

Penile Necrosis, Military Medicine, and South Korean Participation in the Vietnam War, 1964–1973

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Abstract This article examines the Korean medical history of the Vietnam War, particularly, the sexual activities and venereal disease control of the Republic of Korea Forces in Vietnam (ROKFV). For Ch’ae Myōngsin, the commander of the ROKFV, the largest overseas military dispatch in the history of the South Korean military was an occasion to raise the profile of the infant Republic of Korea in the eyes of the world. However, the occasion also warranted possible sexual contact between South Korean soldiers and Vietnamese civilians and created potential complications. To caution the South Korean men away from Vietnamese women, Ch’ae circulated a mythical story about a fatal venereal disease endemic to Southeast Asia that specifically targets male genitalia. Using the theory of subimperialism and postcolonial readings of gender and colonialism, this article reads Ch’ae’s story of penile necrosis against ROKFV records on sexual activities and venereal disease control to show how, in regulating sexual desires and bodily activities, the South Korean state came to replicate the colonizing practices of colonizers and reproduce imperialism as subimperialism in Cold War Asia.

Keywords Vietnam War · Korea · venereal diseases · military medicine · subimperialism · Cold War

I got a hint when reading about Japanese soldiers’ rape of women in the southern front line in Southeast Asia. Japanese soldiers raped any women that appeared in sight, and in one island they raped the aboriginal women. Afterward, soldiers

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began reporting symptoms of itchiness around the male genital area. When they started scratching due to an unbearable itchiness, skin began to fall off. This was an unknown venereal disease at the time, and the symptom was similar to candlelight that melted away the candle, so the disease was called candlelight disease, or *rōsoku byō* (ろうそく病) in Japanese. It is difficult to verify the truth behind this, but at an unofficial gathering, I mentioned in passing, “When Japanese forces occupied this land, it was said that many Japanese soldiers lost their male symbol. What if our soldiers came to this far distant place, only to lose their Korean male symbol in Vietnam? I am worried about this.” This was transmitted to all soldiers like electricity. I think this [story] was quite effective in instilling fear and alarm among them.

Lieutenant General Ch’ae Myōngsin

This was the recollection of General Ch’ae Myōngsin (1926–2013), the former commander of the Republic of Korea Forces in Vietnam (ROKFBV) (Cha’e 2002: 29–30).¹ In 2002 he was asked to provide an account of his military service in Vietnam, and he recalled the problems of venereal diseases among the South Korean soldiers during the Vietnam War. Prompted by a question on problems of sexual activities within the military, General Ch’ae told about his circulation of the mythical story of candlelight disease, a fatal disease that supposedly caused necrosis of the male genitalia and eventual death for Japanese soldiers in Southeast Asia during World War II. As he admitted, he had been aware of the deleterious effect that venereal disease could have on the health and morale of the troops. The story was told, as he stated, “to instill fear and alarm” among soldiers, and he believed it had a considerable effect in preventing outbreaks of venereal diseases within the South Korean military in Vietnam.

This article examines venereal disease control activities of the ROKFBV from 1964 to 1973. I chose control of venereal disease over other diseases such as malaria, which a high number of South Korean soldiers contracted, for two reasons. First, unlike malaria, which has been frequently cited as one of the greatest dangers facing the South Korean military in Vietnam, records on venereal disease are conspicuously absent in the ROKFBV literature on health and medicine. The lacunae of writing on the problems of venereal disease and ramifications strongly hint at attempts to sanitize the history of the South Korean military medical activities in the Vietnam War. Second, the problem of venereal diseases within ROKFBV highlights the uniquely subimperial status that South Korea occupied vis-à-vis the United States and Vietnam during the Vietnam War. On paper, the South Korean military enjoyed a status that was equal to that of the US forces in Vietnam. The reality, however, was that the ROKFBV were subcontractors to the US forces, and this subimperial status was most evident in the sexual relations between the South Korean military and Vietnamese civilians.² That is, in sexual relations, the South Korean military replicated the colonial relations exercised by the American military when it came to assist the Republic of Korea during the Korean War (1950–53).

¹ All translations are by the author, unless noted otherwise.

² “Linh dahn thue cua My” (mercenaries) is the label placed next to the photos of South Korean soldiers in the My Lai Massacre Memorial Hall, indicating the Vietnamese popular perception of the South Korean military as American subcontractors. Ku Sujōng, personal communication, 19 February 2017.

Subimperialism, defined in this article as the colonized having the desire or will to colonize the colonized others, is key to understanding the nature of sexual relations between the South Korean military and Vietnamese civilians during the Vietnam War.³ Like the American military men who engaged in sexual relations with Korean women during the Korean War, the South Korean forces practiced the same colonial relations with Vietnamese women during the Vietnam War (Moon 1999; Moon 2010; Cho 2008). The reproduction of colonial relations, in this case by one colonized nation over another colonized nation, is important not only for furthering our understanding of reproduction of imperialism as subimperialism in the decolonizing world order but also for showing the complex identity formation of the self (Lee 2009, 2010). The colonizing desires of the South Korean military men toward the Vietnamese women illustrated that the colonized possessed as many colonizing tendencies as the colonizer in the will to colonize the other.⁴ That colonizing desire was not exclusive to colonizers and that imperialism in the postcolonial world survived through these subimperializing practices were already hinted at by General Ch'ae in his recalling of the candlelight disease that supposedly struck the Japanese Imperial Army during World War II. Lest the Korean soldiers become like the Japanese soldiers, he disseminated this cautionary tale. Yet, like the American soldiers in the Korean War, the South Korean men in Vietnam replicated the same colonizing desire and will.

