses to West Germany beginning in 1962. The gesture was more than symbolic, however, as these workers served as a valuable source of foreign currency, with their remittances going back to Korea regularly. For nurses specifically, the program began with a small group of roughly twenty nursing students and would rapidly expand over the next ten to fifteen years. Between 1966 and 1976, an estimated thirteen thousand Korean nurses served in West Germany in some capacity, creating and reinforcing a pattern of economic migration, with a large number of these women ultimately choosing to marry and settle in Europe (*Chosun Ilbo* 2008).⁴⁵

Even as many of these nurses ultimately returned to Korea, the pattern of “exporting” a set of valued health practitioners for a variety of economic and political reasons had begun, and this ROK–West Germany relationship was soon followed by several related gestures. Specifically, the US–ROK relationship already involved a pattern of education exchange following the Korean War, but changes to US immigration law in 1965 rapidly made long-term migration and resettlement much easier for those seeking a move. Moreover, the South Korean engagement with South Vietnam took on added significance with the expansion of the war in 1965, and again, ROK military medicine had a vital role to play.⁴⁶ In simple terms, Korean nurses were now traveling

⁴³ This figure includes midwives; nurses, counted alone, numbered about fifty-five hundred.

⁴⁴ Park also admired the Autobahn and, following his December 1964 visit, is alleged to have taken this for the model for the Gyeongbu Expressway.

⁴⁵ In *Cold War Germany* (2015), Hong seeks to link the movements of Korean nurses in the early 1960s to the earlier German Red Cross Hospital in Pusan (1954) and the operations of the German Red Cross in late 1950s South Korea.

⁴⁶ The Vietnam War, like the Korean War, provided a rich context in which ROK medicine received extensive field/clinical experience.

abroad in much greater numbers and frequently going to sites beyond the East Asian region, to seek higher levels of education, greater professional opportunities, and in some cases long-term resettlement.

4.2 Looking to the Vietnam Context (1964–)

What is surprising is not so much the dramatic pace of these changes but the extent to which this emerging free world relationship of medical exchange has gone largely unnoticed in the literature, certainly in contrast to more celebrated cases like that of the Philippines. In part, this is because of the economic disparities governing the American relationship with the Philippines, in which Filipino doctors and nurses are seen as leaving the country primarily to seek better economic circumstances. For South Korea, the economic growth that followed in the 1970s and 1980s made for a much “happier” narrative, one in which their migratory patterns are typically seen as temporary rather than permanent. Moreover, the ROK’s rise to the status of a relatively wealthy country bridged a portion of the gap with the United States and other allies, meaning that the power differential is perceived as less of a factor in drawing these professionals. In any event, there was never a conspicuous fear of a Korean “brain drain” to the United States, even as scholars have noted the significance of American postgraduate education as a lure. At the very least, it is fair to say that the transformation of Korean medical pedagogy took place within a relationship characterized by a conspicuous power difference and this changed once more as South Korea began to redefine itself. Programs like that of IU in some sense served to mask or even obscure the reality from the American viewpoint.

If it is unfair to place the weight of this transformation upon ROK participation in the Vietnam conflict exclusively, we should nonetheless recognize the dramatic impact of the war on South Korean medicine, whether referring to its domestic activities (blood drives) or those conducted abroad. Again, the participation of Korean doctors and nurses in the field served as an intensive introduction to clinical practice, handling many of the same issues approached in the Minnesota Project just a few years previously. At the same time, blood drives conducted on Korean college campuses brought the war home, and the return of wounded and injured soldiers, along with the deceased, gave war a material, palpable presence. Moreover, the medical personnel supporting the ROK military were not just treating their own soldiers, as a significant part of their mission was one of cultural outreach, or “civic action,” bringing biomedicine directly to the Vietnamese population as an ideological exercise.⁴⁷ This second theme has received very little attention in English to date and underscores the extent to which the nation sought not only sought to change its own medical pedagogy and practice but also wanted a significant upgrade to its own international image and prestige.

The materials and images circulated in support of this mobilization were typically produced by the ROK’s Ministry of Public Information, and as they were published in

⁴⁷ See *Korean Forces in Vietnam: Three Years in Vietnam*, 1968, <http://www.vietvet.or.kr/hwabo/pawol3/js3x000.htm> (accessed 25 September 2016).

English and Korean, they were likely intended for wide distribution.⁴⁸ In fact, even prior to engaging with Vietnam in a military fashion, South Korea sent a mobile medical team overseas in 1964 as part of the initial point of contact (based at Vung Tau), and this fact receives conspicuous mention in a number of the ministry's publications (*Korean Ministry of Public Information 1966*). In simple terms, South Korean medicine, mobilized under the broad umbrella of Cold War interests, has to be reevaluated from the standpoint of intersecting ideology and practice, with Korean nurses and doctors representing the idealized face of an emerging free world partner with its own set of ambitions. Like the Korean soldiers participating in the combat phases of the war, these doctors, nurses, and support personnel functioned within a dense network of interests: in effect, Asians providing medical treatment to other Asians but within a set of bounded constraints.

To return to the main focus of this article, the IU nursing program, the link with the Vietnam context is an indirect one, as IU personnel could not possibly have anticipated the direction South Korea would take by the late 1960s. If the university chose to portray its relationship with its Korean partners as initially one of continuity, essentially a resumption of earlier missionary activity, this characterization cannot explain the obvious contradictions of a nursing community with rapidly changing interests. As Korean nurses began to migrate, whether on their own or highly encouraged, as was the case with West Germany, they became a set of highly valued migrants, prized for their skills and labor. Moreover, they embodied the paradox of a nation still recovering from the effects of war, and yet one eager to depict itself as an emerging power through these transnational agents. By the close of the IU program, Korean nurses were already on the way to becoming integrated within an international system of migration in which their skills would lead to better pay and in some cases professional opportunities, while arguably constrained by the broader contours of American imperium. The irony, as emphasized here, lies in these late 1950s training programs interacting closely with Koreans, while almost completely failing to recognize the rapidly changing dynamics.

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⁴⁸ These volumes appeared the most frequently during 1966–68, although they cover as late as 1973, coinciding with the Korean presence.

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