This article discusses ROKFV venereal disease activities through the following archival materials on ROKFV health and medicine. First, an account of the current archival holdings underscores the absence of scholarship on Korean medical involvement in the war and the problems posed by the lack of archival materials for the development of scholarship on the subject. Second, governmental texts related to sexual health of the ROKFV are read against General Ch'ae's story of candlelight disease to show that the Park Chung Hee government and the ROKFV command staff neglected the sexual health of the South Korean military in Vietnam. General Ch'ae may have boasted the success of the candlelight disease story in preventing outbreaks of venereal diseases among the soldiers, but an examination of materials shows that the South Korean government and the ROKFV command staff had an appalling ignorance of the crucial role that health and medicine played in the war. It was widely acknowledged that good health was critical to performance on the battlefield, yet the South Korean government and the ROKFV command staff failed to pay attention to the vital need for good health care for the soldiers. Indeed, the position of this article is that adequate provision of medical care could have prevented some of the tragic chapters of South Korean military participation in the Vietnam War. Lastly, the article concludes with reflection on the reproduction of imperialism as subimperialism in the postcolonial world order and the failure of empire building in twentieth-century Asia. The cautionary tale of "penile necrosis" not only expressed the danger lurking behind sexual encounters between the South Korean military men and the Vietnamese counterparts but also demonstrated the failure of subimperializing wars such as the Vietnam War for empire building in East Asia.

³ For further reading on subimperialism in East Asia, see Johnson and Chiu 2000.

⁴ South Korean newspapers at the time routinely featured stories on exotic Vietnamese women. See, e.g., *Tonga ilbo* 1965, 1966; and *Kyunghyang sinmun* 1966.

1 Korean Medical History of the Vietnam War: An Absence

In 1964 US president Lyndon Johnson asked the Park Chung Hee government to assist in the ongoing war in Vietnam, and Park readily complied. The first dispatch of the ROKFV consisted of one mobile army surgical hospital unit, comprising 130 personnel, and 10 tae kwon do instructors (Lee 2011). According to *Statistics of the Vietnam War and the Republic of Korea Forces* (Ch'oe 2007: 26), the Park government had already known for some time that President Johnson would be making a request for South Korean assistance. However, lacking knowledge of the situation in Vietnam, Park Chung Hee first responded with noncombat assistance. A year later, when the request for additional noncombat assistance came, the South Korean government trained and dispatched the Pigeon Corps (Pidulgi pudae), consisting of engineering and transportation units. The division was named *pigeon* to symbolize the peaceful overture of the South Korean assistance to South Vietnam (Ch'oe 2007: 28).

With the passing of the Gulf of Tonkin Resolution by the US Congress on 10 August 1964, the American involvement in Vietnam rapidly escalated, and Lyndon Johnson asked for combat assistance from South Korea. The first ROKFV combat units—the Capital Division and the Second Marine Brigade—arrived in Vietnam in the fall of 1966, and the number of South Korean troops sent to Vietnam steadily climbed each year (Ch'oe 2007: 29–31). Approximately 20,000–50,000 South Korean soldiers were sent to Vietnam annually, and by the time the ROKFV officially declared withdrawal in 1973, an estimated 320,000 South Korean soldiers had been sent to assist in South Vietnam (Ch'oe 2007: 36). In the history of the Vietnam War, South Korea sent the second largest foreign military deployment to Vietnam, surpassed only by the number of US forces. Also, in the history of the Republic of Korea forces, the Vietnam War is recorded as the first international military operation and the largest overseas military operation to this day.

Fifty years have passed since the first deployment of the ROKFV mobile army hospital and tae kwon do instructors, and despite the scale and magnitude of military involvement, the Vietnam War (called Wöllam chönjaeng in Korean and also written as 越南戰爭 in Sino-Korean) remains an underexplored topic within Korean scholarship. The studies that have been done so far have focused predominantly on political, military, and economic aspects of the war, such as the Park Chung Hee government's decision-making processes and the economic benefits reaped from the war (Kim and Vogel 2011; Kim and Sorensen 2011; Bradley and Young 2008; Hunt 2010). Studies on the sociocultural impact of the war have begun to come out as well (Kang 2008; Kang 2013; Chang 2008; Kim 2001; Kwon 2008; Yun 2008, 2012). Yet, in contrast to the Korean War, the volume of scholarship on the Vietnam War pales in comparison, and the range of topics studied thus far only highlights the limited recognition given to one of the most important wars of the twentieth century.

One subject that speaks to lacunae within Korean scholarship is medicine. More specifically, the role of military medicine (*kunjin ūhak* 軍陣醫學) in shaping contemporary South Korean medicine is a subject that has yet to receive critical attention within Korean historical studies. To date, the topic of the Vietnam War remains an unexplored theme within Korean scholarship on the history of medicine. A search of *Korean Medical History Journal* (*Ŭisahak*), the oldest scholarly journal on Korean medical history, turns up zero results on the subject. Another search on KoreaMed, an

amalgamated search engine operated by the Korean Association of Medical Journal Editors, reveals twenty-five studies that have been done on the conditions of the Vietnam War veterans.⁵ The earliest study on postwar health conditions of veterans was done in 1998, and since then medical studies have focused on health problems related to Agent Orange, the herbicide and defoliant used by the American forces as part of its herbicidal warfare in Vietnam. The attention paid to exposure to Agent Orange is understandable given that most of the South Korean forces in the Vietnam War consisted of armed forces, and most of its military operations were carried out on land. As a result of extensive land operations during the war, a significant number of South Korean soldiers were exposed to Agent Orange. It is estimated that approximately 89,722 South Korean veterans had been affected by Agent Orange (Ku 2013, 2015).⁶

The importance of studying the side effects of Agent Orange on Vietnam War veterans cannot be overstated. However, a focus on Agent Orange does not help assess the overall ROKFV medical history in the Vietnam War. After all, the symptoms and side effects related to Agent Orange began to emerge after the war, and discussion on the herbicide pertains to the response of the South Korean government toward war veterans. In terms of illuminating the specific medical activities of the South Korean military in Vietnam, the compensatory actions taken by the South Korean government and veterans associations constitute a postevent history that cannot effectively address challenges and problems that the South Korean military medicine encountered during the Vietnam War. For example, prior to the Vietnam War, the South Korean medical scientists did not have an opportunity to address the problems of disease, hygiene, public health, and medical research on such a scale and scope.

Moreover, the tropical climate of Vietnam, which is different from the climate in Korea, presented South Korean medical scientists an occasion to study tropical medicine, an area of medical studies that had not been widely available before. According to Yi Sunhyŏng, the former vice president of the Korean Society for Parasitology and Tropical Medicine, there were no parasitologists left in Korea after the repatriation of Japanese parasitologists in 1945. The society was founded in 1959, and when the South Korean government made the first dispatch of medical teams in 1964, the study of tropical medicine was still at its nascent stage (Yi 1979; Cho 1990, 1995). As result, when a high number of malaria cases broke out in the first two years of the war, the ROKFV medical units lacked sufficiently trained staff and adequate facilities to treat the incoming patients (Kukpangbu Kunsu P'yŏnch'an Wiwonhoe 1978–85, 2:661–62). Accounts of a lack of beds and patients being transferred to US mobile army surgical hospitals can be found, and soldiers' testimonies speak of open dissatisfaction with the quality of treatment received at the ROKFV hospitals and their preference for American hospitals (Kukpangbu Kunsu P'yŏnch'an Yŏn'guso 2003, 2:182).

The absence of scholarship on the Korean medical history of the Vietnam War is attributed to the lack of archival materials. An Chŏng'ae's (2004) study of the records

⁵ See *Korean Medical History Journal* (<http://medhist.kams.or.kr>) and Korean Association of Medical Journal Editors (<http://www.koreamed.org/SearchBasic.php>).

⁶ According to the Ministry of Veterans Affairs (Kukka Pohunch'ŏ), most of the recipients of compensation were veterans from the Vietnam War, and fewer than one thousand have been affected by the use of Agent Orange in the Demilitarized Zone from 1967 to 1971 (Ku 2013, 2015).



Fig. 1 *Left*, Civic medical treatment group treating Vietnamese civilians. *Right*, A clinic built by Republic of Korea Construction Support Group at Lái Thiêu, Dĩ An. From the 1968 ROKFV pictorial issued to commemorate the third anniversary of South Korean participation in the war (ROKFV 1968: 70)



Fig. 2 Caption reads, “Members of a mobile treatment team of the Blue Dragon brigade take care of Vietnamese villagers” (ROKFV 1968: 70)

related to the Vietnam War in the South Korean national archives shows that significant amounts of contemporary records generated by governmental institutions have been destroyed. The extant materials that she has catalogued show not only a slim volume of records but also a limited range of records available for research. The records examined by An consist mostly of agreements, budgetary records, contracts, and parliamentary proceedings. Sensitive records, such as ROKFV civilian massacres, crimes (black market, drug smuggling, and theft), and prisoner-of-war status of captured South Korean soldiers are almost nonexistent (Munhwa Broadcasting Corpor-

ation 2000).⁷ The destruction of many vital records, An notes, had to do with bureaucratic custom, where after a certain period most records were destroyed. Given this state of archival holdings in the South Korean national archive, the crucial records related to the medical activities of the ROKFV remain sorely lacking, and this lack in turn is undermining further research on the subject.

Despite the limitations of the archival records, a study of ROKFV medical activities during the Vietnam War is needed, as it will help inform the currently polarized debate on the topic. Currently, the South Korean historical evaluation on the war has been divided into two extremes: those seeing the participation in the Vietnam War as an achievement of the Park government, and those who condemn the brutalities committed against Vietnamese civilians by the ROKFV during the war (Hankyoreh 2015).⁸ As result of divisive debates surrounding the legacies of the Vietnam War, opportunities to explore historical complexities have been stymied. In the hope that more studies on the Vietnam War can come forth, the next section examines the ROKFV-generated records on sexual activities and venereal diseases during the Vietnam War.

2 Records of Sexual Activities and Venereal Disease Control of the ROKFV

2.1 General Ch'ae Myöngsin and Candlelight Disease

General Ch'ae Myöngsin, the former commander of the ROKFV who circulated the story of candlelight disease, was someone who knew very well that life in the barracks involved women and sex. Born to a devout Christian family in the northern part of Korea in 1926, he was first exposed to mobilization of women for sexual service to soldiers, or comfort women (*wianbu* 慰安婦), with his conscription into the Japanese military in 1944. After the liberation in 1945, he and his family moved south to escape persecution of Christians in North Korea. As he admitted in his memoir, during the Korean War he saw the operation of comfort stations around the country as well (Kim 2002). In 1948 he enrolled in the newly established Chosön Military Guard Academy (which later became ROK Military Academy) and Park Chung Hee, with whom he would have a lifelong relationship until Park's death in 1979, was two years his senior. Prior to his service in Vietnam, Ch'ae accrued extensive knowledge in counterinsurgency operations and guerrilla warfare through his assignments in suppressing civilian uprisings in Yösu (1948) and Cheju Island (1946–53). Also during the Korean War (1950–53) he formed his own White Skull Troops (Paekkol pyöngdan) to wage

⁷ An episode of the *Now We Can Speak* series shows that the ROKFV command staff and South Korean government were negligent in processing South Korean prisoners of war and those missing in action as casualties (Munhwa Broadcasting Corporation 2000).

⁸ One of the best-known advocates for the Park government's record on the Vietnam War is the Korean Association of Veterans Disabled by Agent Orange in the Vietnam War (Taehan minguk koyöpje chönuhoe). In 2015 they held a demonstration to derail public speaking by survivors of Vietnam War massacres (see Hankyoreh 2015). As for critics of the South Korean legacy in the war, Ku Sujöng was the first writer to expose the massacres committed by the South Korean forces. Currently, she leads the Korea-Vietnam Peace Foundation (Hanbe p'yöngghwa chaedan), a nonprofit organization dedicated to promoting peace and reconciliation between Korea and Vietnam (see <http://www.kovietpeace.org/c/6>).

guerilla combat in some of the toughest battle zones around the country. Initially, Ch'ae opposed South Korea's involvement in the Vietnam War. He felt the war in the former French colony was a lost cause, but Park appointed him commander of the ROKFV due to Ch'ae's good relations with the command staff of the US forces in Vietnam (Ch'ae 1994, 2006; Pak 2014).

As someone who spent most of his life in the barracks, Ch'ae had an attitude of pragmatic resignation toward women and sex in the military. The idea went against his puritanical upbringing, and yet, given his witness to the mobilization of comfort women during World War II and the Korean War, Ch'ae came to accept that he could not forbid soldiers from engaging in sex with civilians. Not only did the ROK forces lack the means to monitor the sexual activities of the soldiers, but also, from his years of experience, he and other commanding officers knew that an outright prohibition of sex would arouse dissatisfaction and resistance within the ranks. For such a seasoned veteran of war, maintaining good morale was vital to victory, and he could not afford the risk of inflaming dissent within the ROKFV hierarchy. Yet, in his 2002 recounting of the candlelight disease story, he expressly told his interviewer that he disseminated the story to discourage sexual contact between South Korean soldiers and Vietnamese women. He even boasted that his story was successful in preventing possible outbreaks of venereal disease within the South Korean military during the Vietnam War (Ch'ae 2002: 29–30). According to Ch'ae, a story that he told in passing to a few Koreans in one gathering not only spread to all ROKFV units scattered throughout Vietnam but also deterred the soldiers, some of whom were stationed in remote places, from engaging in sex with Vietnamese women. Apparently, one fantastic tale of penile necrosis had the magical effect of saving so many Korean and Vietnamese bodies during the Vietnam War.

General Ch'ae may have claimed that he told this cautionary tale of penile necrosis to prevent venereal diseases among South Korean soldiers in Vietnam. Yet, his motive for so doing was less sanguine than he would have liked his readers to believe. By the time he told the story of candlelight disease in 2002, reports of atrocities and sexual crimes committed by the South Korean military have begun to come out, and Ch'ae became active in defending the ROKFV record in the Vietnam War. On charges of civilian massacre, he argued that the Viet Cong infiltration into the civilian populace made the task of separating civilians and communists difficult, and he and other veterans flatly denied the accusations of sexual crimes committed by South Korean soldiers (Tonga ilbo 1969; Ku 1999; Pak 2015a).⁹ Regarding timing, General Ch'ae “remembered” the story of candlelight disease when the legacy of South Korean participation in the Vietnam War was beginning to be challenged. In other words, this incredible story of preventing venereal diseases was part of General Ch'ae's defense of the ROKFV record in the Vietnam War. The message was that General Ch'ae was a dedicated military leader who managed to pay attention to the sexual health and well-being of the soldiers and that South Korean soldiers were honorable in heeding his warning to stay away from Vietnamese women. Given such “memory,” the accusation of South Korean soldiers committing massacre and rape, according to

⁹ The earliest public denial of the Vietnamese civilian massacre committed by the ROKFV was in 1969. The ROK Ministry of National Defense denied the charges of massacre of seven hundred Vietnamese civilians by the ROKFV and claimed this was “communist propaganda” (see Tonga ilbo 1969).

General Ch'ae, should turn out to be nothing more than malicious lies invented to harm the reputation of the ROKFV. Sadly, there was little evidentiary basis to support his claims.

Indeed, Ch'ae's story of candlelight disease revealed that very few, if any, health and medical measures were undertaken to address the issue of venereal disease within the ROKFV during the Vietnam War. Also, the stunning naïveté shown by Ch'ae indicated that the South Korean government did not prioritize medicine in preparing for the war (see, e.g., *Tonga ilbo* 1967). The inattention paid to health and medicine in the ROKFV was already hinted in An Chǒng'ae's 2004 survey of the archival records discussed above. Many of the contracts and agreements generated by the South Korean state pertained to securing military equipment from the United States, and no discussion on soldiers' health and medical issues took place within the Blue House, the Ministry of National Defense, the ROKFV headquarters, or even the National Diet (An 2004). This lack of foresight and preparation for the war was also apparent in the *Introduction to Vietnam (Wöllam annae 越南案内)*, a handbook published by the Ministry of Public Information (Kongpobu) to assist soldiers being dispatched to Vietnam (Kongpobu 1967).

2.2 *Introduction to Vietnam (Wöllam annae 越南案内)*, 1967

Because it was intended for soldiers' use, the very first page of *Introduction to Vietnam*, inside the cover, contained a personal information section where soldiers were asked to fill in their unit, rank, military ID number, name, blood type, family seat (*ponkwan* 本貫), and address. This was followed by a photo of Park Chung Hee and his message to soldiers, and the same from the minister of national defense and the minister of public information. The table of contents was divided into five sections: (1) "Why We Are Sending Korean Soldiers to Vietnam," (2) "The Situation in Vietnam," (3) "General Survey of Korea," (4) "Conversations in Vietnamese," and (5) "Supplements." As indicated by its title, the first section of the book was devoted to explaining the South Korean government's decision to enter the war. In his message to the soldiers, Park made clear that the fall of Vietnam would lead to the breakdown of security defense of Northeast Asia, and this line of argument was repeated in the first section as well.

Section 2, on the situation in Vietnam, was further broken down into twelve sub-categories: climate; topography and ethnic makeup of Vietnam; history, politics, and diplomacy; military, economy, society, and culture; public health and hygiene; social interactions; entertainment; food, clothing, housing and "public services"; tourism; and public holidays and annual events. The third section contained a brief survey of Korea, possibly intended for soldiers to use in educating Vietnamese people and other foreign nationals. The fourth section included vocabularies and rudimentary conversations in Vietnamese for everyday use. The last section contained supplements that covered a variety of subjects, including Korean and Vietnamese flags, chemical-biological-radiation training instructions, wage payment receipt, and Vietnamese traditional folk songs (Kongpobu 1967: 1–12).

For information on public health (*pogŏn* 保健) and hygiene (*wisaeng* 衛生), six pages were devoted to explaining public health conditions in Vietnam and diseases endemic to tropical regions and their prevention methods (Kongpobu 1967: 77–83).

For health conditions in Vietnam, the handbook explained that, due to the tropical climate of the country, hygiene measures were to be strictly observed and that mandatory naps had to be taken from noon to until 2:30 p.m. every day. Also, the writers of *Introduction to Vietnam* explained that dysentery was particularly endemic to the region and was easily contracted through plants, water, and milk contaminated with fecal matter. The soldiers were advised to not consume water in containers, uncooked fruits and vegetables, or local milk. In addition, for those who were not acclimatized to the country, the book cautioned that they could succumb to “tropical fever.”

The newly incoming Korean soldiers were advised to not physically exert themselves and take plenty of rest and sleep. When drinking local water or eating vegetables, the soldiers were also asked to exercise caution. They were advised to filter and boil water before drinking, and for vegetables bought from the local markets, they were instructed to remove the damaged parts and wash completely with boiled water and then, finish with chlorinated water. After this section on general hygiene, the handbook provided explanations and prevention guidelines for diseases endemic to tropical climates. The thirteen diseases identified as endemic to Vietnam were anthrax, brucellosis, pests, cholera, typhoid, tsutsugamushi, Q fever, leptospirosis, malaria, amoebiasis, dengue fever, leishmaniasis, and paragonimiasis (Kongpobu 1967: 77–83).

At a casual glance, the explanations of the thirteen diseases appeared to be adequate in educating the soldiers on the dangers of tropical diseases. Yet, upon reading the description of each disease, one quickly realizes that these were poor explanations that did little to inform the soldiers. Aside from the vague description on the cause and route of infection, there was no visual aid to facilitate clear understanding for the soldiers. Most Korean soldiers sent to Vietnam did not receive postsecondary education or possess sufficient medical knowledge to grasp these foreign disease terms simply from the written description alone. According to Pak T'ae-gyun (2014b, 2015b), those who received secondary education (high school) were rare among the drafted soldiers, and those who received postsecondary education were able to dodge conscription for service in Vietnam.

Many of the soldiers would have been aware of some well-known diseases, such as cholera, which was endemic to Korea, and malaria, which was not infrequent (Sin 2004; Yō 2011). However, for such diseases as tsutsugamushi, Q fever, leptospirosis, amoebiasis, dengue fever, leishmaniasis, and paragonimiasis, the written description was not very helpful. For example, for Q fever, the handbook explained as follows: “It is caused by a type of ‘rickettsia,’ and cows, goats, and mountain goats become infected, and during labour, ‘rickettsia’ is released and humans are infected through air” (Kongpobu 1967: 81). The symptoms for Q fever described by the handbook consisted of headache, listlessness, sweating, and primary pneumonia. The same vague description continued with the next passage on leptospirosis: “The bacteria is released through urine from mice, dogs, cows, and pigs, and humans contract it through infected materials”; the symptoms listed were headaches, urethritic pain, muscle aches, conjunctival hemorrhage, splenic disease, and myalgia (Kongpobu 1967: 81).

Introduction to Vietnam did not provide the practical information needed by the soldiers, including a section on sex and venereal diseases. Even in the last, supplements section, which contained information directly related to soldiers’ life in Vietnam—Vietnamese language conversation, wage payment, chemical-biological-

radiological training, and battle gear and equipment maintenance—there was no discussion of the dangers of venereal disease, and there were no reminders for using contraceptives during sexual intercourse (Kongpobu 1967: 201–48). The soldiers were advised to be patriotic and frugal as to not waste precious supplies made for them in Korea (Kongpobu 1967: 216). In short, the public health and hygiene section of *Introduction to Vietnam* did not contain practical information that soldiers could easily consult and apply for various situations during the war. Purportedly published to help the newly arriving South Korean soldiers adjust to life in Vietnam, *Introduction to Vietnam* was a showpiece intended to “display” the fulfillment of duty by the South Korean state toward its soldiers.

2.3 Kim Ŭisin, “Clinical and Statistical Observation of Syphilis of the ROKFV Soldiers” (1967)

If the Korean War was a “godsend” for the failing post-WWII Japanese economy, as described by Japanese prime minister Yoshida Shigeru, the Vietnam War was equally a godsend for fledgling South Korean industries.¹⁰ This was true for South Korean scientists as well. The largest overseas dispatch in the history of the South Korean military provided an opportunity for South Korean medical scientists to study health and medical issues on a scale that had not been previously possible and to learn the latest developments in international medicine. Kim Ŭisin, the author of the study given in the heading above, was one such scientist who benefited from the Vietnam War (Kim 1967). His 1967 study on syphilis conditions within the ROKFV was made possible through his collaboration with the Pasteur Institute, Saigon, the legendary laboratory founded by Albert Calmette (1863–1933), the discoverer of *Bacillus Calmette-Guérin*, an attenuated form of *Mycobacterium* used in the BCG vaccine in treating tuberculosis.

Originally a physician of the French navy, after meeting Louis Pasteur in 1890 Calmette became an associate of the Pasteur Institute. In 1891 he was directed by Pasteur to found and direct the Saigon branch of the Pasteur Institute (Institut Pasteur 2015; Guénel 1999: 1–25; National Institute of Hygiene and Epidemiology, Vietnam 2015). By the time South Korean scientists began visiting, the Pasteur Institute, Saigon had emerged as the leading research institute on tropical diseases in Asia. Prior to the Vietnam War, South Korean scientists could not visit this world-famous institute for historical reasons. However, with the lifting of travel restrictions, South Korean scientists were eager to exploit the opportunity to study and collaborate with the international scientific community congregated in Saigon. At the time, the Pasteur Institute, Saigon was part of the Southeast Asia Treaty Organization medical research network, along with the Cholera Research Laboratory in Bangkok, Thailand, and the Walter Reed Army Institute of Research in the United States. For South Korean scientists, to visit Saigon therefore was an occasion not only to learn tropical medicine

¹⁰ The expression “godsend” was used by Yoshida Shigeru (1878–1967), prime minister of Japan from 1946 to 1954, in referring to the Korean War. The war’s saving Toyota Motors from bankruptcy is one of the better-known examples of the effects of the Korean War on the postwar Japanese economy. See Takamae 2003.

from the Pasteur Institute, Saigon but also to acquire new knowledge from the Cholera Research Laboratory and Walter Reed (Yōm 1974a, 1974b).¹¹

This desire to learn the latest advancements in syphilis research was reflected in the testing methods used by Kim in his paper. In total, Kim used four methods—the VDRL (Venereal Disease Research Laboratory) slide flocculation test, RPR (rapid plasma reagin) card testing, nontreponema testing, and the FTA-ABS (fluorescent treponemal antibody absorption) test. The antigens were all acquired from American pharmaceutical companies, and Kim used these latest developments in syphilis testing methods with assistance from the Serology Laboratory of the Pasteur Institute, Saigon. The syphilis testing was conducted on 1,527 South Korean soldiers, a large number of subjects that had not been possible before. Of these, 1,333 were soldiers who returned to Korea after an average of one year's duty in Vietnam. The remaining 193 soldiers were outpatients who visited the ROKFV Sixth Evacuation Hospital from 1 June to 1 August 1967. In lieu of personal interviews, soldiers were asked to fill out questionnaires that asked personal information, education, marriage, history of venereal disease, sexual experience, and prevention measures taken before and after sexual intercourse.

After taking blood samples from each soldier, sera were obtained. A portion was immediately tested with the RPR card test, and another portion was inactivated and tested with the VDRL test and screened for results. Any samples showing a positive response, including those tested with RPR and VDRL, were tested once again and confirmed with the FTA-ABS test. The results of the four types of syphilis testing conducted on the ROKFV were uniform in showing low rates of positivity. According to Kim (1967: 69–73), the rates for all four tests were less than 5 percent: 4.72 percent for VDRL, 3.21 percent for RPR, 4.91 percent for the nontreponemal test, and 2.88 percent for FTA-ABS. In total, out of 1,527 soldiers, 296 tested positive: 72 by VDRL, 49 by RPR, 75 by the nontreponemal test, and 44 by FTA-ABS.

Yet, Kim cautioned against reaching such a conclusion, as “reliable data on the incidence of VD in ROKFV soldiers” was “extremely scarce” due to “rare clinical syphilis patients among ROKFV soldiers” (Kim 1967: 72). Kim attributed the scarcity of clinical syphilis patients to “indiscriminate use of antibiotics.” Indeed, Kim’s study was conducted in 1967, during the golden age of antibiotics, and penicillin was considered to have “drastically annihilated venereal diseases” around the world. Even with worldwide increases of syphilis and rising questions of antibiotic resistance in the recent years, for Kim penicillin was still the most decisive factor in explaining the dearth of syphilis cases among South Korean soldiers in the Vietnam War.

By citing “indiscriminate use of antibiotics” and “rare clinical syphilis patients,” Kim was specifically alluding to the prescription of antibiotics in the field that precluded clinical visits for soldiers. Also, as many ROKFV units were scattered throughout Vietnam, troops that were stationed in remote places were obliged to take care of “treatable” diseases, such as syphilis, on their own rather than resort to time-consuming hospital visits. Given such reasons, as Kim noted, clinical syphilis patients were “rare” in the Sixth Evacuation Hospital in Ninh Hoa, the headquarters for the

¹¹ See, e.g., Yōm 1974a, a study on flea resistance to insecticide carried out at the Pasteur Institute, Nha Trang, Vietnam. Yōm Yongt’ae states that the Korean Preventive Medical Team took over from the Walter Reed Army Institute of Research.

Ninth Infantry Division (also called the White Horse Division), where he conducted his study.

The “indiscriminate use of antibiotics” was certainly a powerful determinant that contributed to the low rate of syphilis found in Kim’s study. However, excessive use of penicillin was not the only cause of these low rates. Although not discussed by Kim, factors such as the randomness of case selection, the dormancy of syphilis symptoms in secondary and tertiary stages, and the economic status of South Korean soldiers also affected the outcome of his study. Kim did not specify how patients were chosen for the study, merely describing that the selected soldiers filled out questionnaires concerning their personal information and case history. One can only assume that these soldiers were randomly chosen on a voluntary basis. Also, as blood samples had been collected from participants who had been stationed in Vietnam at different times over the three-year period from 1964 to 1967, making an accurate assessment of the yearly occurrence of disease and charting the progression of case history is difficult as well.

Further complicating the matter is that syphilis, particularly in the secondary and tertiary stages, can become dormant and show no visible outward signs. The dormancy can last anywhere from a year to five years and, for some extreme cases, up to twenty years (Kent and Romanelli 2008; Stamm 2010). In other words, a greater population of soldiers could have been affected by syphilis, but given the relatively painless first stage and long dormancy in the secondary and tertiary stages, many would have felt that they did not contract the disease or see the necessity of seeking further clinical treatment after the initial injection of penicillin. Therefore, the low rate of syphilis shown in Kim’s study cannot be considered an accurate reflection of the total history of syphilis within the ROKFV during the Vietnam War.

In addition to the two factors—randomness of case selection and the dormancy of the disease—another crucial determinant of the low syphilis rate in Kim’s study was the mobility and income-earning capacity of soldiers. The strong correlation between the positivity of syphilis and the financial affluence of soldiers was hinted in Kim’s breakdown of the distribution of FTA-ABS-positive cases according to rank. The highest number of positive cases was found among infantry soldiers (17 of 538 cases, 3.2 percent), but the highest percentage of FTA-ABS positivity was found among drivers (12 of 197, 6.1 percent) (Kim 1967: 71). This made sense, as drivers were in position to access town centers and to earn supplementary income through black market profiteering or smuggling. Infantry soldiers, on the other hand, had no means of attaining such supplementary income.

Wage was a crucial determinant in regulating the sexual activities of the South Korean soldiers in the Vietnam War. That is, the low wage paid to South Korean soldiers effectively restricted spending, including the purchase of sex. As noted by Ch’oe Yongho (2006) in his pioneering study of the calculation of ROKFV wages according to rank, for private first class and corporal the per diem was approximately \$1.35–\$1.50 per day, or around US\$41–\$50 per month. In effect, the wage earned by South Korean soldiers in the Vietnam War on average was less than one-fourth the wage earned by American soldiers of the same rank (Pak 2014a). Also, South Korean soldiers remitted most of the money they earned in Vietnam back to Korea. For 1966 and 1967, remittance constituted 80 percent of the total allowance the soldiers earned, and in fact, the high rate of remittance continued until the withdrawal from Vietnam in 1973. In other words, the average South Korean soldier in Vietnam was too poor to

purchase sex or waste money on establishing sexual relations with Vietnamese counterparts. Therefore, the high positivity of syphilis shown among drivers in Kim's study illustrated that the economic conditions of South Korean soldiers was perhaps the most effective determinant in regulating their sexual activities during the Vietnam War.

2.4 *The History of ROK Forces in the Vietnam War (1978–85) and Statistics of the Vietnam War (2002)*

The glaring absence of recognition of the importance of sexual health and problems of venereal diseases can also be found in the official data compiled in *The History of ROK Forces in the Vietnam War* (Kukpangbu Kunsu P'yŏnch'an Wiwonhoe 1978–85). This comprehensive history of the South Korean military in the Vietnam War was published by the Ministry of National Defense Institute for Military History and is currently the only sourcebook available on the subject. Consisting of ten volumes, *The History of ROK Forces* began to be compiled by the Institute for Military History in 1978, five years after South Korea's withdrawal from Vietnam and was completed in 1985. The institute had put together a sourcebook beforehand for the ROKFV activities from 1966 to 1967, but this was incorporated into *History*. The history of ROKFV health and medical activities is intermittently included throughout the ten volumes, but it is not treated at great length. Making matters worse, the information in the volumes appears to be simplified summarizations of a greater body of data concerning the ROKFV that had existed earlier and is presumed lost; thus, critically assessing some of the book's claims is difficult.

Nonetheless, *History* provides some useful information on the medical history of the ROKFV. According to the writers, for the years 1966–67 the two main ROKFV medical facilities were the 6th Evacuation Hospital, with a 400-bed capacity, and the 1st Infirmary Company, with a 250-bed capacity. The ROKFV medical teams also had permission to request aid from the 105th US Evacuation Hospital in Qui Nhon in transporting the wounded. Soldiers requiring more than sixty days of hospitalization were sent back to Korea; they were first sent to Clark Air Force Base in Luzon, Philippines, and to Korea from there. The transportation of wounded Korean soldiers usually took four to five days, and an ROKFV medical administrator was stationed at Clark Air Force Base to oversee the return process.

For the blood bank operation, according to the writers of *History*, 76 percent of blood transfusion supply used by the ROKFV was obtained from American forces, and given the high number of cases, gamma globulin was prescribed to prevent the outbreak of hepatitis A. Indeed, the writers of *History* claimed "success" in decreasing the incidence of hepatitis A within the ROKFV. They noted that, compared with the Korean War, only one-third the number of hepatitis A cases was found during the Vietnam War. The writers made this claim while conveniently leaving out the fact that the number of South Korean soldiers in the Korean War (around 600,000) vastly outnumbered the ROKFV in the first two years of the Vietnam War (45,000 in 1966) (Ch'oe 2007: 36; Institute for Military History 2001: 692).

The sloppy compilation of data was also shown in the special mention section of the volume, where the writers presented a pie graph showing the types of medical concerns of the ROKFV for the period: the total, 5,284 medical cases within the ROKFV for the year 1966 was broken down into three categories: surgical, internal, and dental.

Surgical comprised 41 percent and internal comprised 58 percent of total medical cases and dentistry comprised 1 percent of all cases. “Internal” was further broken down into “internal diseases” (34 percent) and malaria (24 percent). (Kukpangbu Kunsu P’yŏnch’an Wiwonhoe 1978–85, 2:638). The writers did not further specify what these “internal diseases” were, and from the chart the reader was to simply assume that malaria posed a great risk for the ROKFV. Descriptions became shorter as the years progressed and, for the most part, were simple reiterations of the supposed success achieved by the ROKFV medical teams in treating soldiers and Vietnamese civilians.

This omission of data on the ROKFV sexual health and venereal disease control is corroborated in later work published by the Institute for Military History. *Statistics of the Vietnam War and the Republic of Korea Forces*, based partly on the medical data in *History*, is a summary chart of the types of admissions per year. Venereal diseases (*sŏngbyŏng* 性病) accounted for 551 cases in total from 1965 to 1973, and moreover, no venereal disease cases were reported for 1965 and 1966 (Ch’oe 2007: 54). How the author managed to gather data that had been previously nonexistent is not mentioned. The summary chart simply shows that the top two types of admissions were surgery and malaria and that venereal diseases were second to last in the admission chart.

The omission of data on sexual health and venereal disease in *History* and its sudden emergence in *Statistics of the Vietnam War* can be explained by the timing of the two publications. When the compilation of *History* began in 1978, it was five years after the ROKFV withdrawal from Vietnam in 1973, and the Park Chung Hee government was still hard at work trying to reverse the criticism of the South Korean soldiers in Vietnam as “mercenaries.” The disparagement of South Korean military as mercenaries was levied by John W. Finney, senior correspondent and foreign policy critic for the *New York Times*. His criticism of the Johnson and Nixon administrations’ financial support for Asian regimes involved in the Vietnam War (Thailand, Philippine, South Korea, and Laos) was echoed by the Senate Subcommittee on Security Agreements and Commitments Abroad, chaired by Stuart Symington, the Democratic senator from Missouri. The Symington Subcommittee, as it became known, launched an investigation to totally reevaluate American overseas commitments, and during the hearing the secret financial agreements reached between Park Chung Hee and Winthrop G. Brown, the US ambassador to Korea (1964–67), came to light. Critics of Nixon’s foreign policy such as Finney and Symington were vociferous in criticizing South Korea and other Asian nations that received American financial assistance in exchange for providing military assistance to the Vietnam War (McFarland 2001). As a result, the writers of *History* were keen to present South Korean military participation in the Vietnam War in as positive a light as possible.

However, by 2007, when *Statistics of the Vietnam War* came out, the situation in South Korea had changed. The normalization of diplomatic relations between South Korea and Vietnam in 1992 and the continued media coverage of massacres and sexual crimes committed by the ROKFV made it difficult for the writers to claim complete innocence of the South Korean military record in the Vietnam War. With South Korean readership already informed on these issues, to insist on an absolutely clean record or zero existence of venereal diseases among the ROKFV would not have been a convincing claim. To not arouse disbelief, it was best to provide plausible figures that

could minimize the damage wrought by the controversial charges against South Korean military activities in the Vietnam War. Hence, the writers of *Statistics of the Vietnam War* could tabulate 551 cases of venereal disease from incomplete sources and claim the medical history of the ROKFV a success.

3 Conclusion: Black Syphilis and Candlelight Disease—Castration Anxiety and Empire Building in Asia



Fig. 3 An unidentified photo of a Vietnamese woman (K. Yu 1966: 217)

“Black syphilis” is an American urban legend about an incurable sexually transmitted disease that targets the male genitalia. It is such a fatal disease that, according to the legend, once caught, the affected men could never recover from it. Like black death, which was known to spread quickly and kill victims in medieval Europe, black syphilis rapidly spreads through the body, and at the tertiary stage of the disease the genitalia fall off. Also called jungle junk rot, Bangkok leprosy, Bangkok syphilis, Saigon crotch rot, and Saigon syphilis, this lethal disease has its origin attributed to the Japanese Isles during the American Occupation (1945–52). The disease was then found again in Korea during the Korean War, and then resurfaced in Vietnam during the Vietnam War (Jypsy 2008; Reddit 2014). However, as names such as Bangkok syphilis and Saigon crotch rot suggest, the disease was most likely to have been invented during the Vietnam War. Saigon, the capital of South Vietnam, was the rest and relaxation (R&R) mecca for soldiers stationed in Vietnam. To aid the American soldiers’ R&R, the South Vietnamese government went so far as to legalize prostitution and establish public brothels in Saigon and other cities. As for Bangkok, the notoriety of the city as the capital of sex tourism in Southeast Asia traces back to the Vietnam War, when the American military periodically flew soldiers there to pursue R&R away from the battlefield in Vietnam. Like in Vietnam, the Thai government enacted a series of laws to ease police regulation of prostitution and help attract American military money to Thailand (Sturdevant and Stoltzfus 1993; Suntikul 2013).

The perfect synchronicity between black syphilis and candlelight disease (*rōsoku byō* ろうそく病), the mythical fatal disease that supposedly killed the Japanese Imperial Army during World War II discussed earlier, illustrates the pervasive anxiety over the acquisition of empires in twentieth-century Asia. In fact, the uncanny similarity between American and Japanese tales of penile necrosis conveyed the deep-seated fear of loss of self that took place in colonizing empires in Asia. The loss of penis, or castration anxiety, according to Freud, referred to the loss of self, and General Ch’ae, the disseminator of the candlelight disease story, summed this up perfectly when he stated that he was worried over the possible loss of the “Korean male symbol” in Vietnam (Wieland 2015).

The schizophrenic divide between the colonizing desire for others and the profound anxiety over the very same others becoming like the self made empires difficult to be accepted in Asia. The relatively short duration of empires in the twentieth century proves this point and helps explain the failure of imperializing wars such as the Japanese invasion of Southeast Asia and the American war in Vietnam. As the physical manifestation of colonizing desires, these wars were carried out with the intent of creating empires, yet they ended up as failures, as colonizers and colonized could not agree on the empires to be built. Hence, the Japanese soldiers who engaged in sex with Southeast Asian women lost their genitals and, ultimately, their lives, and the same fate was meted out for American soldiers who slept with Vietnamese and Thai prostitutes during the Vietnam War.

For South Korean soldiers who participated as subcontractors to the American forces in the Vietnam War, by reproducing the very same colonizing desire and practice as the colonizers, they sought to recover their colonized self. Growing up watching the colonizing gaze of Japanese and American men on Korean women, in Vietnam the South Korean soldiers reproduced the very same colonizing gaze onto

Vietnamese women wearing white *ao dai* and *nong là* (fig. 3).¹² To the South Korean male gaze, these Oriental creatures were harbingers of sex that not only blighted the grim realities of the war but also bore striking similarity to the situation in Korea. As one veteran succinctly put it, “The phenomenon of [Vietnamese] women with nothing flocking to the base and selling their bodies to Americans and Koreans was no more different than the situation in the camp towns [*kijich'on* 基地村] in Korea as well” (Kukpangbu Kunsu P’yŏnch’an Yŏn’guso 2003, 2:585). Indeed, the Vietnam War was like *déjà vu*, reminding of so much that had already happened in the Korean War.

Therefore, the uncanny similarity between the Korean War and the Vietnam War was a visceral reminder that the two successive international wars in Cold War Asia were in fact constituted of the same colonizing mimicry of subimperialism (Bhabha 1984). The colonized exercising colonizing desire and will onto the colonized other, as in the case of South Korean soldiers in Vietnam, showed that decolonization in the postcolonial world consisted of the colonized mimicking the colonial desire and will of the colonizers. By mimicking the colonizing desires of Japanese and Americans onto Vietnamese women, the South Korean soldiers sought to recover their self or Korean masculinity that had been previously denied under colonialism. Yet, by replicating the same imperializing rationale, they failed to recognize that they were not so much recovering their Korean masculine self as becoming further complicit in the postcolonial reconfiguration of imperialism as subimperialism.

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¹² The war literature produced by Korean war correspondents and veterans clearly shows the colonial male gaze of Vietnamese women as exotic Oriental creatures. See Pak 1970, Hong 1967, Kim 1970, Kim 2000, Pae 1966, Pak 2000, Son 1965, Yi 1991, Yi 1965, C. Yu 1966, and K. Yu 1966.

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